

**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