

The Carolina Center for Integrative Medicine, P.A.

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General Office Policies and Procedures

Welcome to the Carolina Center for Integrative Medicine, PA. In this unique practice, we accommodate patients from across the country, many of whom have come to us with complex health conditions, including chronic infections and degenerative diseases, as well as many problems for which conventional medicine was unable to provide substantial relief or the promise of cure. Interest in our practice stems largely from our patients' desire to understand how to treat their conditions in a more holistic or integrative manner, as well as from a general lack of access to physicians who have the skills and tools to provide the types of biologically based therapies we provide.

In order to offer you the highest level of service, we ask you to follow a number of policies and procedures. A great deal of effort, time, and attention to detail is needed for us to deliver the type of integrative medical care we provide. As part of this effort, we periodically refine our policies and procedures to provide the best service for our patients and best operational systems for our office. Below is an outline of these policies and a clarification of what we can and cannot do on your behalf. Please review these policies carefully, as they encompass the full scope of issues regarding fees, office visits, insurance and many other topics pertinent to our practice. We have considered all policies in considerable depth, and therefore ask that you do not request any exceptions or modifications.

Upon arrival for your initial office visit at the Carolina Center, you will be asked to sign a form acknowledging your understanding of our policies. Clearly stating these policies is the best way to avoid misunderstandings and potential conflict, and we ask that you take the time to read and review this document. This copy is for your personal reference. Please keep up with it at all times, and bring it to your initial office visit so you can review it again when you sign the acknowledgment.

UNIQUE ASPECTS OF OUR PRACTICE

Our Specialty Practice

As a specialty medical practice, the Carolina Center for Integrative Medicine offers complementary and alternative therapies as options for patients experiencing a wide variety of health concerns. Because of the range of illnesses or physical challenges our patients may be experiencing, they may be seen by many different specialists, as well as by a primary care physician. We are not specialists in all areas of health care. We are specialists in nutritional and functional medicine. *Functional medicine* has been defined as personalized medicine that deals with primary prevention and underlying causes instead of symptoms for serious chronic disease. It is a dynamic, patient-centered, science-based field of health care that is strongly grounded in the principle of biochemical individuality (i.e., individual variations in metabolic function derive from genetic and environmental differences among individuals).

In addition, all office visits are scheduled in advance, and we are unable to accommodate walk-ins. While we will make every effort to meet your needs, it is not always possible to fit urgent or emergency issues into our full schedule. An exception is for patients with apparent acute Lyme disease, a condition that requires rapid treatment to prevent serious long-term complications. This infection is often overlooked or

inadequately treated by conventional physicians. For patients who have been acutely ill for less than four weeks, we will make every effort to expedite their initial visit. We are also unable to provide after-hours care or emergency services. For these reasons, we urge you to secure and/or maintain a relationship with a primary care physician. In the event that an emergency arises and you are unable to see us immediately, you should see your primary caregiver, who can then call us if our input is needed. We also encourage you to maintain any established relationship you may have with specialists that may be needed to assist with your particular situation.

If you have any questions concerning any of the therapies, supplements, medications, or other aspects regarding your health care recommended by the Center, please contact us by email or call us during office hours. Any other health issues, acute illnesses, or drug and surgical complications not directly related to your care at the Center should be addressed to your primary care physician. If he or she is unavailable, you should seek the nearest emergency room or urgent care facility for treatment. While after hours on-call services are generally not available, they may be provided for patients undergoing comprehensive treatment programs. There is also an on-call physician available during office hours whenever Dr. Pittman is out of town and the office is under a nurse's supervision.

Privacy Policy

This office is fully HIPAA compliant. If you have not received a copy of our privacy policy, we would be happy to give a copy to you. Our medical practice maintains a HIPAA Compliance Agreement with the employees of our affiliate business, Total Health Nutrition Center, Inc. and Carolina Thermascan, LLC so that any communications taking place within and between the staff and our patients will be HIPAA compliant.

Because of our focus on fields of medicine in which the knowledge base is rapidly expanding, research is desperately needed. The Carolina Center periodically participates in clinical research in an effort to advance the state of the art in these areas. We may, from time to time, collect data from patient charts for tabulation and statistical analysis. If this is done, no names or other means of identification are recorded. Instead, a random computer-generated number is assigned to the data, in keeping with the current recommendations from not only the federal government but also leading medical organizations. Consent forms will be provided in specific research situations, as needed. If you have specific questions or concerns, please speak to us.

No Perfume or Scented Toiletries in the Clinic

At one time perfumes and colognes were actually made from flower essences, natural products that actually had health-promoting benefits. Today, virtually all scented toiletries are made with petroleum products, some containing as many as 5000 synthetic compounds. Individuals whose internal systems of detoxification are functioning poorly may experience severe reactions when exposed to such toxins. In other cases the reactions are significant but more subtle and thus harder to discern.

Many individuals who come to the Center, including our staff, have problems with chemical sensitivities and become violently ill when exposed to chemicals, perfume, gasoline and other fumes. We require that all patients refrain from the use of perfume or other scented toiletries while at the Center. This rule also applies to those individuals who may have scents on their clothing, even if they did not actively apply anything to their body prior to arrival. If any of our staff detects the presence of fragrances, we will ask that individual to wash off the offending scent. If, after this effort, the scent is still deemed to be overpowering, we will ask you to leave. Under these circumstances, because we have notified all patients of this policy, you will be assessed a cancellation fee. *We urge all patients to use commonsense (not scents!)—please respect and abide by this policy.*

Office Manners

Out of respect for each patient's privacy, we request that you do not ask questions about any other patients' health conditions or treatments. Staff members of the Carolina Center adhere to a strict confidentiality policy, and we will not divulge any information about our patients to anyone without that individual's permission. In addition, because of the intimate nature of the IV room, we ask that any concerns or problems you may be having be voiced to the nurse or doctor and not discussed with other patients in the room.

The Carolina Center provides a healthy and peaceful environment for healing and encourages patients to come in with a positive, open-minded attitude. We ask that all patients respect our staff and their efforts to help you with whatever issues you need addressing. Our goal is to provide superior care and service to our patients, but we understand that some patients may at times feel frustrated with the rate of their recovery and the course of their treatment. We will make every attempt to address any problem reported and ask that you treat our staff politely and respectfully as we address your concerns.

