

ROBERT BENJAMIN,MD  
12 MAYO PLACE  
DRESHER, PENNSYLVANIA 19025  
(215) 643-6425; fax (215) 643-6766

Patient Information

**HOURS:** Evening hours: Monday-Thursday

**FEES:** \$240 per initial hour evaluation;  
\$160 per 30 minute session;

**PAYMENT:** Payment for each session is to be made at time of appointment unless otherwise arranged prior to session. Credit or debit card payment (through Paypal) needs to be made 48 hours in advance.

**TELEPHONE:**

I will return messages as soon as possible. **In case of emergency, first call my answering machine at (215) 643-6425 and follow the instructions.**

**CANCELLATION:**

Twenty four (24) hours notice is expected. In an emergency or in inclement weather, notice is still required. I reserve the right to charge for sessions cancelled with inadequate notice.

**INSURANCE CLAIMS:**

**In our private practice, no insurance is accepted.** Statements for tax purposes, flex benefits, or personal records will be provided as a courtesy to you. I participate in many third party reimbursement plans, but only for hospitalization. Insurance claims filed may, therefore, be paid to the hospital, not to me and not refunded to you.

**CONFIDENTIALITY:**

When patients are referred to me by consulting psychiatrists, physicians, psychologists, school personnel, lawyers, or clergy, I request that you sign a Release of Information form so I may contact the referral source in order to discuss matters pertinent to the referral.

All information discussed with us is confidential.

However, if your life or another's life is in danger, or when a child may be or is being physically or sexually abused, we must act on this information as required by relevant laws.