

## Hunter-Hopkins Center, P.A.

7421 Carmel Executive Park, Suite 320, Charlotte, NC 28226

Telephone (704) 543 9692 Facsimile (704) 543 8547

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Dear New Patient:

We are happy that you have chosen our office, and look forward to your upcoming visit. Considerable time has been reserved for you. If you cannot keep your appointment, please notify us as soon as possible so that the time can be made available to someone else.

We would like to provide some information and make some suggestions that will make your visit more productive and pleasant:

REMINDER: Your deposit and the general information form must be returned one month before your appointment.

How to find us. Travel directions, a list of accommodations, and a list of nearby restaurants is enclosed for your convenience. If you travel by air or train, we highly recommend a rental car as Charlotte is a very large city and you will find taxis both expensive and inconvenient.

What to bring. It would be most helpful if you came prepared with **medical records** (from one year before onset of symptoms to present) and any **laboratory or radiological studies** that have been performed on you over the past 2 years. Duplicates of your **MRI brain scans** are particularly helpful, and can be obtained directly from the radiologist. Valid laboratory results may significantly reduce the cost of your initial evaluation because many tests need not be repeated.

You are **welcome to record** your visits to this office. Usually a CD recorder is available, or you may bring your own recorder.

We would truly appreciate a **small photograph** (even a driver's license photo will do) so that we can remember you!

Questionnaires. Several questionnaires are included in this introductory package. The General Questionnaire is extremely important as it organizes data concerning your case. The other questionnaires are recommended in the 1994 CDC Case Definition of Chronic Fatigue Syndrome. Although time consuming, these 'clinical instruments' are very useful for establishing your level of physical and mental abilities. Please **fill out all forms and bring them** to your initial office visit.

Tilt Table Testing. Most patients will undergo tilt table testing to determine whether a condition called orthostatic intolerance is present. This is a simple test that requires no drugs or infusions to perform.

Exercise Testing. Many patients will undergo exercise testing in order to establish the true level of physical ability. This is performed on a stationary bicycle. The test is particularly useful in disability determinations, but is also helpful for treatment recommendations. We recommend that you **bring walking shoes or sneakers, a pair of shorts, and a T-shirt.**

You should **plan to stay over a second day**, especially if tilt table or exercise testing will be performed.

You MUST have a primary doctor. We are a consulting practice and not set up to handle emergencies. For this reason, we require all our patients to have a primary physician whom they can call in an emergency and to take care of any long distance primary care needs. Please bring with you the **name and address of your primary doctor.**

Please arrive early. On the day of your appointment it is advisable to **arrive a few minutes before your scheduled time.** Our staff will meet with you to answer questions and setup your records. An assistant will then take vital signs, following which the doctor will see you. This will take about two to three hours, and will include a detailed history and focused physical examination.

We look forward to seeing you, and hope that you have a safe and pleasant trip !

Sincerely,

Charles W. Lapp, MD and Staff

## **PRACTICE POLICIES**

*We would like you to be aware of several important practice policies.*

It is imperative that you have a primary care physician! We are a medical consulting practice and are not set up well to handle emergencies or most long distance primary care needs. For this reason, we require all of our patients to have a personal care physician upon whom they can call in an emergency as well as rely upon for their routine health care and health maintenance needs.

New Patient Deposit. New patients to the practice are required to make a \$350.00 deposit no later than 30 days prior to the date of their initial office visit, as an indication of firm intentions to keep this new patient appointment. The deposit will then be applied toward the total amount of the initial office visit charge. This deposit may be refunded in full if the new patient cancels the appointment, but only if a minimum of 72 hours notice is provided. Please be aware that payment in full is expected at the time of service.

Established Patients. Payment in full is expected at the time of each service, unless other arrangements have been made in advance with our financial officer. To avoid being charged for a missed appointment, we must have a minimum of 24 hours notice from you. Patients with late cancellations or who fail to show for their appointment without this 24 hours advance notice will be billed for the cost of half of the scheduled appointment time.

Methods of Payment. This practice accepts cash, personal check, Visa, MasterCard, and Discover. We are not set up to provide revolving accounts, and we ask that you do not request the staff to bill you for your charges.

Insurance. Your insurance coverage is a matter between you and your insurer. Please bring your insurance card with you to each office visit to help us in preparing your claim for you to file. At the time of service, or very shortly thereafter, we will provide you with a statement of services performed, as well as a standard insurance claim form (HCFA 1500). It is your responsibility to see that the claim is properly forwarded to your insurance carrier.

We do not participate in insurance or accept assignment of insurance benefits. At this time, we are not able to accept Medicare, Medicaid, or Workman's Compensation.

If your insurer questions your claim we will assist in your response. It is our experience that approximately one-third of insurers pay most or all of our claim, one-third pay a portion of our claim, and one-third pay nothing at all.

Annual Evaluation. We require that all patients return for a re-evaluation history, physical examination, as well as routine laboratory screening, on an annual basis. Annual lab is minimal and includes a complete blood count (CBC), blood chemistry (comprehensive metabolic panel), sedimentation rate, thyroid panel, and urinalysis. We can perform these tests at reasonable, competitive rates, and we will not repeat lab work that has been performed within one year, provided that you obtain a copy of your results for our file.

