

# The Orthopedic Center

## Beneficial Interest/Compensation Arrangement Disclosure Form

- As a responsible health care provider, The Orthopedic Center strives to furnish its patients with high quality medical care and service. In some instances, one of our physicians may decide that based on a patients' medical condition, physical therapy is medically warranted. Although The Orthopedic Center offers physical therapy, every patient is free to obtain physical therapy elsewhere (i.e., from a health care entity other than The Orthopedic Center).
- Please note that The Orthopedic Center has seven physicians Myron J Szczukowski, Jr. MD, Thomas E Stauch, MD, James W. Palumbo, MD, William L. Montague, MD, Benjamin D. Knox, MD, Thomas A Otter, MD, and Richard J. Mason, MD who provide health care services in the name of The Orthopedic Center and have beneficial interest/compensation arrangement with The Orthopedic Center.
- Please acknowledge that you have received and read a copy of this disclosure form by signing and dating in the space provided below. The Orthopedic Center will place the executed form in your medical record. If you have any questions about this disclosure, please direct them to the relevant Orthopedic Center staff.

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### Acknowledgement of Receipt of Disclosure

I hereby acknowledge that I have received The Orthopedic Center's Beneficial Interest/Compensation Arrangement Disclosure Form.

\_\_\_\_\_  
**Signature of Patient/Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Patient/Parent/Guardian (please print)**