

## UHS No Show/Late Cancel Fee Appeal Form

University Health Services wants to increase students' access to service. When a student fails to keep an appointment or cancels at the last minute, professional time goes unused and other students fail to get timely service. We also understand that on rare occasions, there may be extenuating circumstances that prevent you from calling.

If we have made an error in scheduling you or you believe you deserve special consideration for a no-show/late cancel fee, please complete the following information (along with any supporting documentation). Your request will be reviewed and you will receive a decision.

**Completed forms must be received by UHS no later than 2 weeks from the date of the missed appointment. The form can be delivered to UHS by:**

- Walking the form in person to the UHS Budget and Finance office at UHS (333 E. Campus Mall, 8<sup>th</sup> Floor)
- Mailing the form to:  
University Health Services  
Budget and Finance Office  
333 E. Campus Mall #8104  
Madison, WI 53715

### Personal Information

Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *Student ID #:* \_\_\_\_\_  
*City, State, & Zip Code*

Phone: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Missed or Late Cancelled Appointment Information

Date the appointment was missed or late cancelled:		Time the appointment was missed or late cancelled:	
Name of Provider you were to see:			
Describe the reason for requesting special consideration:			