

Fast Follow-Up Email Templates

Introduction

Hey there! Thanks for checking out our fast follow-up email templates.

These templates are ready to go. You can start using them today. Of course, feel free to make your own changes to adjust the details or tone of the emails.

Remember, the goal is to add a bit more speed and efficiency to your follow-up process. This will boost your conversion rates, allowing you to help more people and grow the practice.

[Here's a quick video](#) showing you how to add these templates to your email software. This example uses Gmail, but the process is similar for other platforms.

[Here's a link to the Google Doc](#) version of the email templates if you want to make a copy and save it for future use.

If you have any questions, you can email us at support@productivetherapist.com.

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New client inquiry

Title: Thanks for reaching out!

Hello [\[client name\]](#),

Thanks for reaching out!

I would be happy to help you schedule an appointment.

Let's set up a time to talk soon, so I can learn more and match you with the best therapist.

The easiest way is to use my online scheduler. [\[insert link for scheduling here\]](#)

You can also reply to this email to let me know about your challenges and your goals for therapy.

This will help me choose the right therapist for you or your family.

I look forward to hearing from you.

[\[Name of intake coordinator\]](#)

PS. Here are some links that you might find helpful.

- Info on our fees and how we handle insurance
- An easy way to verify your insurance benefits

No response follow up

Title: RE: Your inquiry

Hello [\[client name\]](#),

I'm following up on our previous communication.

Are you still looking for counseling services? If so, I'd be happy to answer your questions and schedule a first appointment.

Let me know the best time to reach you. Of course, you can also use my online scheduler. [\[insert link for scheduling here\]](#)

Have a great day!

[\[Name of intake coordinator\]](#)

Scheduling phone consultation

Title: Your next steps

Hello [\[client name\]](#),

Thanks for reaching out!

I'm glad to hear that you're interested in setting up an appointment.

The next step is to set up a brief phone consultation so I can get more information, answer your questions and match you with the right therapist. I can also schedule your first session on our call.

Please let me know your availability so we can schedule the phone consultation. You can also choose a convenient day and time using my online scheduler - [\[insert link for scheduling here\]](#)

Best,

[\[Name of intake coordinator\]](#)

Missed phone consultation

Title: Missed you for our phone consultation

Hello [\[client name\]](#),

I left you a voicemail earlier and wanted to follow up with an email.

I'm sorry we weren't able to connect today for our phone consultation and hope we can reschedule soon.

Please let me know the best time to reach you or feel free to reschedule using my online scheduler. [\[insert link for scheduling here\]](#)

I look forward to speaking with you.

[\[Name of intake coordinator\]](#)

Appt. confirmation : in-office

Title: Appointment confirmation for your office visit

Hello [\[client name\]](#),

Your appointment will take place at [\[insert office address\]](#) on [\[insert date and time\]](#).

You can reach your therapist at [\[insert provider's contact info\]](#).

For future communications, including canceling or requesting appointments, please contact your therapist directly. You can also message your therapist through our client portal.

You will receive a separate email with a link to our client portal. Please log in and complete all the forms as soon as possible. All intake forms must be completed prior to your first appointment [\[optional addition - or we will need to reschedule your appointment once they are completed\]](#).

Please note that we have a 24 hour cancellation policy.

Let me know if you have any questions

[\[Name of intake coordinator\]](#)

Appt. confirmation : telehealth

Title: Appointment confirmation for Your telehealth visit

Hello [client name],

You are scheduled for a Telehealth appointment on [insert date and time] with [insert provider name]. Instructions for this appointment have been attached to this email.

You can reach your therapist at [insert provider's contact info]

For future communications, including canceling or requesting appointments, please contact your therapist directly. You can also message your therapist through our client portal.

You will receive a separate email with a link to our client portal. Please log in and complete all the forms as soon as possible. All intake forms must be completed prior to your first appointment [optional addition - or we will need to reschedule your appointment once they are completed].

Also, please respond to this email with a picture of your ID or you can upload a picture to our client portal. State law requires all clients to provide identification for Telehealth appointments.

Please note that we have a 24 hour cancellation policy.

Let me know if you have any questions.

[Name of intake coordinator]

Appt. confirmation : benefits verified

Title: Your benefits information

Hello [client name],

Thank you for selecting [practice name] as your mental health provider.

I contacted your insurance provider and they let me know that your co-pay is [insert amount] for each visit. *Please note that this is a benefits quote and it does not guarantee your insurance will cover our services.* Depending on your plan, additional costs and fees may apply after the claim is submitted to your insurance provider.

If for some reason they reject the claim or decide not to cover services in full you will be responsible for the remaining balance.

Please let me know if you have any questions or concerns. If not we will see you on [\[Insert day, date, time and therapist's name\]](#).

You will receive an appointment invitation and access to our client portal to fill out a few forms. Please complete the intake paperwork as soon as possible.

Also, I want to remind you that we have a 24 hour cancellation policy.

We are looking forward to working with you.

