



ROCHESTER CENTER FOR BEHAVIORAL MEDICINE

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Joel L. Young, MD, PC

Medical Director

Diplomate; American Board of Psychiatry and Neurology

Added Qualifications in Geriatric & Forensic Psychiatry

Diplomate; American Board of Adolescent Psychiatry

## PAYMENT POLICY

Due to the fact that insurance benefits are varied and constantly changing, we have established the following office policy:

When possible, our staff will assist you in determining what your benefits are. However, because we do not always receive clear information from insurance companies, errors are inadvertently made from time to time. We ask that you verify benefit information with your insurance company. If problems arise with respect to reimbursement we will attempt to help you resolve them but you are ultimately responsible for the full fee for service rendered.

PLEASE NOTE: If you must cancel an appointment, we ask that you give the office at least 24-hours notice; otherwise, you will be charged your full fee for the late cancellation. You will also be charged your full fee for a “no show.” Neither charge can be billed to your insurance company.

If you have any questions regarding the above policy, please ask one of our office staff and they will be happy to assist you.

I understand the above policies and accept full responsibly for payment of services.

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date