Prescriptions. It is not ethical to continue to prescribe medications for patients who have not been seen in our office at least annually. We prefer for your primary care physician to prescribe all of your medications as it is difficult to coordinate this effort from a long distance. This is particularly the case for pain medications and "controlled" drugs. Controlled (Schedule II) drugs can only be ordered by written prescription, then mailed to the patient or dispensing pharmacy. They cannot be telephoned or transmitted by facsimile or electronic mail.

Please have your pharmacist contact us regarding your prescription refill requests. We appreciate refill requests that are made well in advance of immediate need to allow for accurate exchange of information with the dispensing pharmacy, as well as the time necessary to mail written prescriptions. We generally provide 6 months of refills for prescriptions initiated by us, or a 30-60 day supply on controlled prescriptions. There may be a small charge for additional or multiple refill requests.

Questions. We are glad to answer questions that might arise concerning your condition or your medications. These may be communicated in writing, by letter, fax, or e-mail, or left with us by telephone message, if you wish. We receive an extraordinarily large volume of such unscheduled requests. Please be aware that it is difficult for us to respond on limited notice and at the expense of appointed patients in the office. Generally, if responses to your queries require significant time or a professional opinion from Dr. Lapp or his associate, an appropriate charge may be made to your account. For multiple or involved questions, it is preferable to arrange an appointment or a telephone consultation with either Dr. Lapp or his assistant, billable at the customary rate.

Disability Reports and Medical/Legal Files. It is not reasonable for us to complete disability, insurance or legal reports unless a recent evaluation has been performed and the patient has been physically evaluated in our office at least annually. We may require 4-6 weeks notice to provide this type of service. Please plan ahead and give us as much time as possible!

Administrative Reports. We are willing to provide administrative reports such as written narratives, legal summaries, professional opinions, letters of medical necessity, and completion of disability and insurance forms, if requested within a reasonable time frame. As these types of requests are labor-intensive and require professional medical expertise, they will be billed at our usual and customary rate.



We recognize that Chronic Fatigue Syndrome (CFS or ME), Fibromyalgia (FM), and related disorders are devastating illnesses. We are committed to making every reasonable effort to shape your experience with us into one that is as pleasant, as rewarding, and as favorable as possible. At the same time, by their very nature, CFS/ME and FM are very complicated and challenging disorders, requiring considerable time and talent to manage effectively. We at the Hunter-Hopkins Center hope that you will be patient with and considerate of US, as well!

## Hunter-Hopkins Center

7421 Carmel Executive Park Drive  
Charlotte, North Carolina 28226

Telephone (704) 543 9692 Email: [drlapp@drlapp.net](mailto:drlapp@drlapp.net) Website: [www.drlapp.com](http://www.drlapp.com)

Charles W. Lapp, M.D.

Laura Black, M.D.

***Welcome to our office!***

Please take a moment to fill out the following information...

		Chart Number	
Patient's Name		Date of Birth	Patient's Home Phone
Patient's Street Address			
Patient's City, State and Zip Code			
Patient's Social Security Number		2 <sup>nd</sup> Telephone (work, cell phone, etc.)	
Patient's Employer		Patient's Email Address	Gender  Male / Female
Name of Responsible Party		Employer of Responsible Party	
Employer Phone and Extension / Department		Emergency Contact Name and Phone Number	
INSURANCE POLICY NO. 1 (PRIMARY) CHECK IF MEDICARE <input type="checkbox"/>		INSURANCE POLICY NO. 2 (SECONDARY) CHECK IF MEDICARE <input type="checkbox"/>	
Company Name		Company Name	
Company Address		Company Address	
Policy Holder Name	Policy Holder Date of Birth	Policy Holder Name	Policy Holder Date of Birth
% Coverage	Relation to Patient: 1. Self    2. Spouse 3. Child    4. Dependent	% Coverage	Relation to Patient: 1. Self    2. Spouse 3. Child    4. Dependent
Policy Number		Policy Number	
Group Number		Group Number	
<p>To help defray travel cost and other incidental charges it is the policy of Hunter-Hopkins Center to conduct Telephone conferences with patients when necessary. It is for this reason that we ask you to provide Hunter- Hopkins Center with a credit card to keep on file. This information will only be used in conjunction with services provided by Hunter-Hopkins Center, and with your permission. By signing this statement you agree to allow Hunter-Hopkins Center to bill your credit card for telephone conferences and/or services.</p> <p>We accept VISA, MasterCard and Discover. Please complete the following information:</p> <p style="text-align: center;"><input type="checkbox"/> VISA      <input type="checkbox"/> MasterCard      <input type="checkbox"/> Discover</p> <p>Account Number: _____ Expiration Date: _____</p> <p>Name as it appears on the card: _____</p> <p>Authorized Signature: _____</p>			

