

CALIFORNIA SKIN SURGERY CENTER

NOTICE TO PATIENTS

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California state law (§650.01 and §650.02) and federal healthcare regulations (§416.50) require that a physician notify a patient that the physician has a direct financial interest in a separate diagnostic or treatment agency to which the physician is referring the patient and/or in the non-routine goods or services being prescribed by the physician, and whether these are available elsewhere on a competitive basis. We support this law, because it helps patients make reasoned financial decisions concerning their medical care.

In compliance with the requirements of this law, you are being advised that we have a direct financial interest in the diagnostic or treatment agency named above. Further, as indicated below, services that we have prescribed are available elsewhere on a competitive basis.

Furthermore, Pursuant to Assembly Bill (AB) 1278 physicians are also required to provide a notice to their patients regarding the Open Payments database, which is managed by the U.S. Centers for Medicare & Medicaid Services, or CMS. The federal Physician Payments Sunshine Act requires that detailed information about payment and other payments of value worth over ten dollars (\$10) from manufacturers of drugs, medical devices, and biologics to physicians and teaching hospitals be made available to the public. The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>.

DIAGNOSTIC OR TREATMENT AGENCY OR NON-ROUTINE GOODS AND SERVICE:

.....  
Ambulatory Surgical Services

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ARE THESE SERVICES AVAILABLE ELSEWHERE ON A COMPETITIVE BASIS?

NO       YES      If yes, which ones:

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Various hospitals and surgical centers in Placer County. Sutter Roseville Hospital is the closest alternative location providing surgical services.

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The law provides for the acknowledgement of your having read and understood these disclosures by dating and signing this form in the space provided below. We will keep the signed original in your patient file.

Gregory M. Bricca, M.D.

Acknowledgement

(I/We) have read this "Notice to Patients" form, and (I/We) understand the disclosures that it contains.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Printed Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Signature \_\_\_\_\_