

**McKinley Health Center
DID NOT KEEP APPOINTMENT (DNKA)* FORM**

NAME: _____ UIN: _____

Current Phone #: _____ DOB: _____

University Email Address: _____

DATE OF APPOINTMENT: _____

TIME OF APPOINTMENT: _____

PROVIDER THE APPOINTMENT WAS SCHEDULED WITH: _____

REASON DNKA FEE Should Not Be Assessed: _____

* Appointments must be cancelled at least two hours prior to your scheduled appointment time. Failure to do so will result in a fee charged to your student account.

If you believe this fee was charged to you in error, please complete this form and mail it to McKinley Health Center:

Campus Mail:

McKinley Health Center
MIS
University of Illinois
UIUC (MC 026)

U.S. Mail

McKinley Health Center
MIS
University of Illinois
1109 S. Lincoln Ave.
Urbana, Illinois 61801