

**Communication to Patient for Missed Appointment
(General/Family Physician)**

Dear _____ :

Please be advised that you missed a scheduled appointment on _____ at _____.
As a courtesy to our office and to the other patients waiting for care, appointment cancellations require at least one business day's notice, except in exceptional circumstances. As per policy, the missed appointment charges are as follows:

Regular appointment	
Extended appointment (e.g. physicals, counselling, etc.)	

The amount owing for your missed appointment is _____. Payment is required as soon as possible and within _____ of this notice. Payment can be made by contacting the office (_____). If your account remains outstanding, you may also be reminded about any outstanding charges at the time of booking or attending new appointments.

If you have concerns about your ability to pay, please speak to our office about what options may be available - we do not intend to cause undue financial hardship, and you will not be denied care on the basis of your ability to pay.

Please be reminded that as per the office policy, patients who have missed appointments may be dismissed from the practice, since the time is needed in the care of other patients.

Thank you for your attention to this matter. We hope to hear from you soon.

Should you have any questions, please don't hesitate to contact the office.

Sincerely