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408 MAIN STREET #101D, BOONTON, NJ 07005 Phone 833-4PAINTX
Avenue #2-2, Hackettstown, NJ 07840 FAX 973-352-9519
31 Route 23, Hamburg, NJ 07419 Mailing Address:
1187 Main Avenue #1G, Clifton, NJ 07013 P.O. Box 429
Mountain Lakes, NJ 07046

Practice Policies

Practice Philosophy North Jersey Interventional Pain Centers is dedicated to the diagnosis, treatment and management of acute and chronic pain. We strive to provide our patients with an accurate diagnosis to relieve pain utilizing the least invasive treatment methods. Our patient-centered philosophy involves educating patients about their treatment options; whether it is nonsurgical, interventional or surgical. Our staff members are compassionate, caring and considerate throughout the diagnostic and treatment process. It is our goal to return patient function while improving long-term quality of life.

Practice Policies We are pleased you chose North Jersey Interventional Pain Center for the diagnosis, treatment and management of your pain. Please bring the following relevant information to your consultation:

Photo ID

Referral: If your insurance requires a referral for a visit to a specialist you must obtain this referral from your Primary Care Physician prior to your visit.

Diagnostic Studies & Reports (MRI/X-Rays)

List of Medications: We regret that failure to bring one or more of the above mentioned items may result in your appointment being rescheduled.

Insurance information: We accept most insurance programs and their subsidiaries. If we do not participate in your insurance plan, please speak to Wayne Peterman at Better Billing Solutions (800) 886-7440 to find out if other arrangements are possible.

Payment Policy Insurance co-payments are due at the time of arrival. We accept cash and credit cards.

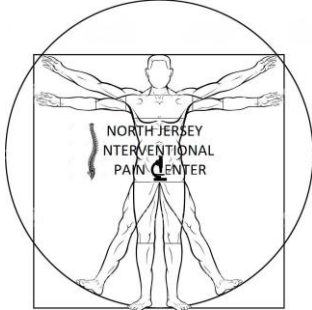
Appointments If you are a new patient, please arrive 30 minutes prior to your appointment to allow time to register. If you are running late or need to reschedule, please contact us as soon as possible to make us aware. Unfortunately, if you are more than 45 minutes late for your scheduled appointment time, we will have to reschedule.

Procedures If you are scheduled for a procedure or plan on having one in the future, please read the attached important instructions to follow prior to a procedure. You will be called prior to your procedure and notified about the following information as well.

Medications & Refill Requests Please discuss your medication needs, including refill requests, with our physicians at the time of your appointment. Medications should be taken only as prescribed. Please do not request early refills of your medications. Patients are responsible for lost or stolen medications and prescriptions once they leave the office.

Billing: Wayne Petermann Office: (800) 886-7440 Ext. 1 Fax: 973.352.9519 DOCTOR@pain@treating.com

After Hours Emergencies: Please proceed to the nearest emergency room for after-hours emergencies.



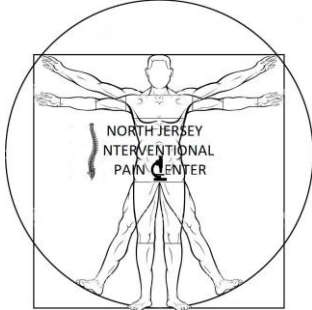
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You also have responsibilities to help us to provide you with efficient, care of high quality. Together, these rights and responsibilities provide the basis for a positive, mutually beneficial patient-physician relationship. This facility recognizes that a personal relationship between the physician and the patient is an essential component for the provision of proper medical care. With the medical care is rendered within an organizational structure, the facility itself has a responsibility to the patient to advocate for expanded personal relationships and open communications between patients and their designated support persons, physicians and the organization staff members. This facility has many functions to perform, including but not limited to, preventing and treating medical conditions, providing education to help professionals and patient's, and conducting clinical research. All these activities must be conducted with an overriding concern for the patient and above all the recognition of his or her dignity is a human being.

1. The patient has the right to receive considerate and respectful care.
2. The patient has the right to know the name of the physician responsible for coordinating his/her care.
3. The patient has the right to obtain information from his or her physician in terms that can be reasonably understood. Information may include, but is not limited to his or her diagnosis, treatment, prognosis, and medically significant alternatives for care or treatment that may be available. When it is not medically advisable to share specific information with the patient, the information should be made available to an appropriate person in his or her behalf. When medical alternatives are to be incorporated into the plan of care, the patient has the right to know the name of the person(s) responsible for the procedures and/or treatments.
4. The patient has the right to obtain the necessary information from his or her physician to give informed consent before the start of any procedure and/or treatment. Necessary information includes, but is not limited to, the specific procedure and/or treatment, the probable duration of incapacitation, the medically significant risks involved, and provisions for emergency care.
5. The patient has a right to expect this accredited ambulatory surgery facility will provide evaluation, services and/or referrals as indicated for urgent situations. When medically permissible, the patient or designated support person(s) will receive complete information and explanation about the need for and alternatives to transferring to another facility. The facility to which the patient is to be transferred must first have accepted the patient for transfer.
6. The patient has a right to refuse treatment to the extent permitted by law, and to be informed of the medical consequences of his or her action
7. The patient has the right to obtain information about any financial and/or professional relationship that exists between this facility and other healthcare and educational institutions insofar as his or her cares concerned. The patient has a right to obtain information about any professional relationships that exist among individuals who are involved in his or her procedure or treatment.



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8. The patient has a right to be advised if the accredited ambulatory surgery facility proposes to engage in or perform human experimentation affecting his or her care or treatment. The patient has a right to refuse participation in research projects.
9. The patient has a right to privacy throughout his or her medical care experience, including but not limited to, the following: confidentiality and discrete conduct during case discussions, consultations, examinations, and treatments. Those not directly involved in his or her care must have the permission of the patient to be present. All medications and records pertaining to the patient's care will be treated as confidential.
10. The patient has a right to expect reasonable continuity of care, including but not limited to the following. The right to know in advance what appointment times and physicians are available and wear. The right have axis information from his or her physician regarding continuing healthcare requirements following discharge. The number to call for questions or emergency care.
11. The patient has a right to examine and receive explanation of all bills regardless of the source of payment.
12. The patient and designated support person(s) of the right to know what facility rules and regulations apply to their contact as a patient and guessed during all phases of treatment. Patient Responsibilities It is the patient's responsibility to fully participate in decisions involving his or her home health care and to accept the consequences of these decisions of complications occur. It is the patient's responsibility to follow-up on his or her physician's instructions, take medications when prescribed, and as questions that Amerge concerning his or her own healthcare. It is the patient's responsibility to provide the name of support person in case for emergency, and have this at support person available when advised to do so.

Direct any care concerns or complaints to: Sam Caruthers, MD, Phone: 833.4PAIN.TX, Fax 973.352.9519, email: samcaruthersmd@gmail.com