

## **No-Show Fee Appeal Request**

Patient Name:	
DOB:	Acct#
Date of Missed Appointm	ent:
Time of Missed Appointm	ent:
Provider Name:	
<ul><li>☐ Medical emergence</li><li>☐ Personal emergence</li><li>☐ Transportation issu</li><li>☐ Miscommunication</li></ul>	cy (e.g., family emergency) ne
<b>Explanation</b> (Please descri	be the reason for your dispute and provide any supporting documentation):
	<del></del>
Patient Signature:	Date:

## Instructions:

Please ensure the form is completed in full and submitted to the clinic in person or by mail to HealthTexas Medical Group Attention Appeals P.O. BOX 100026 San Antonio, Texas 78201. Once the clinic receives the completed form, it may take up to 14 business days to process your appeal. The decision will be communicated to you via the Patient Portal. If you are not currently using the Patient Portal and need assistance, please contact us, and we will be happy to help.