

SAMPLE LETTER TO “NO SHOWS” UNABLE TO BE REACHED BY PHONE:

*ABC Family Practice
100 Main Street
Anytown, ST 00000*

(Date)

Patient Name
Address 1
Address 2
City, State Zip

Dear _____:

It has come to my attention that you missed your scheduled appointment to see me on _____ *(date and time)*. Several attempts to contact you by phone to reschedule the appointment have been unsuccessful.

It is important that you reschedule this appointment because:

(Indicate reasons the patient should reschedule the appointment as well as its urgency as appropriate.)

If you have been seen by another physician, please call my office and let us know. We are concerned about you and want to make sure you receive the necessary medical care.

Sincerely,

John H. Doe, M.D.

Sent via certified mail, return receipt requested and U.S. mail.

At Professional Solutions Insurance Company, we are confident you will find this an invaluable tool for your practice. If you would like to discuss a particular situation, please contact our risk management division at 1-888-336-2642 or riskmanagement@profsolutions.com. Please note: This resource is offered solely for general information purposes. It does not constitute legal advice or opinion.