

Partnering with The Socialite Hair Co.

About Us

The Socialite Hair Co. serves as a premier medical hair loss restoration supplier, dedicated to restoring both confidence and identity for those navigating challenging health journeys. We specialize in the expert provision of cranial prostheses—sophisticated medical-grade hair systems tailored to the unique needs of patients.

Our mission is to provide compassionate and professional support to individuals experiencing medical-related hair loss. We work closely with oncology patients, those diagnosed with alopecia, and individuals managing autoimmune disorders or other medical conditions that result in hair loss. By combining technical expertise with a refined aesthetic approach, we ensure that every patient receives a prosthesis that is as comfortable as it is natural in appearance.

Our Referral Process

We strive to make the transition from clinical care to aesthetic restoration as seamless as possible for both providers and patients. To refer a patient to our services, please follow the structured process outlined below:

Step	Action Item	Responsibility
1	Clinical Assessment & Prescription	Medical Provider ▾

Step	Action Item	Responsibility
2	Initial Consultation Scheduling	Patient / Coordin... ▾
3	Fitting & Customization	The Socialite Hair... ▾
4	Final Delivery & Aftercare Education	The Socialite Hair... ▾

Referral Requirements

To ensure the patient can maximize their benefits and receive the most appropriate cranial prosthesis, we kindly request the following:

- **Medical Necessity:** A written prescription for a "Cranial Prosthesis" rather than a "wig" for insurance coding purposes.
- **Diagnosis Codes:** Inclusion of the specific ICD-10 code (e.g., L63.9 for Alopecia, or specific oncology-related codes).
- **Direct Contact:** Please provide the patient's preferred contact method to initiate the consultation.

Scheduling a Consultation

If you have a patient in need of our specialized services, please reach out via the contact information below:

- **Point of Contact:**
- **Preferred Date for Introduction:** Date

We look forward to partnering with your practice to provide exceptional care and restoration for your patients.