DETAILS ABOUT OFFICE VISITS AND PROCEDURES

Office Visits

At the core of your treatment plan at the Carolina Center is the initial evaluation and subsequent follow-up office visits, each of which is an opportunity for you and Dr. Pittman to review your health status and to assess your progress. It is in these meetings that your course of treatment is assessed, adjustments made and new strategies reviewed and implemented as needed. Staying current with these office visits is critical as there are often many components of treatment being carried out that must be monitored on a regular basis. Whether you are a new patient who is preparing to start a comprehensive treatment program or an established patient who simply comes in for routine office visits, it is important that appointments be scheduled on a regular and consistent basis, and that you make every attempt to keep those scheduled appointments.

As education represents a fundamental component of the Carolina Center's approach, there is much that will be discussed in your office visit and we realize that the input of information can be overwhelming. Therefore, we strongly urge patients to have a "Support Buddy" who can accompany them on as many office visits as possible, serving as a second set of ears to take in all that we cover. Even though patients will receive a detailed written plan, it is still helpful to take notes to expand on what is provided. Our experience is that patients with support from this second person have greater success in following through with their treatment plan and seeing the beneficial results we are striving for.

New patients will spend the first 45-60 minutes with our Medical Assistant, followed by an additional 60-90 minutes with Dr. Pittman. Our main goals for this initial visit are as follows: (1) to carry out an in-depth review of your history and medical records; (2) to perform a physical exam as indicated; and (3) to review current medications, diet, and supplements, so as to formulate a plan for investigation and treatment tailored to your needs. Unlike traditional medical practices that are typically confined to 10-15 minute time slots Dr. Pittman will utilize this approximately two-hour initial visit to investigate your overall condition and health challenges in considerable depth, thus enabling him to construct a comprehensive picture of how to best treat you. At that time a general plan of investigation and treatment will be implemented so that between the initial office visit and first follow-up, health benefits may already be observed.

The first follow-up office visit is typically scheduled about 4 to 5 weeks after the initial visit to allow time for all lab testing to be performed and lab findings to be received; this timeframe also enables the patient to undergo some initial treatments and be able to report their effects in the first follow-up office visit. At the first follow-up, patients will spend the first 15 minutes with the Medical Assistant, then an

additional 45 minutes with Dr. Pittman. Subsequent follow-up visits include an initial 15 minutes with our Medical Assistant, followed by 30 minutes with Dr. Pittman. During this visit, we will review your response to our initial treatments as well as all laboratory test results in order to fine-tune your treatment plan.

At the Carolina Center, we strive to see all patients on time, and our track record in this regard is considerably better than the typical family medicine practice. Nevertheless, complex issues may arise on a regular basis, requiring more time than expected. Continuing care and follow-up visits are structured to provide you with the time you personally need. Due to the extensive information that is provided and the complexity of the health issues seen in this office, it is not uncommon for appointments to run 15-30 minutes behind schedule. We apologize for any inconvenience this may cause.

Cell Phones

We kindly request that you turn off your cell phone prior to entering your office visit. A ringing cell phone in the middle of an office visit in which complex information is being discussed can be disruptive and distracting, potentially causing errors to be made or important issues missed. *This requirement is for your benefit.*

Frequency of Office Visits

New patients typically are seen back for their first follow-up office visit about 4-5 weeks after their initial visit. The next follow-up visit is approximately six weeks later, and subsequent follow-ups are typically every two months until stability is achieved. If your case is very complex or more data are needed, then we may recommend scheduling more frequent office visits. We often request once-a-month follow-up visits for patients who are on ongoing complex antibiotic regimens. We do not recommend going longer than every two months until the patient has completed their main treatment program and has stabilized. Our goal is to get patients to that point as quickly as feasible then develop a simplified maintenance program that they can easily follow.

Once stable and in maintenance, we require our patients to maintain regular follow-up visits at least every six months. We understand that many primary care physicians are only concerned about an annual check-up; thus patients often assume that is all they will need at the Carolina Center. However, because we embrace a more proactive and preventive approach to medicine, we require our patients to be seen every six months to ensure that we are staying on top of risk factors and adequately monitoring their health.

Any patient who has not been seen in-person in at least three years must come back in as a New Patient, completing a new Registration and Medical History Form and undergoing a Comprehensive New Patient visit.

Telephone Office Visits

All initial office visits must be in person; however, subsequent visits may include consultations with Dr. Pittman over the telephone. These are primarily done for patients who live out of town or those who have special travel restrictions or other logistical challenges. A telephone office visit can also be substituted for an in-person visit if it has suddenly become inconvenient to come to the office. Be aware that such visits cannot be coded as a standard face-to-face office visit but instead as a telephone consultation; therefore, most insurance companies will not reimburse for these visits. When telephone office visits are scheduled, it is important that patients provide us with the specific telephone number they wish us to call.

It is our intention to place that call at the scheduled appointment time. Please understand, however, that we may be late due to unforeseen issues with other patients in our office. It may even be necessary to reschedule the visit if there has been an emergency in the office and the doctor has gotten behind.

Patients who have a scheduled telephone office visit should be ready to receive that call anywhere from right on time to as long as 20 or 30 minutes after the scheduled time. If you cannot make this additional time available, then you should select another time when delays will not be a problem. Please be ready to answer the telephone when the call is placed; otherwise, if we get voice mail or no answer, you will be subject to a “no show” fee and must reschedule the appointment at another time.

While telephone office visits are acceptable from time to time, it is required that all patients be seen in person at least once every two years. Patients who have not been seen in that time period will not be allowed to schedule additional telephone visits and must come into the office in person to remain an active patient.

In our years of operation, the Carolina Center has offered telephone office visits as a service to our long-distance patients although we found it necessary to charge a higher rate for these calls due to a variety of factors that increased the work time for our staff. The lower rate for the in-person office visit also serves as an incentive for patients to come to the office which is always the most effective setting in which effective communication and teaching occur. The current rate for telephone encounters is 20% greater than for in-person encounters.

