



DISCLOSURE OF PHYSICIAN OWNERSHIP

NOTICE TO PATIENTS

Please carefully review the information contained in this notice.

1. Dr. Jawad A. Shah is a partial owner of Insight Surgical Hospital, which meets the federal definition of a physician owned hospital as specified in 42 CFR 489.3.
2. You have the right to choose the provider of your health care services. Therefore, you have the option to use a health care facility other than Insight Surgical Hospital.
3. You will not be treated differently by your physician if you choose to obtain health care services at a facility other than Insight Surgical Hospital.

If you have any questions concerning this notice, please feel free to ask your physician or any representative of Insight Surgical Hospital. We welcome you as a patient and value our relationship with you.

Acknowledgment of Disclosure

By signing this Disclosure of Physician Ownership, you acknowledge that you have read and understand the foregoing notice and hereby understand that your physician has an ownership interest in Insight Surgical Hospital.

Signature of Patient

Type or Print Name of Patient

Signature of Parent or Guardian (if applicable)

Type or Print Name of Parent or Guardian (if applicable)

Date: _____