[Date]

[Guarantor Name]
[Guarantor Address]
[City, State, Zip Code]

Re: Patient Name: [Patient Name]
Account Number: [Account Number]

Dear [Guarantor Name],

This letter is to inform you that [Patient Name] missed a scheduled appointment on [Date of Appointment] at [Time] with [Provider/Clinic Name].

Our records indicate that this appointment was not cancelled or rescheduled within our required [Number of Hours]-hour notice period. As the financial guarantor for this account, you are being billed a missed appointment fee in the amount of $[Amount].

Invoice Details:

- Date of Service: [Date of Appointment]
- Description: No-Show / Late Cancellation Fee
- Amount Due: $[Amount]
- Due Date: [Date]

Please remit payment by the due date listed above. You may pay by [Payment Methods: e.g., check, online portal, or phone].

We value our patients' health and time. Providing advance notice of cancellations allows us to offer that time slot to other patients in need of care. If you believe this charge has been issued in error, or if there were extenuating circumstances, please contact our billing department at [Phone Number].

Sincerely,

[Your Name/Department]
[Facility Name]
[Phone Number]