

December 22, 2008

Dear Esteemed Patients and Friends:

As many of you already know, last year I undertook an extensive survey of my patients to assess your satisfaction and concerns with the evolution of my medical practice over recent years.

I was pleased and gratified to learn that over 92% of my patients are extremely happy with my care and consider me a very important part of their lives. Unfortunately and rightfully so, a significant number of my patients occasionally feel I don't spend enough time with them, especially when other patients have emergencies which require unexpected schedule changes. A large number of middle-aged patients also expressed their desire for an increased level of preventative medical services, which Medicare and many insurance companies don't cover.

As most of you also know, I strongly believe in prevention and that it is far better to prevent disease than deal with sickness once it is established and significantly alters one's life. Preventative medicine takes time and commitment on both the part of the doctor and patient. I estimate that a full preventative medical examination would require a 2 hour visit at least once per year. This would provide the best possible chance of preventing or discovering potentially fatal diseases when they are still possibly completely curable.

**For the above reasons, I have decided to restructure my practice and concentrate on prevention thereby spending more time with each patient.** Beginning January 15, 2009, I will drastically reduce my patient load, and schedule 30 minute appointments for routine visits and a 2 hour appointment for an annual executive medical examination with an emphasis on prevention. I will only schedule several patients per day, thereby leaving plenty of time for emergency weekday office appointments the same day.

**PLEASE NOTE:** I will continue to participate in Medicare and all insurance companies I currently belong to however, there are strict federal and state laws governing this type of medical practice and only an "all or none" type of practice is permitted, thereby prohibiting a "mixed" practice. The only way to achieve this endeavor in a legally compliant and economically feasible fashion is to charge a non-refundable, flat fee per patient per year to belong to this prevention program (please see fees in Appendix B). Only patients who belong to this prevention program will be seen by me and there can be no exceptions. Unfortunately, this fee is very rarely covered by insurance companies and cannot be billed to them. Patients will be charged on a quarterly or yearly basis. In return, patients would join "PLATINUM PREVENTATIVE MEDICAL CARE" that would provide a large array of preventative in-office medical services which are described in Appendix A. Additionally, all sick visits and medically necessary tests and procedures would be billed to the patient's insurance as is done currently with possibly no out-of-pocket charges to the patient. I would strive to provide same day appointments for emergencies and all patients would have my personal cell phone number for emergency use. Should a hospitalization or emergency room visit be required, I would go the hospital and provide daily, personalized care\*. All hospital and doctor visits would be covered by insurance according to the insurance rules with usually no out-of-pocket charges to the patient. \*\*

PLATINUM “guests” will be seen in a brand new, elegant and completely separate suite with private waiting and examination areas including complimentary beverages, healthy snacks and designated staff to assist with scheduling appointments with other doctors, tests or procedures. Your personal comfort and needs will be of the utmost importance. There will be a completely separate entrance to this area with new restricted phone numbers and e-mail addresses. This new suite is situated adjacent to our existing offices.

You may sign up for this program at this time, but will not be charged until the program begins on January 15, 2009. Enrollment will be strictly limited and will be available on a first-come, first-serve basis. If we exceed our target number of enrollees, we will start a waiting list, but those beyond our target will not be permitted to join the PLATINUM PREVENTATIVE MEDICAL CARE program until a spot becomes available.

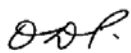
For those who do not wish to join this program, you may continue to be seen in our current office by an alternate physician and/or certified physician assistant; or we can assist you in finding another physician and provide your new doctor with your medical records. For those of you who cannot afford to join the PLATINUM program, we strongly recommend you remain under the care of an alternate physician in our current office. This will ensure continuity of care and the same high standard of medical care you have become accustomed to over the years. I assure you, no patient who cannot afford to join the PLATINUM program will be abandoned or left without a doctor.

Remember, those who do not join PLATINUM PREVENTATIVE MEDICAL CARE will no longer be seen by me (either in the office or hospital), however they can continue to get the same high level of medical care in my office by an alternate physician and/or certified physician assistant. Also, in the event of hospitalization, your medical care would be provided by a hospital physician who works with your insurance company, and not our office.

If you have any questions or concerns, please leave me a voicemail or send me an e-mail at: [dipietro@drdipietro.com](mailto:dipietro@drdipietro.com).

I thank you for your many years of patronage and a healthy New Year to all.

Yours very truly,



Oliver R. Di Pietro, MD, FACP

\* except for vacation at which time a qualified substitute physician will assume care. Hospital services provided at Mount Sinai Medical Center only.

\*\*PLATINUM PREVENTATIVE MEDICAL CARE is not a substitute for health insurance, but rather a compliment to it.

