

Policy: Disclosure of Financial Interest and Out of Network Election

"In addition to such other information as the board determines necessary, the disclosure shall inform the patient whether any services or facility fees associated with the referral will be considered to be, and reimbursed at, an "out-of-network" level by the patient's insurance carrier or other third-party payer. (cf: P.L. 1989, c.19, s.3)"

"Disclosure of the referring practitioner's significant beneficial interest in the practice or facility is made to the patient in writing, at or prior to the time that the referral is made, consistent with the provisions of section 3 of P.L. 1989, c.19 (C.45:9-22.6)."

Public law of the State of New Jersey and rules of the Board of Medical Examiners mandate that a physician, podiatrist and all other licensees of the Board of Medical Examiners inform patients of any significant beneficial interest held in a health care service.

Accordingly, take notice that practitioners in this office do have a significant beneficial interest in the following health care service(s) to which patients are referred:

- **Physician Owner: Dr. Marvel Scott 1084 Main Ave., 2nd Floor, Clifton NJ 07011**

This basically means that the doctor is an owner/partner in the surgery center you are being referred to, and you may, of course, seek treatment from 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.

I have discussed with my physician or his/her representative the health care service that he or she will provide to me in connection with my treatment and I understand that services or facility fees associated with my referral to the above named facility will be considered to be, and reimbursed at an "out of network" level by my insurance carrier or other third party payer (cf. P.L. 1989, c.19, s. 3).

Additional CMS (Medicare) Ownership Disclosure Requirement – 2025 Compliance

In accordance with CMS Stark Law regulations, you are hereby informed that Dr. Marvel Scott maintains an ownership interest in **Performance Surgery Center, LLC**. This disclosure is provided in advance of your procedure, as required, and applies to all patients, including Medicare and Medicaid beneficiaries. You are entitled to seek care at a provider or facility of your choice. A list of alternative facilities is available upon request.

Date: _____

Patient Signature: _____

Print Patient Name: _____

Patient / Guardian Signature: _____