Name:

(This form is designed to be filled out on a computer and then printed.)

**Missed Appointment Codes**
MA - Missed Appointment
MANC - Missed App't, No Charge

| Date | Client | CPT Code | # of Units | Diagnosis | Cancel Code | Fee | Amount Paid | Check Number | Comments |
|---|---|---|---|---|---|---|---|---|---|
| | | 96101 | 1 | | MANC | | | | |
| | | 96101 | 10 | | MANC | | | | |
| | | 96101 | 10 | | MANC | | | | |
| | | 96101 | 10 | | MANC | | | | |
| | | 96101 | 10 | | MANC | | | | |
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| | | 96101 | 10 | | MANC | | | | |

Signature: _____ Date: _____