



No-Show Charge Appeal Form

If you believe that we have made an error in charging you for a no-show/late cancellation, or feel you deserve special consideration for such a fee, please complete the following form and return it to the ABC office. The appeal process can take up to 30 business days before a decision is made. There is no guarantee that the appeal process will result in a reversal of the no show/late cancel charge

Name: _____ DOB: _____

Date Dispute Sent: _____ Date of Appointment (if known): _____

Physician/Counselor (if known): _____

Please use the space below to explain why you are appealing the No-Show/Late Cancellation charge.

Please provide information where we may contact you:

Address: _____

Phone: _____ (can we leave detailed message): YES NO

E-mail: _____

Signature _____ Date _____

After this form is received it will be given consideration and we will attempt to contact you regarding your appeal via one of the methods above.

For ABC office Use Only:
Patient # _____
Date Received _____
Date Processed _____
Processed By _____
Total No Shows _____
Action: Waived Denied Other _____
Notified: Mail Phone Email Other _____
AddtlNotes: _____

Provider Signature _____