The first follow-up office visit is approximately four weeks after the initial visit, at which time numerous lab tests are reviewed and a comprehensive treatment plan is developed. We strongly encourage patients to be present in-person for this visit, either in our Raleigh or Greenville office, as there is a great deal of complex information to review that is harder to convey over the telephone. Because the first follow-up office visit is 60 minutes (15 minutes with the Medical Assistant and 45 minutes with Dr. Pittman) instead of 45 minutes for subsequent visits, there is also a higher charge for this visit; and the charge for the first follow-up by telephone is higher than the in-person rate.

Charges for all telephone consultations are due at the time of service. Therefore, at the end of the call, the doctor will transfer the patient to the front office to arrange for payment and to schedule the next office visit. If payment is made at that time, a 20% cash discount will be given. Telephone consultations are not covered by insurance; thus, the encounter will not be filed with insurance even if the patient has out-of-network benefits. If payment is not made at the conclusion of the telephone call, then the patient will be billed the full amount for the consultation.

Office Visits in Greenville

As a service to our many Eastern North Carolina patients, Dr. Pittman travels to Greenville one Saturday each month where he can do in-person office visits. In most cases, these are only follow-up visits, although it is possible to do New Patient visits under special circumstances. This helps many patients who live toward the coast so that they do not need to drive all the way to Raleigh and do not have to do the more expensive telephone follow-ups. Be aware that Dr. Pittman will not perform telephone office visits from the Greenville office as the Carolina Center simply rents a room from another health care practitioner and does not have the services available for such a visit. Patients may not substitute a telephone visit for an in-person visit in Greenville—these are only scheduled for the Raleigh office.

Pediatric Visits

Trained in pediatrics, Dr. Pittman has remained active in providing comprehensive integrative care for children and adolescents. Working with pediatric patients can pose certain challenges during the office visit encounter in terms of obtaining a detailed history and assessing the child physically, while also balancing these responsibilities with educating parents about the evaluation and treatment recommendations given.

Just as we recommend that adults bring a “Support Buddy” to their office visits, it is very helpful for parents to bring another person with them so that, after the child is examined by the practitioner, he or she can be taken out of the consultation room by the other adult, thus giving the parents and practitioner an opportunity to have a candid discussion about the child’s condition and needs.

While it is necessary and required that a pediatric patient attend the initial office visit, the child does not always need to be present at subsequent office visits. However, we may request that the child is present approximately every other visit, depending on the specific situation. We advise parents to NOT bring the child to the office for the extensive first follow-up office visit when laboratory results are reviewed and a treatment plan developed. This is a long visit that can be tiring for children and often their presence is a distraction for the parent, preventing them from comprehending the findings and treatment recommendations fully.

Punctuality for Office Visits

When you are scheduled for a follow-up office visit, a 45-minute block of time has been reserved for you. Our goal is to be on time throughout the day. Our patients have taken time out of their busy schedules to make their appointments, and we expect all patients to respect this. We do not schedule appointments like traditional doctors’ offices where many patients may be scheduled every 10-15 minutes. Unlike these other offices, which may see up to 30-40 patients per day, Dr. Pittman typically will see only 7 to 8 patients per day, spending much more time with each one so that all issues can be addressed completely. It is for these reasons that we ask all our patients to be punctual for all appointments.

Prior to seeing the practitioner, all patients must update important information at each visit and have their vital signs taken; your prompt arrival will ensure that this procedure does not delay the start of your visit. If you are late for your appointment, it is possible that you can still be seen, but the appointment will end at the scheduled time, thus cutting short your visit.

Moreover, in this situation, you will still be charged for the full appointment. We cannot ask another patient to wait if you were late for your appointment. *In these situations, we reserve the right to deny an office visit to any patient who does not arrive on time. If you are late by more than 25 minutes and miss your scheduled follow-up office visit, you will be charged for the full appointment charge of \$248, consistent with the No Show policy, though if this fee is paid immediately, this will be reduced by 20% to \$198. If you are late, but Dr. Pittman is also running late and can still start your visit when he is ready, you will not be charged the No Show fee.*

Punctuality Regarding IV Infusions, Colon Therapy and Other Procedures

When you are scheduled for any other procedure at the Carolina Center, a specific block of time has been reserved for you, and of course, our staff is being paid to provide their services. Our goal is to be on time throughout the day. We expect all patients to respect the need to be on time for blood draws (for lab testing), IV treatments, colon therapy and other procedures. If you are late for your procedure, it is possible that it can be done, but may still need to end at the scheduled time, cutting your procedure short.

In the event that this occurs, you still will be charged for the full appointment. We will not ask another patient to wait because you were late. Moreover, we reserve the right to reschedule any patient who does not arrive on time. If you are late by more than 25 minutes and miss your scheduled procedure, you will be

charged \$75. If there is no patient scheduled after you and our staff is able to accommodate you, there will be no late fee imposed. However, in the event you are late more than two times, we may request payment of a \$75 deposit in order to reschedule future procedures.

Cancellation Policy for New Patients

A deposit of \$200 is due upon receipt of the New Patient registration form and Medical History. The actual new patient appointment will then be scheduled at the initial “Orientation”. At that time, the \$450 balance is due for payment for the initial office visit and initial two-hour Meridian Stress Assessment (MSA) test. The MSA is typically scheduled for 2-3 weeks later, and the actual new patient office visit will be 1-2 weeks after that to give patients sufficient time to address key dietary and lifestyle issues, and to implement many of the recommendations given.

The payment of \$450 is fully refundable up to two weeks prior to the initially scheduled MSA and office visit. However, no refunds will be made if a cancellation request is received after this time period. New Patients scheduled for their initial MSA who cancel this procedure with less than 7 days notice will be charged a \$50 cancellation fee as per our Cancellation Policy noted below. Likewise, there is a \$100 cancellation fee if the New Patient visit is cancelled with less than 7 days notice. In this case, patients will be given one opportunity to reschedule either cancelled appointment.

In the event that either rescheduled appointment is cancelled with less than 7 days notice, the patient will not be allowed to reschedule any appointments and will forfeit their \$450 deposit. Under these circumstances, the individual must wait three months prior to reapplying to be a new patient not allowed to reapply to be a new patient for a period of three months and at that time would need to start the process from the beginning, including attending the “Orientation”. No credit will be given for any previous payments made. For new patients whose appointment is rescheduled and then kept, the cancellation fee will be reduced by 50%. There will be no waivers of these fees for New Patients.