**Please Complete Next Page Also!**

***Hunter-Hopkins Center***  
Patient Information Sheet

Spouse (or Parent's) Name	
Spouse or Parent's Address if Different from Patient's	Telephone Number
Employer's Address	Employer Telephone Number
Person Responsible for Payment, if not above	
Has any friend or member of your family been treated by us? If so please include the name:	
<p><b>Referrals are the greatest compliments we can receive. Please let us know how you found out about our facility.</b></p>	<p>Another Patient (patient's name): _____            Lecture (location): _____ Internet Site: _____            Physician (name): _____ Agency: _____            News Article: _____ Other: _____</p>

**DRUG ALLERGIES**

**PLEASE READ:**

All charges are due at the time of service, unless other arrangements have been made in advance. All professional services rendered are charged to the patient. Necessary forms will be completed to expedite insurance payments. However, the patient is responsible for all fees regardless of insurance coverage.

**INSURANCE AUTHORIZATION**

- I hereby authorize Hunter-Hopkins Center, P.A. to furnish information to insurer carriers concerning my illness and treatments.
- I understand that this authorization will remain in effect for as long as my dependent or I remain a patient.

**Signature of Patient, Parent or Guardian**

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## How to Get to Hunter-Hopkins Center by Automobile...

**FROM THE WEST** take I-85 to Exit 30, marked I-485 toward Pineville (or Outer Beltline). Take I-485 East to exit 61 marked "Johnston Road" headed north. In about 1.3 miles turn right onto Carmel Road. Proceed about 0.6 miles to Pineville-Matthews Road (also known as Highway 51). Cross Pineville-Matthews Road and our office, in the PNC Bank Building, is the first one on your right.

**FROM THE EAST** take I-85 to Exit 48, I-485 toward Rock Hill (or Inner Beltline). Take I-485 south and west to the exit 61A marked "Johnston Road" headed north. In about 1.3 miles turn right onto Carmel Road. Proceed about 0.6 miles to Pineville-Matthews Road (also known as Highway 51). Cross Pineville-Matthews Road and our office, in the PNC Bank Building, is the first one on your right.

**FROM THE NORTH** take I-77 South to Exit 1B, which is the I-485 exit. Take I-485 East (or Outer Beltline) to exit 61A marked "Johnston Road" headed north. Turn left at the end of the ramp. In about 1.3 miles turn right onto Carmel Road. Proceed about 0.6 miles to Pineville-Matthews Road (also known as Highway 51). Cross Pineville-Matthews Road and our office, in the PNC Bank Building, is the first one on your right.

**FROM THE SOUTH** take I-77 North until you cross the NC-SC state line, then take Exit 1, which is I-485 exit. Take I-485 East (or Outer Beltline) to exit 61A marked "Johnston Road" headed north. In about 1.3 miles turn right onto Carmel Road. Proceed about 0.6 miles to Pineville-Matthews Road (also known as Highway 51). Cross Pineville-Matthews Road and our office, in the PNC Bank Building, is the first one on your right.

**FROM THE SOUTHEAST** take Highway 74 (Independence Boulevard) to the I-485 exit. Take I-485 West (or Inner Beltline) to exit 61 marked "Johnston Road" headed north. In about 1.3 miles turn right onto Carmel Road. Proceed about 0.6 miles to Pineville-Matthews Road (also known as Highway 51). Cross Pineville-Matthews Road and our office, in the PNC Bank Building, is the first one on your right.

**FROM THE SOUTHPARK AREA** of Charlotte take Fairview Road east to Carmel Road. Turn right onto Carmel for about 5.1 miles. We are located in the PNC Bank Building on your left, at Carmel and Pineville-Matthews Roads. (Hint: just before the traffic island, turn left into our parking area. If you miss this turn, turn left onto Pineville-Matthews Road, go about one block, and take your first left into the parking area.)

**FROM THE TYVOLA / EXECUTIVE CORRIDOR** take Tyvola Road east to Park Road. Turn right (or south) onto Park Road. Travel about 4 miles. Note that Park Road turns right at this point. *Do not turn!* Continue straight ahead on Johnston Road for another 0.7 miles, then turn left onto Pineville-Matthews Road (also known as Highway 51). Proceed another 0.4 miles (bearing left) and turn left onto Carmel Road. Our office, in the PNC Bank Building, is the first one on your right.

**FROM THE AIRPORT:** From the airport exit road take Billy Graham Expressway south to I-77. Take I-77 South to Exit 2, which is the I-485 exit. Take I-485 East (or Outer Beltline) to exit 61A marked "Johnston Road" headed north. In about 1.3 miles turn right onto Carmel Road. Proceed about 0.6 miles to Pineville-Matthews Road (also known as Highway 51). Cross Pineville-Matthews Road and our office, in the PNC Bank Building, is the first one on your right.

**Charlotte is a very large spread out city, which makes taxi travel expensive. We highly recommend that you rent a car at the airport, or use a limousine service with lower guaranteed rates such as Better Airport Service, 704-496-1945, or on the web at [www.betterairportservice.com](http://www.betterairportservice.com).**