

**The Carolina Center for Integrative Medicine, P.A.  
Receipt & Acknowledgement of Policies**

<b>Initials</b>	<b>Policy</b>	<b>Initials</b>	<b>Policy</b>
	<b>UNIQUE ASPECTS OF OUR PRACTICE</b>		<b>FEES FOR SERVICE</b>
	<i>Our Specialty Practice</i>		<i>Fees and Payments</i>
	<i>Privacy Policy</i>		<i>Costs and Payment for Services</i>
	<i>No Perfume or Scented Toiletries</i>		<i>Insufficient Funds Fee</i>
	<i>Office Manners</i>		<i>Laboratory Testing and Interpretation</i>
	<b>OFFICE VISITS AND PROCEDURES</b>		<i>Labs Requested Outside an Office Visit</i>
	<i>Office Visits</i>		<i>Labs Required for Office Visits &amp; Refills</i>
	<i>Cell Phones</i>		<i>Charges for B12 Injections</i>
	<i>Frequency of Office Visits</i>		<b>HEALTH INSURANCE INFORMATION</b>
	<i>Telephone Office Visits</i>		<i>Working with Health Insurance</i>
	<i>Location of Office Visits</i>		<i>Letters of Medical Necessity</i>
	<i>Pediatric Visits (if applicable)</i>		<i>Insurance Appeals</i>
	<i>Punctuality for Office Visits</i>		<i>Medicare</i>
	<i>Punctuality for Procedures</i>		<i>How the Carolina Center Handles Insurance</i>
	<i>Cancellation Policy for New Patients</i>		<i>Requests for Pre-authorization</i>
	<i>Cancellation Policy for Established Patients</i>		<b>OFFICE COMMUNICATIONS</b>
	<i>No Show Policy</i>		<i>Communication with our Office</i>
	<i>Rescheduling Policy</i>		<i>Speaking with Staff while in the Office</i>
	<b>SUPPLEMENTS, MEDICATIONS, REFILLS</b>		<i>Charges for Staff Time</i>
	<i>Supplements and Medications</i>		<i>Communicating By Email</i>
	<i>Purchasing Nutritional Supplements</i>		<i>Letters, Forms, and Phone Calls</i>
	<i>Request for Prescription Refills</i>		<i>Copying Medical Records</i>
	<i>Other Refill Requests</i>		<i>A Final Note</i>

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*Patient/Parent or Guardian's Signature*

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*Date of Signature*