New Patients who cancel either appointment with more than 7 days notice will not be charged a cancellation fee, but will be given only one more opportunity to reschedule and keep those appointments. If the rescheduled appointment is again cancelled, then patients will not be allowed to reschedule and will forfeit their \$450 deposit as indicated above.

Cancellation Policy for Established Patients

Appointments for office visits are typically made several weeks in advance; therefore, every effort should be made to keep this appointment as scheduled. *We understand that there may be circumstances that require you to change a regularly scheduled office appointment; however, we require that you notify our office no less than 7 days in advance if you are unable to keep your appointment.*

Please realize that our schedule is often booked many weeks in advance, and there are many patients with equally serious health problems who are often on a waiting list for a cancellation. Your prompt notification will allow another patient the opportunity to take your appointment time. If you fail to give us 7 days advance notification for rescheduling/cancellation of a regularly scheduled office visit, there will be a \$100 fee charged. In some cases when patients repeatedly cancel, we may require them to make a non-refundable deposit of \$100 to hold the next appointment.

Equally important is the time set aside for other appointments such as IV infusions, colon hydrotherapy, hyperbaric treatments, and the MSA. Please note that our cancellation policy applies to these appointments as well, and we require that you notify the office 7 days in advance if you are unable to keep an appointment. If you do not notify us of cancellation of appointments for IV treatments, colon hydrotherapy, MSA, or hyperbaric treatment, within 7 days of the originally scheduled appointment, a \$50 fee will be charged.

No-Show Policy

Patient who fail to give a cancellation notice and do not appear for any scheduled office visit or colon hydrotherapy session will be charged in full for that missed visit. The charges will be \$248 for the missed office visit and \$75 for any other scheduled procedures as specified above.

Rescheduling Policy

We are offering the following incentive to help you stay on your recommended treatment plan and maintain your regularly scheduled office visits and treatments: *If you cancel an office visit or other scheduled procedure with less than 48 business hours notice or are a No-Show, and then you reschedule that appointment within the next 7 days to be seen within the next 14 days, the cancellation/no-show fee will be reduced by 50%.* We understand that situations arise where a cancellation or no-show may be unavoidable, and therefore we will allow our patients to receive this discount up to two times.

Please be aware that if you cancel with less than 7 days notice, or are a no-show for the rescheduled appointment, you will be subject to two fees. In this circumstance, you will owe the initial cancellation/no-show fee in full prior to being able to reschedule any further office visits or treatments at the Center. Upon payment of this fee, you will be given one more opportunity to reschedule according to the above terms, but must pay a \$100 deposit to hold your rescheduled appointment.

Upon completion of the rescheduled appointment, you will receive the 50% fee reduction for the remaining cancellation/no-show charge. If you cancel less than 7 days or are a no-show for this second rescheduled appointment, you will be dismissed from the practice and not allowed to return for 3 years at which time you will have to start as a new patient again. Under these circumstances, you will forfeit the \$100 deposit for the cancelled office visit.

DETAILS ABOUT SUPPLEMENTS, MEDICATIONS AND REFILLS

Supplements and Medications

We realize that many of our patients receive health care from a variety of practitioners, and while having different perspectives on one's condition can be very helpful, it can also lead to over-prescribing and ultimately to potentially adverse outcomes rather than benefits. In addition, our patients are often searching for their own answers and will be taking numerous supplements and herbs that have not been prescribed by a health care provider; therefore, as new therapies are added, there is the potential for additional side effects and negative interactions.

Please bring **all** of your medications to each office visit, regardless of who prescribed them, as well as all supplements or non-prescription remedies so that we can accurately review your regimen. We will work with you to try to determine the best possible configuration of medications and natural agents for your particular situation.

Purchasing Nutritional Supplements

As a convenience to our patients, our associate business, Total Health Nutrition Center, Inc., (THNC) provides many of your recommended nutritional and herbal supplements for purchase, even though it may be possible to purchase these supplements at local pharmacies, health food stores, grocery stores, and

specialty supplement stores. The supplements carried by THNC have been chosen based on quality and formulation. To the best of our knowledge, these supplements come from reputable companies, and many of these companies provide only pharmaceutical grade products and distribute only to physicians.

In making their selections from over 200 companies, THNC gives the highest priority to ingredient quality, manufacturing excellence, and quality control. In most cases, the selected products have scored at the highest levels when evaluated objectively by independent, third-party laboratory testing for nutrient content, purity, dissolvability, and bioavailability (absorption). At the same time, keen attention is devoted to getting the best prices for specific products that are being compared. (*See the Carolina Center website for more details on how we interact with THNC.*)

Despite all our efforts to adhere to these high standards, however, we can offer no guarantees as to the effectiveness of these products. Moreover, the North Carolina Medical Board has a policy regarding the sale of goods from physician offices, and Dr. Pittman complies with this policy by informing you that you may purchase supplements at other places and by disclosing our financial interest in the sale of supplements. THNC and Dr. Pittman have a financial interest in the sale of supplements in that profit generated from these sales is used to cover the costs of providing this service. Again, however, we strive to provide reasonable pricing and, for the most part, we charge less than those offered by other sources or at other store locations.

Request for Prescription Refills

Prescription refills are generally written during your office visit. All patients are required to maintain regular office visits so that refills can be provided at that time. If you find that you have a refill request between office visits, please have your pharmacy fax your request to 919-571-8968. We require a minimum of 7 days to process prescription requests, so please make sure not to wait until you have run out of your prescription before you call your pharmacy. Our practitioners may still require an office visit to authorize your request. Furthermore, North Carolina State law restricts the issuing and refilling of certain prescription drugs. Such controlled drugs, by law, require an in-person office visit for a prescription to be issued.

