

Missed Appointment Policy

Date: [Insert Date]

Dear [Patient's Name],

We value your time and commitment to your health. To ensure the best service for all our patients, we have implemented a Missed Appointment Policy. This policy is designed to encourage our patients to keep scheduled appointments and to notify us in advance if they are unable to attend.

Policy Overview

If an appointment is missed without a prior notice of at least [insert number] hours, a fee of [insert fee] may be charged to your account. This fee will not be covered by your insurance.

Cancellation Procedure

To avoid any fees, please notify our office at least [insert number] hours in advance if you are unable to attend your scheduled appointment. We appreciate your understanding and cooperation.

Contact Information

If you have any questions regarding this policy or wish to reschedule your appointment, please feel free to contact us at [insert phone number] or [insert email].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Practice Name]

[Your Contact Information]