



MISSED APPOINTMENT CHARGE DISPUTE FORM

(to be completed and signed by the student and brought to Counseling Services office)

Name: _____ **Date of birth:** _____ **Ph. number:** _____

Date of charge: _____ **Amount of charge:** \$ _____

Type of charge (please check):

- Late Cancellation/No Show: Counseling
- Late Cancellation No Show: ADHD Screening
- Late Cancellation/No Show: Psychiatry Assessment
- Late Cancellation No Show: Psychiatric Follow-Up

Reason for request to waive charge:

Client Signature

Date

To be completed by Counseling Services Director or staff designee:

Date received: _____ Attendance History: _____ No Shows _____ Canceled Late

Charges waived: **YES NO** Amount to be credited to account: \$ _____ Director initials: _____

Student Notified: _____ Refunded to student Account: _____ Staff initials: _____