

**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 late cancelled:	Time the appointment was missed or late cancelled:
Name of Provider you were to see:	
Describe the reason for requesting special consideration:	
Action taken by UHCS UHCS Staff fill in:	

Waived  Not Waived

UHCS Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_