Patients participating in any treatment program will be required to meet periodically with the doctor to discuss their program and receive any additional recommendations, including prescriptions and refills. Patients should always bring their pharmaceutical prescriptions and current dietary supplements to every office visit so the doctor knows exactly what you are taking, the dosage, and how many refills are remaining. *Any changes you would like made to your prescriptions and all requests for refills or new prescriptions should be discussed during your regularly scheduled office visit. It is your responsibility as a Carolina Center patient to be sure you have enough refills of medications they are taking on an ongoing basis.*

When patients run out of medications and request that we call in a prescription, they must realize that this is a time-consuming process, not just for the staff member who calls it in, but for other staff and the doctor who must research the request to see that it is appropriate. By bringing all of your prescriptions to each office visit (especially the prescriptions from the Carolina Center), it is possible to determine how many refills you have remaining. The doctor can then write a new prescription at this time. This is safer for the patient, as well as more efficient for our staff, as everyone knows clearly what the status of a particular medication is and whether or not any changes need to be made. To have prescriptions refilled without an office visit is time-consuming, inefficient, and does not allow a more comprehensive review of the patient's health status.

Even in situations where there is a change in pharmacies or a different prescription required due to a change in dosage, this is still a process that requires our paid staff to address. *Due to these circumstances, our office will charge a \$20 fee for each prescription that is called in or written at a time other than during an office visit.* We have the right to deny a refill request or require that a patient be seen for an office visits

before a refill can be given.

Mitigating circumstances that would warrant such a requirement include the following: (1) the length of time since the last office visit; (2) the severity of the condition we are treating; (3) the consistency with which the patient is keeping up with his or her prescribed treatment program; and (4) if we are asked to supply a medication that the patient's primary care physician should be more appropriately prescribing.

Please note: If you cancel your appointment or fail to schedule an appointment as agreed upon in your previous office visit, any prescriptions that may need refill authorizations will be denied until you are seen in the office.

Other Refill Requests

Many patients may already be taking a medication prescribed by another physician, such as blood pressure, diabetes or allergy medications. Because we are not a primary care practice and we require all of our patients to maintain a primary care physician to manage these routine health conditions, we are unable to authorize refills of another doctor's medication.

Nevertheless, *under certain circumstances, it may be appropriate for us to authorize minimal refills of these in order that a patient does not go without his or her medication. In these cases, the patient will only be given enough medication to hold them over until they see their primary care physician or have a follow-up in our office. As noted above, there will be a \$30 charge for this prescription.* Any requests for new prescriptions not previously prescribed by this office should be handled in an office visit. If an office visit cannot be scheduled quickly enough, at our discretion we may be able to prescribe enough of this medication to last until your actual follow-up. If you do not keep the scheduled follow-up office visit, future refills will be denied.

FEES FOR SERVICES

Fees and Payments

All office fees are payable in full at the time of each visit. We do not allow balances to carry forward. Therefore, if you have an outstanding balance, it must be cleared before a follow-up visit can be scheduled. A discount of 20% is given for payment at the time of service. If payments are not made at the time of service and a bill has to be sent to the patient, the charge will be higher than what is shown due to removal of the cash discount. We do offer treatment plans in which a specified number of treatments will be determined and a discounted fee will be provided for payment in full upon commencement of the plan. Many patients appreciate this service as it simplifies financial management and commits them to follow through with their program. Any canceled programs are fully refundable (minus the discount or any administrative fees that may apply). Prices are subject to change without notice and may vary from what is shown below.

Costs and Payment for Services

A separate handout has been provided listing the charges for other services that may be recommended after the initial office visit or in subsequent office visits. For many patients with complex medical conditions and severe symptoms, we may recommend setting up a Comprehensive Treatment Plan, in which we will create a weekly plan that includes specific treatment components. This option also comes with a discount for patients who pay for this program in advance. This is often the best way to be sure that all useful

therapies are incorporated into your plan and that you get this treatment at the most affordable price.

Payments for all office visits, laboratory testing and other procedures not paid for in advance as part of a Comprehensive Treatment Plan are due in full at the time of service unless other arrangements have been made in advance. We accept cash, checks, Visa, MasterCard, Discover and American Express.

In addition to charges for office visits and treatments, there are separate fees for work performed on your behalf between office visits. These fees may include reviewing reports, making and receiving calls (such as from other health care providers, insurance companies, pharmacies, home care agencies, etc), writing referral letters (or other letters as needed), as well as additional time taken by our staff addressing questions or concerns directly from patients. Such additional fees will be charged for work performed by our staff on your behalf based on the time and complexity of the task.

Insufficient Funds Fee

The Carolina Center will charge \$50 for checks written that were returned due to insufficient funds.

Laboratory Testing and Interpretation

The insurance industry, along with the Center for Medicare and Medicaid Services, has long dictated the billing and coding procedures for medicine practiced within the United States. For lab work, as well as for services like x-rays and MRIs, there are two billing components: a technical component and a professional component. Independent lab companies charge for the technical component, which concerns processing of the lab specimen. The physician or practitioner who ordered the labs then must interpret the results and determine a course of therapy. The time involved in making this interpretation and subsequent recommendations comprise the professional component, and this is done outside of the time spent with the patient during his or her office visit.

Laboratory testing represents a substantial part of the evaluation process as well as for monitoring response to therapy and ensuring safety while one undergoes a treatment program. Generally labs will be ordered with the intention to review those results in an office visit so that the patient has a complete understanding of the findings and their implications, then receives a subsequent treatment plan based on these results. This is the most effective way to be sure the plan will be successful. As patients progress through their treatment program and then enter the maintenance phase, it will be advisable to continue to undergo periodic laboratory testing for monitoring purposes or reassessment. There are often circumstances where lab testing can be ordered and, rather than returning to review those findings, Dr. Pittman can analyze the results and report his recommendations to you.

Our professional fee for interpreting laboratory results outside of an office visit is \$24 for the first five labs, plus \$5 for each additional lab, up to a maximum fee of \$74. Lab and other test results are reviewed by Dr. Pittman as soon as they are reported, and patients will be notified of any significant findings, changes to treatment that may be advised given these findings, and whether or not further testing may be needed to recheck something later. Please allow at least two weeks from the time the labs are done for the results, and if you haven't heard from us by then, please call the office to check on the status of the labs. Some laboratory companies are poor about getting results to our office, especially those with whom we are not contracted.

In the case of patients who get their lab testing done at a local hospital, or for lab testing other than from Solstas or Labcorp, it is often necessary to be sure that the lab report has been sent directly to our office. After all, if we do not know where you went for a lab, we cannot research that lab and obtain the result. If you contact our office and are told we have not received the result within a reasonable time, you will need to contact the lab directly and request that the results be sent to our office; this is generally done either by fax or mail delivery.

