## **Missed Appointment Letter** (First and Second)

Dear:

You have failed to keep your child's scheduled appointment. The following is our office policy on missed appointments:

- After the first missed appointment, the parent or guardian will be notified by letter of our office policy. The appointment may be rescheduled.
- If a second scheduled appointment is missed, a \$25 fee will be charged. The appointment may be rescheduled.
- If a third scheduled appointment is missed, it will be necessary to terminate our professional relationship with the patient and family. We will be available to treat the child for 30 days on an emergency basis only, so that he or she will have access to care while the family chooses another physician.

Time was set aside for your child to be seen by the physician. When you did not appear, time was lost for the pediatrician who was planning to see your child and for the children we might have been able to schedule for a visit at that time.

In the future, please call at least 3 hours prior to your scheduled time if you are unable to keep your appointment.

Sincerely,

XXXXX

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