



2012 34th Street Everett, WA 98201 (425) 259-4037

Dear _____,

My name is Sandra Carrier, and I am an adult psychiatric nurse practitioner in private practice trained, licensed, and board-certified to diagnose mental health conditions, prescribe medications, and provide psychotherapy. I treat a full range of mental health conditions for patients age 18 and older. I appreciate the opportunity to help you with your mental health needs and look forward to seeing you at your upcoming appointment on _____ @ _____.

Please arrive **at least 15 minutes early** to allow time to complete registration forms prior to being seen, and please bring a list of all prescription and over-the-counter medications and / or your medication bottles.

This is **at least a 60-minute appointment** for a psychiatric evaluation and will consist of **an interview and review of your history**, along with a brief discussion of a general treatment plan.

Please note that medication options are typically discussed at the **second** office visit and will not be prescribed until the second visit. If you believe that you may require medication at your first visit, please let us know this ahead of time and bring your medical records from the provider that has been prescribing your medications and / or complete a release of information so we may request records **in advance** of your appointment.

Due to the high number of no-shows, you have provided the office a credit card number to be held in the event of missing this appointment (not applicable for Medicaid clients). In the event that you do not call to cancel your initial appointment and do not show for this appointment, you will be billed the full fee of \$280 (not paid by your insurance). Your initial appointment cannot be rescheduled until this fee is paid.

If you have Medicare with Medicaid or Medicaid only, we do not require a credit card. However, we do require that you personally confirm your appointment by _____ . If this first appointment is missed and is not cancelled 2 business days in advance, we will not reschedule.

As this is time reserved especially for you, I appreciate your cooperation in providing at least two business days' notice should you need to cancel any appointment. *

Once again, I look forward to meeting you and working with you on your journey toward wellness.

Sincerely,

SANDRA F CARRIER ARNP

True Hope Psychiatric Services, LLC