

University Health & Counseling Services

NO-SHOW/LATE CANCELLATION FEE APPEAL FORM

University Health & Counseling 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 contacting UHCS 2 hours prior to your appointment.

If we have made an error in scheduling you or you believe you deserve special consideration for a no-show/late cancellation 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 UHCS within 60 days of the missed appointment. The form can be delivered to UHCS by

- Walking the form in person to the Ambrose Health Building and turning it in at either reception desk.
- Mailing the form to:

**University Health & Counseling Services
800 W. Main
Whitewater, WI 53190**

Date Submitted: _____

Date Received (UHCS Staff fill in): _____

Provider on behalf of student

Provider Signature: _____

Personal Information

Name: _____
Last First M.I

Address: _____
Street Address Apt/Unit #

City, State, & Zip Code Student ID#: _____

Phone: _____ Email: _____

Missed or Late Cancelled Appointment Information

Date the appointment was missed or cancelled: _____ Time of the appointment: _____

Name of the Provider you were to see: _____

Describe the reason for requesting special consideration: _____

Action taken by UHCS Staff (UHCS Staff to fill in): _____

Waived Not Waived

UHCS Staff Signature: _____

Date: _____