



Date: _____

OFFICE

1200 N. West Avenue
Suite 400
Jackson, MI 49202

PHONE

517-780-3336

FAX

517-796-4561

Dear _____,

www.recoverytechnology.org

This letter is being sent regarding your Outpatient Therapy services at Recovery Technology LLC. We have attempted to contact you by telephone to schedule an appointment but have been unsuccessful in reaching you. If you are still interested in receiving our services, please call to schedule an appointment at 517-780-3336. Our office hours are Monday through Friday from 8:00am to 5:00pm.

Attendance for appointments is very important for a number of reasons, but most importantly, so that we can help you reach your recovery goals.

We have a policy that only allows for 3 cancellations/missed appointments without 24-hour notice. In order to continue providing Outpatient Therapy services, we need you to keep the next scheduled appointment to avoid case closure.

If I do not hear from you by: _____ I will assume you are no longer interested in services and will begin the discharge process.

As a reminder, emergency mental health services are available to you during regular business hours (8am – 5pm) Monday through Friday by calling LifeWays Access Center at 517-789-1200. After hours, please call 1-800-284-8288.

I look forward to hearing from you!

Sincerely,

517-780-3336