**<Insert physician name(s), office/clinic logo, other contact information and date>**

Dear **<insert>**:

Please be advised that you missed a scheduled appointment in our office on **<insert date>** at **<insert time>**.

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 noted in the policy communicated to you upon booking, the missed appointment charges are as follows:

|  |  |
| --- | --- |
| New consultation | **<insert fee>** |
| Follow-up appointment  | **<insert fee>** |

The amount owning for your missed appointment is **<insert fee>**. Payment is required as soon as possible and within **<insert time period>** of this notice. Payment can be made by contacting the office (**<insert payment method(s)>**). If your account remains outstanding, you may also be reminded about any outstanding charges at the time of booking or attending new appointments.

Please be reminded that as per our office policy, patients who have missed a new consultation may not be re-booked if the account remains outstanding for payment. If you have missed **<insert number>** of follow-up appointments, patients may not be re-booked, as time is needed for 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

**<Insert name and signature>**