



Late Cancellation/No Show Fee Reversal Request Form

The purpose of this form is to formally request a reversal of a late cancellation and/or no-show fee for a recent appointment you or a family member had with our agency. As with any healthcare entity, we must be careful to attend to both the needs of our clientele, as well as the needs of our practitioners. As an agency we strive to be fair and equitable in our processes regarding attendance.

As you may recall, when entering services with Meridian Health, you were sent consent forms that detailed the expectations regarding attendance, however; we understand life happens, and sometimes an individual's circumstance may be taken into further consideration by our management team, who will review your history with our agency, trends and patterns of scheduling and cancelation behavior, and contextual factors that may have been outside of your direct control.

Complete the following form as a request and our management team will review and respond to your request within one work week. Please keep in mind that we are unable to make exceptions to everyone and this policy exists as a means to create consistency across most circumstances and eliminate subjectivity in our general decision making. Once complete, please submit to group@meridianhealthnv.com or fax to 775-870-1628.

Client's name:

Parent/guardian (if applicable):

Date this form was submitted:

Date session was scheduled:

Give a Brief Reason as to why you were unable to attend as scheduled:

Explain briefly why you believe the policy was inequitable in your particular case and explain how you would propose we address your absence in this case: