



Family Health Medical Services, PLLC

95 E Chautauqua Street
Mayville, NY 14757

42 Dunham Avenue
Jamestown, NY 14701

320 Prather Avenue, Suite 100, 200 and 400
Jamestown, NY 14701

REQUEST FOR WAIVER PETITION FOR “NO-SHOW” FEE

Family Health Medical Services (FHMS) values our relationships with our patients as one of mutual trust and respect which requires good faith on the part of both the provider and the patient. When a patient fails to keep an appointment or cancels at the last minute, professional time goes unused and other FHMS patients fail to get timely service.

If we have made an error in scheduling you or you believe you deserve special consideration for a “no-show” or “late-cancellation” fee, please complete the following information and give it to a staff member at the FHMS Reception Area. This request must be returned within 30 days of your appointment date. The decision on this petition will be emailed/mailed/Patient Portal to you.

You may mail the form to the address above or bring it to any of our office locations.

Name:		Birth date of patient:	Date in question:	Current date:
Email Address:	Phone Number:	Date & Time Appointment was missed or late-cancelled:		Name of Provider you were to see:
Describe FHMS error or reason for special consideration. Use the back of the form if necessary:				

Request for More Information:

We need the following information in order to review this request further. Please mail or bring this information to the FHMS Reception Area so a final decision can be made. Thank you.

For Office Use Only

Final Decision: Date: _____

We have reviewed your petition for waiving a “no-show” fee that was charged to you.

FHMS will waive the “no-show” fee. You will receive a credit for this on your account.

FHMS will not waive the “no-show” fee.
