

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: Notice of Noncompliance with Physical Therapy Plan of Care

Dear [Patient Name],

This letter is being sent to you as a good faith effort to discuss your recent physical therapy treatment plan. Our records indicate that there have been several missed appointments and/or a lack of progress in completing the prescribed home exercise program.

Consistency is a vital component of your recovery. Regular attendance and adherence to the established plan are necessary to achieve your functional goals, reduce pain, and prevent further injury. Failure to follow the treatment plan may result in a plateau in your recovery or a decline in your physical condition.

We remain committed to your health and would like to help you get back on track. Please contact our office by [Date] to discuss any barriers you are facing or to reschedule your remaining sessions.

Please be advised that if we do not hear from you or if noncompliance continues, we may be required to discharge you from our services and notify your referring physician of the discontinuation of care.

We look forward to hearing from you and helping you reach your rehabilitation goals.

Sincerely,

[Therapist Name/Provider Name]

[Clinic Name]

[Phone Number]

CC: [Referring Physician Name]