

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

**Subject: REPEATED NO-SHOW WARNING - Telemedicine Appointments**

Dear [Patient Name],

This letter is to formally notify you regarding your missed telemedicine appointments on the following dates:

- [Date 1]
- [Date 2]
- [Date 3]

Our records indicate that you did not join the virtual waiting room for these scheduled sessions and did not provide 24-hour advance notice to cancel or reschedule.

Telemedicine appointments require the same level of commitment as in-person visits. When a patient misses a scheduled time without notice, it prevents other patients who need care from being seen by our providers.

**Please be advised of our policy:**

- A "No-Show" fee of \$[Amount] has been applied to your account for the most recent missed visit.
- Repeated failure to attend scheduled appointments may result in the termination of our provider-patient relationship.
- Future appointments may be restricted or require a pre-payment.

If you are experiencing technical difficulties with our telehealth platform, please contact our office at [Phone Number] or email [Email Address] so we can assist you before your next appointment.

We value your health and wish to continue providing you with care. Please contact us immediately to discuss your treatment plan or to settle any outstanding fees.

Sincerely,

[Practice Name]

[Provider Name/Administrator Name]

[Phone Number]