

Missed Appointment Letter: Second Notice

[Date]

[Patient Name]

[Address]

Dear [Patient Name],

We value the opportunity to provide care for you and want to ensure that your health needs are appropriately addressed. Regularly scheduled appointments allow us to monitor your health, evaluate your treatment plans, and address any medical concerns that may arise.

This letter serves as our second notice regarding missed appointments. Our records indicate that you have missed more than one scheduled appointment at our office, including appointments on [date 1] and [date 2]. Please contact our office at [phone number] to reschedule your appointment.

When appointments are repeatedly missed, it becomes difficult for us to adequately assess your medical needs and provide the level of care necessary to support your health.

If there are barriers that make it difficult for you to attend appointments, please contact our office at [phone number]. We are happy to discuss possible solutions that may help you maintain your appointments.

Please be aware that continued missed appointments may result in dismissal from our practice in accordance with our office policy.

We hope to continue participating in your care and encourage you to contact our office soon.

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.