



DISCLOSURE OF FINANCIAL INTEREST IN AMBULATORY SURGERY CENTER/MEDICAL PRACTICE

Public law/rule of the State of New Jersey/Board of Medical Examiners mandates that a physician, podiatrist, and all other licensees of the Board of Medical Examiners inform patients of any significant financial interest held in a health care service. Accordingly, please take notice that practitioners in this office do have a financial interest in the following health care service(s) to which patients are referred:

1. **Middlesex Surgery Center**, the provider of the Ambulatory Surgery Center procedures you are scheduled to undergo.
2. **Manalapan Surgery Center**, the provider of the Ambulatory Surgery Center procedures you are scheduled to undergo.
3. **New Horizon Surgery Center**, the provider of the Ambulatory Surgery Center procedures you are scheduled to undergo.
4. **Precision Anesthesia Associates**, the provider of the anesthesia services that will be rendered in connection with the Ambulatory Surgery Center procedures you are scheduled to undergo.

You may, of course, seek treatment at a health care service provider of your own choice. A listing of alternative health care service providers can be found in the classified section of your telephone directory under the appropriate heading.

Additionally, please be advised that the procedure(s) you are scheduled to undergo at Middlesex Surgery Center, Manalapan Surgery Center, New Horizon Surgery Center, or the anesthesia services that will be performed by Precision Anesthesia Associates will be considered “out-of-network services” and reimbursed at an “out-of-network” level by your insurance carrier.

Please sign below to acknowledge that I have informed you of the ownership interest in the above entities prior to or at the time I referred you to the above entities.

PATIENT'S NAME (Please Print)

DATE

PATIENT'S SIGNATURE