

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

We missed seeing you for your scheduled appointment on [Date] at [Time].

We understand that unexpected events can occur. However, consistency is an important part of your mental health care. We would like to check in and see if you are doing well or if you need any assistance.

Please contact our office at [Phone Number] by [Date/Time] to reschedule this session. If we do not hear from you, we will assume you no longer wish to continue treatment at this time, and your file may be marked as inactive.

Please note that according to our policy, a [Fee Amount] missed appointment fee [will be / has been] applied to your account.

If you are experiencing a mental health emergency, please call 988 (Suicide & Crisis Lifeline), call 911, or go to the nearest emergency room.

We look forward to hearing from you soon.

Sincerely,

[Provider Name/Clinic Name]

[Phone Number]

[Email Address]