Payment for interpretation of laboratory test results will be due at the time the labs are ordered in the office visit, with the charges being based on the number of labs performed. For any follow-up labs ordered as result of these findings, or if patients request labs outside of an office visit setting, patients will be required to pay for the laboratory interpretation in advance. Be aware that it may still be necessary to come in for an earlier follow-up office visit based on the laboratory results if the findings and recommendations are too complex or extensive to be communicated otherwise.

Charges for Laboratory Testing Requested by Patients Outside of the Office Visit

Typically lab orders are written by Dr. Pittman in an office visit with instructions to get these labs prior to the next office visit so they can be reviewed at that time. If labs are to be reviewed in the office visit, then patients will not pay a Lab Interpretation fee as this will be included in the subsequent office visit charge. There are also occasions when patients contact our office and request a specific laboratory test to be performed that was not previously ordered by Dr. Pittman usually with the intention of having that test report back by the next office visit so it can be reviewed then. Lab orders written outside of an office visit are treated as a prescription and patients will be charged a \$20 fee for this new order.

Laboratory Testing Required for Office Visits and Prescription Renewals

It is nearly always best when lab results can be reviewed with the patient during an office visit so the meaning of the results can be discussed more thoroughly, the patients questions answered, and any revisions to a treatment plan can then be made. In most cases, laboratory testing will be ordered so that the results will be ready to review in the next office visit. If in the previous office visit, instructions were given to obtain labs by the next visit, but those labs have not been performed, then it will not be possible to interpret them in the office visit nor can requested refills be given for any extended period of time.

Under these circumstances, the ordered labs will need to be obtained either that day in the office or within the next few weeks, and the patient will need to pay the Laboratory Interpretation fee, as explained above. In addition, the patient will also be given only a 30-day supply of medication with no refills being authorized until the requested labs have been obtained. At that point, further refills can be provided with the patient being charged the Prescription Refill fee as noted above.

Charges for B12 Injection Teaching

A frequent therapy recommended is injections of Vitamin B12 as methylcobalamin (MB12). These injections are easy for patients to self-administer, using an insulin syringe with a tiny needle that can be injected subcutaneously in the buttock or thigh. MB12 injections come as prefilled syringes from a compounding pharmacy and can be mailed directly to the patient if he or she is knowledgeable about performing self-administered injections or has a family member or friend who can help them. In this case, patients will be asked to sign a consent form stating that they do not need injection teaching.

For those patients who are not familiar with this process or do not have assistance, we provide teaching for the first injection by our nursing staff. Often in this case the MB12 will be sent to our office, and then we will notify patients upon its arrival so they can arrange to come in for teaching. The cost for the injection teaching is \$24. For patients who live out of town for whom MB12 is recommended during their office visit, we typically will do the teaching at that time, with the pre-filled syringes then being sent directly to the patients. The cost for injection teaching, which includes the Carolina Center providing the MB12 for the first injection, is \$57.

HEALTH INSURANCE INFORMATION

Working with Health Insurance

Nearly all conventional doctors must sign a contract with major insurance carriers to agree to abide by their rules and regulations regarding time spent with patient, how much they charge, the services they provide and virtually every aspect of the way they run their office. This is referred to as being “in network” and offers the advantage to the patient of only having to pay a small co-pay fee for their care in most cases. The disadvantage is that you are likely only to be able to have access to the physician for a brief period of time and that nothing outside of mainstream medicine can be considered in your treatment plan.

Worse yet, in nearly every case, integrative medicine practitioners who have tried to do this in the past have been accused of insurance fraud and often required to repay hundreds of thousands of dollars (in some cases) for what the insurance deemed to be “medically unnecessary” services. As a result, the Carolina Center and the vast majority of integrative medicine practices operate as Out-Of-Network providers, not participating with any insurance carriers. Even though we are Out-Of-Network, we can still file claims for some patients based on the type of insurance they have. (Details are provided below on how we file insurance claims.)

By choosing to partner with our practice, any requirements set by your insurance provider are, by default, your responsibility. This includes prior authorizations, requests for additional information, appeals for non-covered services, etc. Your insurance company understands this, and requests for information will usually be mailed to you with an Explanation of Benefits (EOB). Occasionally, insurance companies will send requests directly to us without sending you a copy. In the event that we receive this type of mailing, we will forward it on to you.

Here are some tips to help you have a better understanding of your insurance policy.

1. Read your insurance policy carefully or ask your benefits administrator so that you know the following:
 - a. Do I have Out-Of-Network coverage? Will they pay anything for me to see an Out-Of-Network physician?
 - b. What is my Out-Of-Network deductible (how much will you have to pay out of pocket before insurance will pay anything)?
 - c. How much will the insurance company pay for Out-Of-Network coverage once my deductible has been reached?
 - d. What is my benefit for prescriptions written by an Out-Of-Network physician?
 - e. Is Solstas Laboratory (our local lab) considered In-Network for my plan? If not, who is?
 - f. What is my benefit for out-of-network labs?
 - g. What out-of-network services require pre-authorization?
2. Ask your Primary Care Physician for a referral to a *nutritional specialist*. If you have coverage for this type of physician and there are no contracted specialists within a 30-mile radius of your home, your insurance provider may consider reimbursement for our services at the In-Network rate.
3. Remember that Out-Of-Network claims must be SCANNED and KEYED (and are often keyed by an out-sourced, overseas company) before they can be automatically processed by your insurance company’s computerized system. If your Explanation of Benefits (EOB) doesn’t match up with your invoice, call your benefits coordinator and ask them to “pull the claim image” and compare it with what you submitted. There may have been a keying error. You can ask them to “resubmit the claim for reconsideration.” (You can also appeal a denial for reimbursement of services.)
4. Note that FEDERAL LAW requires that your insurance company a) process your claim and b) communicate the determination of reimbursement (via EOB) within 30 days of the receipt of your claim. Most claims are processed within 15 days.

Letters of Medical Necessity

Health insurance companies are increasingly endeavoring to dictate and manage your medical care, prescriptions and tests. They are requesting letters of medical necessity for nearly every medication, test and procedure that is ordered by your medical caregivers. The amount of time and paperwork required to accomplish this has become excessive for many practices, including our own. Therefore, with a very few exceptions, we will not be able to perform this service. We suggest you contact your insurance carrier and obtain their instructions as to how to proceed.

