

NO-SHOW FEE DISPUTE FORM

PURPOSE:

The purpose of this form is to honor the member's right to dispute a no-show fee they believe was charged in error. The member can also appeal to have the fee waived due to events listed on this form. These events may have prevented the member from going to their scheduled appointment and contacting GHC-SCW of this. GHC-SCW will review the provided information in this form to determine if the fee should be waived.

Patient's First Name

Patient's Last Name

GHC #

Date of Birth

E-Mail Address

Phone Number

Street Address

City

State

Zip Code

Date of Appointment

Time

Provider

Location of Appointment

- | | |
|---|---|
| <input type="checkbox"/> Capitol Clinic | <input type="checkbox"/> Sauk Trails Clinic |
| <input type="checkbox"/> East Clinic | <input type="checkbox"/> Capitol Regent Behavioral Health |
| <input type="checkbox"/> Hatchery Hill Clinic | <input type="checkbox"/> Princeton Club West |
| <input type="checkbox"/> Madison College Community Clinic | |

REASON FOR DISPUTE

Please indicate the reason why GHC-SCW should consider waiving the no-show fee by selecting one of the options below.

- | | |
|--|---|
| <input type="checkbox"/> Dane County Weather Emergency | <input type="checkbox"/> Sought Higher Level of Care |
| <input type="checkbox"/> Death in the Family | <input type="checkbox"/> No-Show Fee Assessed in Error |
| <input type="checkbox"/> Did Not Receive Appointment
Reminder in Preferred Language | <input type="checkbox"/> Other (Please Provide Details on the Next Page
in the Feedback and Comments Section) |

BETTER TOGETHERSM

NO-SHOW FEE DISPUTE FORM (CONTINUED)

FEEDBACK AND COMMENTS

Please use the following lines to provide additional feedback or comments.

Return completed form via one of the below options:

GHC-SCW - ATTN: No-Show Fee Dispute Workgroup
1265 John Q. Hammons Dr.
Madison, WI 53717-1962

Email to: NSF@ghcscw.com