

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Address: [Insert Patient Address]

City, State, Zip: [Insert City, State, Zip]

Subject: FINAL NOTICE: Missed Psychiatric Evaluation

Dear [Insert Patient Name],

This letter serves as a final notice regarding your missed psychiatric evaluation scheduled for [Insert Date of Missed Appointment]. Our records indicate that you did not attend this appointment and did not provide the required notice to cancel or reschedule.

A psychiatric evaluation is a critical step in establishing a treatment plan and ensuring your safety and well-being. Because this is your [Insert Number, e.g., second or third] missed appointment, we must inform you of the following consequences:

- **No-Show Fee:** A fee of \$[Insert Amount] has been charged to your account.
- **Case Closure:** If we do not hear from you by [Insert Deadline Date], we will be unable to hold your spot as a patient, and your referral or case will be closed.
- **Prescription Refills:** Please be advised that we cannot provide or renew prescriptions without a completed evaluation and regular follow-up care.

If you are experiencing a mental health emergency, please call 911 or go to the nearest emergency room immediately.

If you wish to remain a patient at this clinic, you must contact us at [Insert Phone Number] no later than [Insert Deadline Time/Date] to discuss your status. If we do not hear from you, we wish you the best in seeking care elsewhere and can provide a list of alternative providers upon request.

Sincerely,

[Insert Name of Provider or Clinic Manager]

[Insert Clinic Name]

[Insert Contact Information]