Insurance Appeals

If your insurance company denies a service that is medically necessary for your care, then an appeal becomes necessary. We will not craft this appeal- this is your responsibility. In some extreme cases, patients have hired attorneys for this purpose.

Medicare

We don't participate in the Medicare system. We have voluntarily "opted out" of the system by not participating. We find that the Medicare system simply isn't designed for the leading-edge medical care our patients expect us to provide. Nothing unusual or abnormal is going on here. Thousands of physicians have opted out of this government insurance system. As a result, you cannot file a Medicare claim for services in our office, and we cannot file a Medicare claim for you. No one else can file a Medicare claim for you, even if they tell you they can. The Medicare system makes no exceptions to this bizarre rule.

The implication is as follows: If you are covered by Medicare, and you decide to obtain services at our office, you will have to bear the entire cost of those services. You won't be able to ask Medicare for reimbursement. We do not exist on the Medicare computers; this is voluntary on our part.

Some individuals have heard that they can hire an outside claims-filing agency that can file a Medicare claim for you. They are mistaken, and such agencies are a waste of money. The fact of the matter is that they can't file, you can't file and we can't file a Medicare claim for services in our office.

If you are covered by Medicare, and you want us to take care of you as a patient, you will be asked to sign a statement indicating that you understand that we are not a Medicare participant, and that you cannot file Medicare claims for services in our office. Furthermore, your secondary insurance carrier won't consider any claim you file Medicare is filed first. Since you can't file a Medicare claim for services in our office, you unfortunately won't be able to collect from your secondary insurance provider either.

How the Carolina Center Handles Insurance Claims

The Carolina Center does not contract with insurance companies, including Medicare, Medicaid or Tricare. Moreover, although many of our services have been covered by insurance in the past, we can provide no assurance or guarantee that you will receive insurance reimbursement for any of the charges at the Center. As a courtesy, these charges will be filed with your insurance company if it is determined that you have out-of-network benefits, and you will receive reimbursement from the Center when appropriate.

The main exceptions are Blue Cross Blue Shield (BCBS), which will not reimburse our office for anything regardless of benefit status and Aetna, which will reimburse for some services but not other. In addition, the Carolina Center will not provide BCBS or Aetna any records for the purpose of insurance determination if requested by the insurance company or the patient. Finally, the Center has "opted out" of the Medicare program, and Medicare will not reimburse for any fees paid to the Center or the patient. We still ask our patients to provide us with their insurance information so we can contact the company and

determine benefits which help us to better advise the patients in terms of laboratory testing or other outside procedures that will possibly be covered.

In summary, your ability to receive insurance reimbursement for any of the charges at the Carolina Center will depend on the specific policies of your insurance carrier. With the exception of those companies mentioned above, many insurance carriers are increasingly willing to provide coverage for integrative medicine, recognizing its emphasis on health promotion and disease prevention (which ultimately translates into lower health care costs over time). If you are among those millions of Americans who cannot afford health insurance, we will work with you, as much as possible, to accommodate your budgetary constraints, and we will plan strategically to minimize costs while hopefully meeting your treatment and health-related goals.

At the time of each office visit, our staff will determine if out-of-network benefits are available for each patient. If such benefits are available, we will file the charges on your behalf. A partial payment of 80% of the total bill is required at the time of service. Subsequently, depending on what action is taken by your insurance carrier after submission of the claim, you may receive a refund, be billed for a balance, or owe nothing. Patients who are unable to get any insurance coverage for services at the Carolina Center will receive a 20% discount for payment at the time of service.

Requests for Pre-Authorization for Services or Prescriptions

The Carolina Center does not contract with any insurance carriers, and we are not required to receive pre-approval for any medications and services. Depending on individual insurance situations, you may not be reimbursed for prescriptions or services that are not approved in advance by your insurance carrier. Many of our patients ask us to obtain authorization from their insurance carrier and based on the type of insurance and policy; we may be able to assist in this process. This is a very time-consuming process and requires significant staff time to handle.

If you are denied payment for a prescription and request that we obtain an authorization for this medication, you will be charged a \$25 fee per prescription that we attempt to have authorized. We are not responsible for the decision your insurance company makes. If they ultimately decline the medication, you will still be responsible for paying this fee. Likewise, there will also be a \$25 charge for pre-authorization for any other services provided by the Carolina Center, regardless of the outcome.

OFFICE COMMUNICATION

Communication with Our Office

Because of our integrative medicine approach, we believe that nothing can replace direct communication with the physician in an office visit when it comes to explaining symptoms, going over test results, answering your questions, and making plans for care. As a result, it is our office policy that such issues are never discussed in detail with other staff by phone, and we will not alter the plan of care or change prescriptions by phone unless it is done in the context of a Telephone Office Visit with the physician.

If you find that you have an issue that needs immediate attention, we respectfully ask that you utilize only one contact person per day, especially if you have multiple questions. Our efficiency decreases when requests for information are duplicated across our staff, requiring more time to resolve your issues. Please be aware that repeated calls or emails to multiple staff members may result in additional billing. *For most medical questions related to your treatment plan, you should contact Elena Schertz, R.N., our nursing supervisor.*

Our administrative staff members are happy to relay any information confidentially to the proper party, ensuring that your question or need is addressed in a timely manner (and often more quickly than if you were

to leave a voicemail with our medical staff members, as they are assisting patients who are in our office during the day). Because we have a relatively small staff, it is likely that you may have to leave a voicemail. Voicemails are checked throughout the day, and most non-urgent issues are addressed/resolved within two business days.

Speaking with Staff While in the Office

If you are in the office for an IV infusion, colon therapy, hyperbaric treatment, lab testing, or supplement purchases—or for any purpose other than an office visit and you have questions for any of our staff—please inform the front office so that they can determine if the individual you seek is available. Our staff will make every effort to be able to speak to patients when requested if their schedule allows, otherwise you will need to leave a message and someone will call you back later.

Please do not walk through our office to directly find the staff person to whom you wish to speak, as this will be a potential violation of confidentiality and HIPAA requirements. We request that you remain in the waiting room until the staff member is available, at which time you will be brought back. Be aware that there are charges for staff time for encounters in the office, as indicated in the following section.

