

WELCOME TO OUR PRACTICE!

We realize there are many choices for Neurology care in the Central Valley and I would like to Thank You for choosing Community Neurology & Pulmonary Medical Group (CNPMG)! Office of Loveneet Singh, M.D. The provider and staff of CNPMG are dedicated to providing excellent medical care to people of all ages.

SERVICES

- Consultations, EEG's, Intraoperative monitoring, EMG 's, Evoked potentials
- Treatment for epilepsy, neuropathies, Parkinson's, multiple sclerosis, headache, neck pain, back pain, and stroke

HOSPITALS

Our physicians have privileges at all 3 major hospitals, Community Regional Medical Center - Fresno, Community Medical Center Clovis, and Saint Agnes Medical Center.

Should a patient require emergency care please observe the following to ensure you receive the proper treatment:

1. For any emergency that does not require an ambulance, please go directly to the closest hospital and they will contact the physician on call.
2. For a minor problem or question that can wait until the next day, you can call us from 8:30 a.m. to 12:00 p.m. and from 1:30 to 5:00 p.m. The office staff will help you with your questions or connect you with the physician. Please do not call our physicians in the middle of the night for minor problems such as what to take for a cold or refills for medication. We are happy to answer these questions during normal business hours and want to ensure that our physicians are attending to those who truly have an issue that cannot wait.

INSURANCE

CNPMG is contracted with most insurance plans. Our staff will make a good faith attempt to determine benefit levels and estimate any charges you may incur. However, it is ultimately your responsibility to understand your level of coverage from your insurance company. It is your responsibility to supply us with appropriate billing information, which includes current insurance identification as well as the billing address and anything else required by your insurance carrier for payment of claims. It is your responsibility to be sure that your referral and authorization arrive prior to your visit. If you consent to receive medical services that are considered a "non covered benefit", you will be held financially responsible for these charges.

**PLEASE TURN OVER TO SIGN
POR FAVOR VOLTEA PARA FIRMAR**

PAYMENT

Unless prior arrangements are made all copayments, deductibles, and share of costs are due at the time of service. Our office accepts cash, checks, Visa, and MasterCard for your convenience.

RETURNED CHECKS

If your check is returned for insufficient funds, you could be liable for three (3) times the amount of the check or \$100.00 whichever is greater, plus the face value of the check and any court costs. Our normal charges for a returned check are the check amount plus \$25.00 to cover the bank return fees and administrative processing. Depending on the circumstance you may be required to pay cash for all future services if you have returned checks.

FORMS

We will gladly complete your disability forms, however, please allow 24-48 hours for completion. Each form will collect a fee of \$15.00 before completion.

AFTER HOURS CARE

If you have a medical emergency, please call 911. If you have a non-emergent question or need, you may call our office and the phone service will contact the physician on call.

CANCELATIONS

We realize that unforeseen circumstances might make it impossible for you to keep your appointment. If this should occur, we ask that you kindly call our office 24 hours prior to your appointment and reschedule for a more convenient time.

MISSED APPOINTMENNTS

If you fail to show up for a scheduled appointment you will be charged \$45.00.

MISSED APPOINTMENNTS

The Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment, or other health care operations and for other purposes that are permitted or required by law. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services. We are required by law to maintain the privacy of your medical information and to provide you with notice of our legal duties and privacy practices. We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change those terms and any changes made will be effective for all protected health information that we maintain. Upon your request, we will provide you with a copy of our Notice of Privacy Practices and/or revised notice by calling the office and requesting that a copy be sent to you in the mail, or asking for one at the time of your next appointment.

I understand the above:

Please Sign Below/ Por Favor Firma
