



Missed Appointment Fee Appeal Form

Harvard University Health Services charges a \$25.00 fee when a patient does not show up for a scheduled appointment. Please provide the following information to appeal a missed appointment.

Full name: _____

Date of birth: _____

Harvard ID (if applicable): _____

Email address _____

Phone number: _____

Appointment (date and time): _____

Location (check one): Smith Campus Center Medical Area Clinic
 Law School Clinic

Clinical department/specialty: _____

Provider name: _____

In the box below, please describe the circumstances regarding your request to have the missed appointment fee reversed. You should receive a response within 10 business days.

Please email your completed form to: appeals@huhs.harvard.edu