Charges for Staff Time

While we strive to provide all the information patients need during their office visits, we understand that new questions will arise and additional assistance may be needed. We believe that staff support of patients during their treatment plan is crucial for success and avoidance of misunderstandings or complications. Our staff spends their day on a variety of tasks, which include care of patients while in the office and responding to questions from patients, either in person or by telephone. For simple and short questions asked of our staff (either in person or by telephone) that do not require extensive research to provide the answer, our staff is happy to provide this assistance at no charge.

We are happy to provide this service, but it is important for patients to understand that our staff may be unable to handle an excessive number of phone calls or emails or if there are repetitive questions about issues that can't be quickly resolved. Under these circumstances, our staff will be unable to provide further assistance, and the patient will be required to be seen for an office visit.

There are situations where it may be possible to resolve your issue without an office visit, but in order to do so, more research and staff time is needed, including a consultation with Dr. Pittman. There are also situations where patients have a greater number of questions requiring even more staff time. In addition to charges for office visits and treatments, there are separate fees for work performed on your behalf between office visits including the additional time that may be taken by our staff addressing questions or concerns directly from patients. These additional fees will be charged for work performed by our staff on your behalf based on the time and complexity of the task.

For staff time spent on specific patient-requested tasks or questions by telephone or in-person, the charges are as follows:

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|-----------------------|-----------|
| • Less than 5 minutes | No Charge |
| • 5-10 minutes | \$12 |
| • 11-15 minutes | \$24 |

Communicating with the Carolina Center by Email

All questions ideally should be addressed within an office visit, but we recognize that questions or problems may come up in between these visits and our goal is to be responsive to those questions. While direct communication with staff by telephone is optimal, we recognize that email can play a valuable role by facilitating or expediting communication, especially for short questions that can be answered relatively quickly. Our staff has regular time in their day to respond to emails, typically in the late afternoon, and every effort will be made to respond to your inquiry as quickly as possible.

There is no charge for quick responses to relatively simple questions; however be aware that lengthy, complex, or multiple questions with many components will take more time to read and research, and thus more time for the response. Based on the nature of the issue, we may be unable to provide an answer by email and require that you come in for an office visit.

We will be happy to try to provide responses to emails, but be aware that there may be a charge for this service based on the time spent researching and responding. Email communication is not meant to be a substitute for a face-to-face office visit with the physician. If patients are not keeping their regular office visits as scheduled, the likely email response they will get to their question will be to schedule an office visit.

Email communication can be effectively used to assess responses to a specific treatment or help with a non-emergency complication, so there are times we may specifically plan for email communication as a way to follow-up with some issue. Any decision about using email communication in this way will be jointly decided in an office visit with the patient and provider.

For staff time spent on specific patient-requested tasks or questions by email, the charges are as follows:

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|---|-----------|
| • Brief – Generally less than 5 minutes | No Charge |
| • Moderate – Generally 5-10 minutes | \$12 |
| • Complex – Generally 11-20 minutes | \$24 |

For physician time spent on specific patient-requested tasks or questions by email, the charges are as follows:

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|---|------|
| • Brief – Generally less than 5 minutes | \$24 |
| • Moderate – Generally 5-10 minutes | \$44 |
| • Complex – Generally 11-20 minutes | \$64 |

Letters, Forms and Phone Calls

Writing letters and completing forms is a service our staff can provide when requested or necessary for care, and we are willing to provide these for our patients. To do so requires current information about your condition and your response to treatment. If we receive a request to complete a form or provide a letter and you have not been seen within three months, it will be necessary to schedule an office visit in order for these forms or letters to be completed. Be aware that the amount of time and research required to prepare letters and complete such forms is often significant and fees will be charged for work done by our staff on your behalf based on the time and complexity of the task.

The following are types of letters and forms we can provide, along with the associated charges:

Referral Letter – Physician Recommendation: Letter to another physician requesting an evaluation of the patient to include a summary of the patient’s condition, laboratory findings and reasons for referral when recommended by the physician. \$20

Referral Letter – Patient request: Letter to another physician requesting an evaluation of the patient to include a summary of the patient’s condition, laboratory findings and reasons for referral when requested by a patient. \$30

Letter to Primary Care Physician or Specialist: Similar letter as above summarizing the patient’s findings and course of treatment. \$30

Disability Letters: Letters written to public or private disability agencies documenting health issues that potentially qualify a patient as disabled. \$40

Letters of Medical Necessity: Letters to insurance companies in an attempt to justify coverage for services. (not routinely provided due to lack of recognition of Integrative Medicine by insurance companies – see above details). \$50

Medical Opinion Letters: These are typically letters requested by attorneys in regards to a legal issue affecting the patient (injuries, toxin exposure, mold in workplace/home, etc.) \$150

FSA/HSA/HRA Letters: Letters that summarize services, supplements and other charges provided by the Carolina Center and Total Health Nutrition Center under doctor recommendation which will allow for reimbursement from these programs. \$25 for annual letter; \$10 for update letter

Disability and other Forms: Completion of forms provided by the patient from their employer or disability insurance company regarding their health status and response to treatment. \$20

Physician Phone Calls on Patients’ Behalf:

- Less than 5 minutes \$10
- 5-10 minutes \$25
- 11-20 minutes \$50

Copying Medical Records

Patients often need copies of their medical records to provide information to other physicians regarding lab tests and treatments that have been performed. At each office visit, you will be provided with a copy of any recent laboratory results and the “Assessment and Plan” section from your office visit notes which are essentially instructions for you to carry out prior to the next office visit. It is your responsibility to keep up with these copies. If you need additional copies of laboratory results or office notes, there will be a fee for this service at the rate of \$.75 per page for the first 25 pages, then \$.50 per page for pages 26-100, then \$.25 for 100+ pages, with a \$10.00 minimum charge. (NC Statute § 90-411 Record Copy Fee)

A Final Note

This document could not possibly address all details of our practice and only serves as a general guide. Because circumstances change, updates will no doubt be made. We will keep you informed. Please see our website for additional information – www.carolinacenter.com.

Upon arrival for your initial office visit at the Carolina Center, you will be asked to sign a form acknowledging your understanding of these policies. Please bring this document to your initial office visit so you can review it again when you sign the acknowledgment.