

Gregory M. Singer MD, PC  
227 S. Route 100  
Allentown, PA 18106  
610-366-1000 Office  
484-602-8101 Billing

### Financial Policy

Welcome and thank you for choosing Dr. Gregory Singer for your medical care. We are committed to providing you with the highest quality medical care possible in a cost effective manner. Our professional fees have been determined through careful consideration in addition to being reasonable and customary within our geographical area. We are pleased to discuss with you any questions you may have concerning a bill. Payment in full is due at the time services are rendered. As a Courtesy to our patients, we accept cash, money order, Visa, MasterCard, Discover and American Express.

#### **Our office hours are:**

Monday through Friday 9:00am to 4:30pm  
Saturday from 8:00am to 12:00pm

#### **Things to bring with you every appointment:**

Driver License  
Health insurance cards  
Method of Payment

#### **Appointments:**

Please arrive 10 minutes prior to your scheduled appointment. If you are more than 10 minutes late, you will be marked as a NO show and will need to reschedule your appointment. 24 hour notice is required to cancel and/or reschedule an appointment. Failure to do so will result in a No show fee. It is your responsibility to verify that the physician is currently under contract with your insurance plan and that you have obtained all necessary referrals BEFORE your scheduled appointment. (Failure to confirm this may result in your responsibility of any and all charges.) Please inform the receptionist of any demographic changes (phone number, address, insurance information, etc.) Failure to notify us of these changes will result in you being responsible for any and all services not covered by insurance.

#### **Fees:**

No show fee: \$35.00    Returned check fee: \$35.00    Copays not received at time of visit will result in a \$15.00 processing fee. Dr. Singer reserves the right to add a \$3.00 monthly statement processing fee on any balance due over 30 days. Any patient account that is turned over for collections will be subjected to a 35% collection fee of their total balance due. Any paperwork requiring the doctor to complete must be given 48 hour notice and is subjected to a processing fee of \$20.00.

**Self-Pay Patients:**

We will give you an estimate of what will be due at the time of service. Payment for services is due at the time of discharge, unless prior arrangements have been made.

**In Network vs Out of Network:**

Your insurance coverage and benefits are a contract between you and your insurance company. All disputes regarding the processing of your claim must be handled between you and your insurance company. We are contracted with multiple insurers to accept assignment of benefits. If you have insurance coverage under a plan with which we do not have a contract, you will be treated as a self-pay patient.

**Auto Accidents/Workers Compensation:**

Motor vehicle Accidents will be filed to your auto insurance as a courtesy. Failure to receive payment within 30 days from the date of service may result in your responsibility to pay. Our office will send appropriate workers compensation claim forms for services rendered on your behalf as a courtesy. If a claim is denied, payment is expected from the patient within 30 days of receipt of our bill.

**Minor Patients:**

The parent(s) or legal guardian accompanying a minor are responsible for providing current insurance information as well as the payment for any copay at the time of service. The parent(s) or legal guardian are responsible for payment of services rendered to the minor patient after the insurance has processed the claim.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name