



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.

Our records office indicate that this is your second missed appointment
and, as outlined in our previous letter to you, a _____ fee was charged
to your account. This fee is payable prior to your next appointment.

If you have any questions, or would like to speak with a manager, please
do not hesitate to contact our office at (810) 487-3500.

Sincerely,
McLaren Flushing