



FLINT

**FLUSHING COMMUNITY  
MEDICAL CENTER**

2487 North Elms Road  
Flushing, Michigan  
48433

tel (810) 487 3500  
fax (810) 487 3530

**mclaren.org**

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Dear \_\_\_\_\_:

Our office had a patient appointment reserved for you today with

Dr. \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_ am/pm.

We were concerned when you did not show or call.

Recognizing that everyone's time is valuable and that appointment time is limited, our office asks that you provide 24 hours notice if you are unable to keep your appointment. If 24 hour notice of cancellation is not given there is a cancellation fee, which is based on the length of time that was reserved for your appointment. For regular office visits, the fee is \$35.00 and for longer appointment reservations, the fee is \$75.00. This fee is payable prior to rescheduling another appointment, and is not covered by your insurance. In addition, barring any unusual circumstances, if you miss three appointments in a 12 month period without giving us advanced notice; we may consider asking you to seek your medical care elsewhere.

If circumstances involving inclement weather, please contact our office within 30 minutes of the office opening and inform us that you need to cancel the appointment because of the inclement weather.

There is no fee charged for today's missed appointment.

Please call us at 810.487.3500 to reschedule your appointment.

We look forward to seeing you and appreciate your anticipated cooperation. If you have any questions, please do not hesitate to call us during office hours.

Sincerely,  
McLaren Flushing