

# THE CENTER FOR BEHAVIORAL HEALTH

MARTIN A. KLUGER, PH.D. - DIRECTOR

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287 NORTHERN BLVD. SUITE 204 GREAT NECK, NY 11021 516-487-4202 FAX: 201-692-0234  
175 CEDAR LANE SUITE A TEANECK, NJ 07666 201-692-9500 FAX: 201-692-0234

## Office Policy

We welcome you as a patient to our Center. Please take a few minutes to read the following to avoid any future misunderstandings.

1. We ask that you pay your copayment in full at the time of service.
2. If you must cancel an appointment, please give us at **least 48 hours notice**. Short term cancellations, or 'no-shows' will be charged to you in full.
3. If you cancel frequently, you will be asked to terminate your treatment with us. Continuity is essential for a successful outcome.
4. If for any reason your insurance company does not pay for your services or does not authorize the visits, you will be responsible to pay the full fee for the visits.
5. If you have any questions regarding fees, payment or insurance information, please discuss this with your therapist.

I have read and understood the Center's office policy . I agree to the terms outlined above.

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Print Name

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Signature

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Date