

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: NOTICE OF MISSED PSYCHIATRIC EVALUATION APPOINTMENT

Dear [Patient Name],

Our records indicate that you missed your scheduled psychiatric evaluation on [Date] at [Time] without providing prior notice.

As per our office policy, the following consequence(s) have been applied to your account:

- A missed appointment fee of \$[Amount] has been charged to your account.
- Your file has been marked as "Inactive" until contact is made with our office.
- A new evaluation cannot be scheduled until the outstanding balance is settled.

Consistency is vital for effective psychiatric care. Please be advised that multiple missed appointments may result in formal discharge from our practice to ensure we can provide timely care to all patients.

If you wish to reschedule or discuss this matter, please contact us at [Phone Number] within [Number] business days. If we do not hear from you, we will assume you no longer wish to seek treatment at this facility.

Sincerely,

[Provider/Staff Name]

[Practice Name]

[Phone Number]