

Missed Appointment Letter: Final Notice

[Date]

[Patient Name]

[Address]

Dear [Patient Name],

We value the opportunity to participate in your healthcare. Regularly scheduled appointments are an important part of monitoring health conditions, addressing concerns, and ensuring that appropriate treatment plans are followed.

Our records indicate that you have missed several scheduled appointments, including on the following dates: [insert dates], despite previous reminders and written notifications. Because regular attendance is necessary for us to provide safe and effective care, we regret that we will no longer be able to provide medical care to you.

For the next 30 days from the date of this letter, our office will remain available to provide urgent medical care and refill health maintenance medications only, if needed, while you arrange care with another physician. We strongly encourage you to establish care with a new provider as soon as possible to ensure continuity of your healthcare.

Enclosed is a Medical Records Release Authorization form to assist you in transferring your medical records to the physician of your choice. Please return the completed form to our office, and we will promptly forward your records as requested.

If you experience a medical emergency, please call 911 or go to the nearest emergency department. We sincerely wish you the best in your future healthcare.

Sincerely,

[Provider Name/Practice Name]

Medical Mutual Insurance Company of Maine's risk management resources are offered only as references for informational purposes. They are not intended to establish practice standards or take the place of medical judgment or legal advice. Medical Mutual recommends you consult with your medical staff leadership and a qualified attorney for any specific application to your practice.