

## NO SHOW LETTER TO PATIENTS

Patient Name: \_\_\_\_\_ Patient ID: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### **Appointment Details:**

Scheduled Date and Time: \_\_\_\_\_

Clinic/Provider: \_\_\_\_\_

### **No-Show Notice:**

This letter serves as a formal notice that you failed to attend your scheduled appointment without prior notification. Our records indicate that you did not arrive for your appointment, and no cancellation or rescheduling was requested in accordance with our clinic's policies. This absence is considered a no-show.

### **Impact and Policy:**

No-shows adversely affect our ability to provide timely care to all patients and may result in delayed treatment for others. Repeated no-shows may lead to restrictions on scheduling future appointments or dismissal from the practice. Please be aware that your insurance may not cover missed appointments and you may be held financially responsible as per the agreement signed at registration.

### **Rescheduling and Contact:**

To reschedule your appointment or discuss this notice, please contact our office promptly. We encourage timely communication to avoid future no-shows and ensure continuity of care. Failure to respond or continued no-shows may result in further administrative actions.

### **Acknowledgment:**

By signing below, you acknowledge receipt of this No Show Letter and understand the potential consequences of missed appointments. Your cooperation is appreciated to maintain effective healthcare services.

**Patient's Signature**

**Clinic Representative Signature**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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