

**CYNTHIA S. BAILEY, M.D.
GEETINDER CHATTHA, M.D.**

Diplomate, American Academy of Dermatology

7064 Corline Ct., Suite C

Sebastopol, CA 95472

(707) 829-5778

It is our mission to provide excellent clinical service in the medical field of Dermatology. The following information is to help you get acquainted with our practice.

PRIVACY STATEMENT: Confidential personal medical information is released only upon a written request from the patient or legal guardian except when the information is required for purposes of treatment, payment or healthcare operation purposes. A copy of our full privacy policy is available upon request.

APPOINTMENTS AND SCHEDULING: It is our goal to schedule appointments for our patients as conveniently as possible. Due to unpredictable emergencies and unforeseen complexities, it is sometimes difficult to strictly adhere to exact appointment times, however we want you to feel confident that all of your dermatologic needs will be addressed. We do appreciate your patience and understanding.

OFFICE HOURS: Monday through Friday 9:00 AM to 4:30 PM.

FAILURE TO APPEAR OR FAILURE TO CANCEL 24 HOURS PRIOR TO YOUR

APPOINTMENT: Patient's who fail to appear for an appointment or fail to give 24 hour notice to our office of a cancellation will be charged a \$25 fee. ****PLEASE NOTE: This fee is \$50 for surgical appointments.** As a courtesy to you, we attempt an appointment reminder call approximately two days prior to all appointments. This allows us time to contact another patient who needs to be seen, should we cancel your appointment. REMEMBERING APPOINTMENTS IS ULTIMATELY THE PATIENT'S RESPONSIBILITY. PLEASE KEEP US INFORMED OF YOUR CURRENT TELEPHONE NUMBER AND ADDRESS.

MESSAGES: Dr. Bailey and Dr. Chattha will return messages during lunch and after business hours or sooner when time permits. Most patient care messages will be relayed to the doctor and returned by the nurse.

PRESCRIPTIONS: 24-hour notice is required for prescription refills. Calling your pharmacy (who will FAX the request to our office) expedites your request. NO prescriptions will be refilled on weekends, holidays or after office hours.

AFTER HOURS EMERGENCY CARE: The office provides on-call emergency care for patients. This care is available ONLY to established patients. Only dermatologic emergencies that relate to problems that Dr. Bailey or Dr. Chattha is currently actively treating will be evaluated after hours. Any new skin problem, which has not been seen, will not be evaluated after hours and should be addressed by the patient's primary care physician or local emergency room.

SKIN CARE PRODUCTS: For the convenience of our patients, we provide a complete line of acne, antioxidant, and alpha hydroxy acid products and sunscreens. ALL SALES ARE FINAL. YOU MUST CALL THE OFFICE WITHIN **24 HOURS OF YOUR PURCHASE** IF THERE IS A PROBLEM WITH A PRODUCT. WE WILL NOTE YOUR ACCOUNT AND EXCHANGE OR REFUND THAT ITEM ONLY.

IF YOU HAVE QUESTIONS ABOUT OUR FEES, PLEASE ASK BEFORE A PROCEDURE IS PERFORMED

BILLING INFORMATION: Our billing office is available 9:00 AM – 4:00 PM Monday through Friday. The direct telephone number is (707) 829-0937.

CASH PATIENTS: Payment for all services is due at the time of service. We will provide you with a copy of the charges if you wish to submit them to your insurance company for reimbursement.

ALL COSMETIC PROCEDURES ARE PAYABLE AT THE TIME OF SERVICE

INSURANCE BILLING: Due to constant changes in insurance carriers and insurance programs the following policies are imperative:

YOUR INSURANCE CARD MUST BE PRESENTED AT EVERY VISIT!

CHANGES IN PERSONAL INFORMATION AND YOUR INSURANCE CARD MUST BE GIVEN TO THE RECEPTIONIST AT EVERY VISIT. This includes telephone numbers and address changes as well as insurance company changes. This is the responsibility of the patient.

CO-PAYS: All co-pays are due when you check in at the front desk. If you elect not to pay your co-pay at the time of your visit and a statement is generated for this amount, there will be a \$10 Administrative charge added to each statement for this balance.

MEDICARE PATIENTS: Medicare pays us directly for your care. You are responsible for any deductibles and co-insurance.

PRIVATE & GROUP INSURANCE: As a courtesy to our patients, we will file insurance claims for you to companies only if we are a contracted provider for your insurance company. Upon receipt of the insurance payment, any balance due will be billed to you.

PATIENT STATEMENTS: We will only send you a statement if you have a balance after your insurance has paid their portion of your charges. **THIS BILL IS DUE UPON RECEIPT.** Due to rising administrative costs, a statement fee of \$10 per statement will be added to each patient statement that is not paid in full after 60 days from the date the patient becomes responsible for the balance.

CHECKS RETURNED FOR INSUFFICIENT FUNDS: A \$15 fee for each check returned **plus** fees charged by the bank and the amount of the returned check are due in cash **immediately upon notification!**

FOR YOUR CONVENIENCE, WE ACCEPT Visa AND MasterCard

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I have read and agree to the office policies of Cynthia S. Bailey, M.D.

Print Name

Signature

Date