

REPRODUCTIVE CARE OF INDIANA

Reproductive Endocrinology & Infertility
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PHYSICIAN’S DISCLOSURE OF FINANCIAL INTEREST

Date _____
To: _____
(Patient Name)

(Patient Address)

Indiana law (I.C. 25-22-5-11) generally requires a physician to make certain disclosures to a patient when the physician refers the patient to a health care entity in which the physician has a financial interest. While you are a patient, I may refer you, or the name patient for whom you are legal representative, to one of the health care entities listed below in which I have a financial interest. In each case, you may choose to be referred to another health care entity.

Beltway Surgery Center
Clarian North Medical Center
Center for Reproductive Biology of Indiana

PATIENT ACKNOWLEDGEMENT

I, the above named patient, or legal representative of such patient, hereby acknowledge receipt of, on the date indicated above, a copy of the foregoing Physician’s Disclosure of Financial Interest.

(Signature of Patient or Patient’s Representative)

(Name Printed)

(08/2007)