

**SOTARA MANALO, D.O.**  
**FAMILY MEDICINE**

**AMBER MORYL PA-C**

**KIMBERLY TA, NP-C**

The following is information that we hope will make your visit to our office a pleasurable experience.

Our office manager is Kathy. Office hours are Monday-Friday 9-5. We are closed for lunch from 12 p.m. to 2 p.m. To reach us during office hours or a Doctor for an emergency after hours, please call 909-464-2845. You may also text us by using the free Medtunnel app which you can download from the Apple Store or Google Play. **Office hours are by appointment only.** If you are unable to keep an appointment, please notify our office at least 24 hours in advance. **Otherwise, you will be charged a \$30.00 missed appointment fee.** A doctor is on-call for after hours and weekend emergencies, and you may reach the doctor by calling the regular office number and following the instructions given. Please confine your calls to **true emergencies.**

You will be given, or may have already received, a patient information form. We understand that the form is lengthy and you may have answered these questions at another doctor's office. However, to provide you with the best possible medical care, we ask that you complete the form to the best of your ability. If for some reason there are questions you don't understand or are unable to complete, a staff member will assist you. We are not a workers' comp qualified provider and thus cannot provide care for work injuries.

There may be times when the doctor is called for an emergency or surgery and this might delay your appointment. We will make every effort to keep you advised. You will always have the option of rescheduling your appointment under these circumstances.

**The nature of our practice is to give our patients the utmost in care and service. Please excuse any delays - we will give you the same careful attention as soon as possible. Our staff works very hard, and we try our best to provide a high quality, courteous environment. Please be courteous when interacting with our staff.**

We will complete State of California Disability Forms for \$25.00. There will be a \$10.00 per form charge for completing secondary disability forms. We will not give completed forms to the patient to hand carry - all disability forms will be mailed. Lost referral forms will result in a \$5.00 charge to redo the paperwork.

**If you need a medication refill, please call the pharmacy at least two days before you run out of medication. Medication refills called after 4:00 p.m. will not be authorized until the next business day. Authorization for medication refills will not be given over the weekend.**

**All insurance co-payments must be paid at the time of service. Co-payments must be paid in cash or check as a credit card will not be accepted due to additional expense in processing.**

If you have private insurance all deductibles and the percentage you are responsible for are to be paid at the time of service. **The patient is responsible for knowing the limitations of their policies** and what the insurance company will and will not pay. **You will be billed for the medical services you received if we do not receive payment from your insurance company within 45 days of our billing date.** It is the patient's responsibility to notify us of any change of address, telephone number, or insurance information. **Insurance coverage is a contract between you and your insurance company. We provide insurance billing for your convenience, and have no responsibility towards resolving payment disputes between a patient and their insurance company.**

It is your responsibility to keep track of your appointment dates and/or receipts. There will be a \$10.00 service charge for requesting dates of service. We recommend that you keep your appointment cards so that you can refer back to them.

Welcome to our practice, and we hope to have a long and satisfying relationship with you!

**Patient's agreement:** I have read, understood, and agree with the above policies of this office.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_