



Paul Singer, MD
Neurologist

Paul Singer, MD
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FINANCIAL & OFFICE POLICIES

General Payment Policy

In seeking medical care from Dr. Singer on behalf of yourself or your dependents, you obligate yourself to pay Dr. Singer for his services, regardless of your medical insurance or expectation of payment by some other third party. You are expected to pay at the time of service, unless you are a member of an insurance plan for which Dr. Singer is a participating provider, in which case you need pay only deductible and co-payments. You will receive a copy of our superbill which you may use to submit your claims to your insurance company. You will be expected to pay at the time of service for all non-covered medical and administrative services, including completion of paperwork (e.g., DMV, disability, life insurance). For your convenience we accept Visa and Mastercard.

Medicare Services

Fees are set in accordance with Medicare guidelines. We will complete and submit your claim to Medicare for you (you need not and should not submit a Medicare claim yourself) and you will be reimbursed directly by Medicare. We do not accept assignment of Medicare benefits.

“Usual and Customary Fees”

You are responsible for the full amount of your bill, regardless of your insurance company's "usual and customary" fee allowance. If your insurance company states that it will pay a certain percentage of your charges, be sure you know whether that is a percentage of the entire charge, or a percentage of its "usual and customary" allowance. Please be aware that some insurers' "usual and customary" fee schedule is in fact substantially lower than the usual and customary fees of physicians in this community.

Missed Appointments and Cancellations

We require 24 hours notice for cancellations and changes of appointments, to allow us to maintain a full schedule and avoid excessively long waits for appointments. You will receive a reminder call at your home number the day prior to your appointment, or a message will be left if you are not home. You may be allowed to reschedule missed appointments or those rescheduled less than 24 hours prior, but we cannot guarantee the day and time of your preference or that it will be as soon as you might wish. You may also be charged for missed appointments if you do not give us adequate notice.

Office Courtesy

We strive to treat our patients with respect and courtesy, and we request the same in return. We reserve the right to terminate our relationship with any patient who is disruptive or abusive.

I HAVE READ THESE POLICIES AND UNDERSTAND AND ACCEPT MY RESPONSIBILITIES.

(Print Name of Patient)

(Patient or Authorized Person Signature)

(Print Name of Person Signing if not Patient)

If not signed by the patient, please indicate relationship:

parent or guardian of minor patient

guardian or conservator of incompetent patient