



STUDENT HEALTH AND WELL-BEING
Student Health Services

Billing / No Show Appeal

Name: _____

Student ID#: _____

Phone #: _____

Appointment Info-

Date: _____

Time: _____

Provider: _____

Reason for Appeal:

.....
Office use only:

Date Appealed / Denied _____ Amt. _____

Voided__ Chg. Reversed__ Ins. notified__ Initial_____

Comments _____