#### APPENDIX A

##### PREVENTATIVE MEDICAL CARE PROVIDED

- ANNUAL 2-HOUR PREVENTATIVE HISTORY AND PHYSICAL EXAMINATION

- ~~COMPLETE PREVENTATIVE REVIEW OF~~ BODY SYSTEMS
- HERPES ZOSTER VACCINATION IF INDICATED
- HEPATITIS A + B VACCINATION IF INDICATED
- HEMOPHILLUS B VACCINATION

- IF INDICATED
- DIPHTHERIA + PERTUSSIS VACCINATION IF INDICATED
- MENINGOCOCCAL VACCINATION IF INDICATED
- SCREENING SKIN TEST FOR TUBERCULOSIS
- COORDINATION OF ALLERGY AND MEDICATION LISTS
- SEARCH FOR POSSIBLE DRUG-DRUG AND DRUG-VITAMIN INTERACTIONS
- DUKE ACTIVITY STATUS INDEX
- BURNS DEPRESSION INDEX
- SCREENING FOR CHRONIC KIDNEY DISEASE
- SCREENING VISUAL ACUITY TEST
- SCREENING AUDIOGRAM
- EPWORTH SLEEPINESS INDEX
- NUTRITIONAL EVALUATION
- SCREENING PULMONARY FUNCTION TEST
- TITMUS EYE EXAM

- COMPLETE LIPID PROFILE
- BERKLEY LIPOPROTEIN PANEL IF INDICATED
- THYROID FUNCTION TESTS
- PROSTATE SPECIFIC ANTIGEN (MEN)
- HIV AND SYPHILLIS TESTING IF DESIRED
- FERRITIN
- URINALYSIS
- CARDIO CRP
- HOMOCYSTEINE

**SCREENING OFFICE DIAGNOSTIC TESTS**

- FULL BODY BONE DENSITY TEST
- ULTRASOUND OF ABDOMINAL AORTA
- ULTRASOUND OF PELVIS
- CAROTID DOPPLER
- CHEST X-RAY PA + LATERAL
- 12 LEAD ELECTROCARDIOGRAM
- CT SCAN OF CHEST FOR SMOKERS (\$500 EXTRA)

**SCREENING BLOOD TESTS**

- COMPLETE METABOLIC PROFILE
- COMPLETE BLOOD COUNT

\*VACCINES WILL BE OFFERED AT NO COST WHEN NONCOVERED BY MEDICARE OR INSURANCE ONLY

**APPENDIX B**

**PLATINUM PREVENTATIVE MEDICAL CARE FEES**

Individual:	<b>\$3,199.00 per year</b>
Individual & spouse/partner:	<b>\$5,900.00/ per year</b>
Elder parents of existing members:	<b>\$1,995.00 each/year</b>
Dependants of existing members (ages 12-26):	<b>\$1,500.00 each/ year</b>

**DISCLAIMER**

PLATINUM PREVENTATIVE MEDICAL CARE IS NOT A SUBSTITUTE FOR HEALTH INSURANCE. ABOVE FEES ARE ONLY FOR PREVENTATIVE AND SCREENING SERVICES THAT ARE NOT COVERED BY MEDICARE OR HEALTH INSURANCE.

**ENROLLMENT FORM**

NAME OF ENROLLEE: \_\_\_\_\_

**PROGRAM SEEKING ENROLLMENT IN**

INDIVIDUAL

INDIVIDUAL & SPOUSE/PARTNER

ADDITIONAL ENROLLEES: \_\_\_\_\_

PAYMENT PLAN:

QUARTERLY

YEARLY

METHOD OF PAYMENT:

CREDIT CARD

CHECK

VISA

MASTERCARD

AMERICAN EXPRESS

FIRST NAME ON CARD: \_\_\_\_\_

LAST NAME ON CARD: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE : \_\_\_\_\_

CVV2\* \_\_\_\_\_

\*This is a 3 or 4 digit number displayed on the front or back of your credit card

**PAYMENT MUST BE INCLUDED TO ENSURE ENROLLMENT. CHARGES WILL BEGIN ON  
JANUARY 15, 2009.**

**AGREEMENT**

I AM ENROLLING IN “**PLATINUM PREVENTATIVE MEDICAL CARE**” AS DESCRIBED IN APPENDIX A AND AGREE TO PAY A YEARLY FEE FOR THIS SERVICE AS EXPLAINED IN APPENDIX B. PREVENTATIVE MEDICAL EXAMINATION WILL BE PERFORMED ONLY AFTER PAYMENT IN FULL. THE FEE CHARGED IS ONLY FOR PREVENTATIVE SERVICES NOT COVERED BY MEDICARE OR HEALTH INSURANCE.

**FIRST NAME:** \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PLEASE COMPLETE FORM AND RETURN IN ENCLOSED ENVELOPE OR FAX TO 305-993-4402**

**DECLINE**

**FIRST NAME:** \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_

I DECLINE TO ENROLL IN “**PLATINUM PREVENTATIVE MEDICAL CARE**” AND UNDERSTAND THAT AS OF FEBRUARY 1, 2009, I WILL NO LONGER BE A PATIENT OF OLIVER R. DI PIETRO, MD.

I CHOOSE TO REMAIN IN THE CURRENT OFFICE UNDER THE CARE OF AN ALTERNATE PHYSICIAN.

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

TO ENSURE CONTINUITY OF MEDICAL CARE, I AGREE, BEFORE JANUARY 15, 2009, TO PROVIDE THE NAME OF ANOTHER PHYSICIAN SO MY RECORDS CAN BE FORWARDED. IF THIS IS NOT DONE, I WILL REMAIN IN THE CURRENT OFFICE UNDER THE CARE OF AN ALTERNATE PHYSICIAN.

**NAME OF NEW PHYSICIAN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**NB: AT NO CHARGE, DR DI PIETRO WILL ASSIST YOU IN FINDING ANOTHER PHYSICIAN TO SUIT YOUR MEDICAL NEEDS.**

**PLEASE COMPLETE FORM AND RETURN IN ENCLOSED ENVELOPE OR FAX TO 305-993-4402**