



Cancellation and No-Show Appeal Form

Sundstrom Clinical Services is committed to providing our patients with exceptional care. We seek to honor your scheduled appointment times. When a patient cancels without giving notice, we are prevented from being able to provide service to others who desire an appointment. However, we do recognize there may be extenuating circumstances that prevent you from keeping your scheduled appointment.

If you believe you were charged inappropriately for a late cancel or missed appointment, please complete the following information. Your provider will review your request and make a decision about whether or not to reverse your fee.

Sundstrom Clinical Services should receive your form within 3 weeks of your missed appointment/late cancel. Completed forms can be dropped off at our office, faxed (503-653-1464), or e-mailed (info@sundstromclinic.com)

Patient's Name: _____

Date of Scheduled Appointment in Dispute: _____

Name of Provider: _____

Describe Reason for Late Cancel/Missed Appointment:

For office use only

Decision Made:

Provider Signature _____ Date _____