



Request for Dismissal of Appointment No-Show Fee

You are considered a No Show/Late Cancellation for an appointment if:

- You do not check in within 15 minutes of your appointment time
- You do not cancel an appointment within these time frames:
 - Medical appointment - at least 1 hour before the start of the appointment
 - Psychiatry, Massage Therapy, and Counseling/Education appointments - 24 hours in advance of the start of the appointment

If you believe you deserve special consideration for a dismissal of a No-Show/Late Cancellation Fee, please complete the following information and include any supporting documentation. Your request will be reviewed, and you will receive a decision via email. Completed forms must be received within 14 days from the date of the missed appointment.

Patient/Client Name: _____ UNH ID Number: _____

UNH Email Address: _____ Phone Number: _____

Date of Appointment: _____

Reason for missing the scheduled appointment: _____

Submit this completed form and supporting documents to the Director of Finance and Administration at UNH Health & Wellness, 4 Pettee Brook Lane, Durham, NH 03824, or via health.@unh.edu, or fax to 603-862-4827.

Director of Finance and Administration decision: Approved / Declined

Signature

Date