

# Health Services

## Account Maintenance Appeal Form

Health Services is dedicated to meeting the needs of all Boise State patients and addressing any concerns or problems you may have with your account.

Thank you for taking the time to formally write a summary of your issue. This will provide a document trail of your concern, and allows us to research the background of your issue. We will respond with an explanation of resolution to the problem. Please allow up to five (5) business days for a response. If upon your response, you would like to discuss this matter further, we can set up an appointment that best fits your schedule.

Complete this form and return to Norco Building Room 111.

Today's Date \_\_\_\_\_

Patient Name \_\_\_\_\_ ID# \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Boise State E-mail \_\_\_\_\_

Appointment Date(s) \_\_\_\_\_

ISSUE (please be as specific as possible):

---

---

---

---

---

---

---

(attach additional information as necessary)

### FOR OFFICE USE ONLY:

Reviewed By: \_\_\_\_\_ Date Received: \_\_\_\_\_

Action Taken: \_\_\_\_\_

---

---