[\[Name of intake coordinator\]](#)

Phone intake confirmation

Title: Your phone intake appointment

Hello [\[client name\]](#),

I'm happy to confirm that you are scheduled for your intake appointment via phone on [\[insert date and time\]](#).

You will also receive a separate email with a link to complete some intake forms online. Please make sure to complete them as soon as possible.

[\[insert provider name\]](#) will call you at the contact number listed below at the time of your appointment. [\[insert contact number\]](#)

Let me know if you have any questions.

Best,

[\[Name of intake coordinator\]](#)

Intake paperwork reminder

Title: Reminder to complete your paperwork

Hello [\[client name\]](#),

Please remember to complete all the forms on the patient portal by [\[insert date and time\]](#) so that [\[insert provider name\]](#) has time to review everything before your appointment on [\[insert date and time\]](#).

Patient portal: [\[insert link to client portal\]](#)

Let me know if you have any questions!

[\[Name of intake coordinator\]](#)

Appt. reminder alternates

Title: Your upcoming appointment

Hello [\[client name\]](#),

Your telehealth appointment on [\[insert date and time\]](#) with [\[insert provider name\]](#) is confirmed. We do have a 24-hour cancellation policy.

You will receive a separate email with a link to our client portal. Please log in and complete all forms as soon as possible.

I've also attached instructions for your telehealth session.

Let me know if you have any questions.

[\[Name of intake coordinator\]](#)

Hello [\[client name\]](#),

I am so pleased we were able to schedule an appointment for you. Your appointment is confirmed for [\[insert date and time\]](#) with [\[insert provider name\]](#). If meeting with [\[insert provider name\]](#) no longer works, please contact us so we can approve a therapist transfer within our practice. Please note we do require a 24-hour cancellation notice to avoid a full session fee.

If you need to cancel or reschedule, please let [\[insert provider name\]](#) know as soon as possible. [\[insert provider name\]](#) is using a secure video platform from SimplePractice, which is our electronic health records system. Below you will find a session link for your appointment.

As a reminder, please treat this session as you would in-person by silencing your cell phones and finding a secure, safe, and private location. If I can help with anything else, or if you have any questions, please do not hesitate to ask me.

[insert session link]

Take care,

[Name of intake coordinator]

Out of network insurance

Title: How to use your insurance benefits

Hello [client name],

Thanks for reaching out and asking about how we work with insurance.

We are an out-of-network provider for all insurance plans. However, we can provide you with a statement called a superbill that you can submit to your insurance provider.

All insurance plans are different, but many of them do include benefits that cover out-of-network providers, after you meet your deductible. I suggest getting in touch with your insurance provider to confirm your out-of-network benefits. This will help you make an informed decision.

I would be happy to help match you with the best therapist and answer any other questions you have.

Best,

[Name of intake coordinator]

Testing inquiry template

Title: Information on our testing services

Note: all testing practices are different, so this template will likely require a few changes.

Hello [client name],

My name is [insert your name] and I am [insert provider's name] administrative assistant.

Thank you for reaching out to us regarding your child's testing needs. Please see below for important information regarding our testing process and cost.

Testing Process

1. The first step would be for you to schedule a phone appointment with [\[insert provider's name\]](#). The phone appointment will last 50-60 minutes. During the appointment, you will discuss your child's medical history, concerns, and the reason for the testing. [\[insert provider's name\]](#) will also review the testing process and schedule the next session during this appointment.
2. There will be two testing sessions and each of them takes place during a 4 hour-morning period.
3. Approximately one week after the testing is completed, [\[insert provider's name\]](#) will schedule another phone appointment called a "feedback session." [\[insert provider's name\]](#) will use this phone appointment to discuss the results of your child's evaluation and any recommendations he/she may have.

Fees

The standard out-of-network fee for an evaluation (without any insurance) is \$150/hour, including the intake appointment, testing administration, scoring interpretation, written summary and a feedback session. A comprehensive assessment usually totals between 12-18 billable hours.

[\[insert provider's name\]](#) is an in-network provider for [\[insert insurance providers\]](#). Please be aware that you must contact your insurance provider to determine your individual plan benefits.

Below are the codes we use to submit claims to insurance providers. You are welcome to contact your insurance carrier and provide them with these codes. In return, they should be able to tell you your financial responsibility and out-of-pocket cost.

Testing Codes - 90791 (intake) 96132 (testing) 96136 (testing) 96137 (testing).

If your insurance is out of network, you will be responsible for the total cost upfront. However, we can provide you with a statement called a superbill that you can submit to your insurance. You can get reimbursed for our services according to your out-of-network benefits.

Please let me know if you have any other questions or would like to move forward and schedule the initial phone appointment.

[\[Name of intake coordinator\]](#)

Referral to another therapist

Title: Local referrals

Hello [client name],

Thank you for reaching out to us. My name is [insert your name] and I'm the client care coordinator for [insert practice name].

Based on your need for [insert reason - lower-cost option, specialized therapist, etc.], we would like to refer you to a few of our colleagues. Hopefully, you will find some success with one of these options.

I have attached their websites and contact info for your convenience.

Please reach out again if we can help in any way.

Take care,

[Name of intake coordinator]