

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Important Reminder Regarding Your Psychiatric Evaluation Appointment

Dear [Patient Name],

This letter is to follow up regarding your scheduled psychiatric evaluation on [Date of Missed Appointment] at [Time], which you were unable to attend.

We understand that unexpected circumstances may arise. However, our office requires a minimum of [Number of Hours, e.g., 24 or 48] hours' notice for any cancellations or rescheduling. This allows us to offer the appointment time to other patients who may be waiting for care.

As per our signed office policy:

- A "No-Show" or late cancellation fee of \$[Amount] has been applied to your account.
- This fee must be settled prior to scheduling your next appointment.
- Repeated missed appointments (more than [Number] instances) may result in discharge from our practice.

If you would like to reschedule your evaluation or discuss the circumstances of your absence, please contact our office at [Phone Number] as soon as possible.

Maintaining consistent attendance is vital for your mental health treatment and progress. We look forward to hearing from you.

Sincerely,

[Provider Name/Practice Name]

[Office Contact Information]