

NOTICE OF PHYSICIAN'S FINANCIAL INTEREST

A physician must notify a patient that the physician has a direct financial interest in a separate diagnostic, treatment, dispensary and/or pharmacy facility to which a patient has been referred, or in a separate prescribed treatment, good or service if the facility, dispensary, treatment, good or service is available on a competitive basis. (A.R.S. §32-1854 (33) and (47)). (I/We) support these laws in order to help patients make reasoned financial decisions concerning their medical care.

In compliance with the requirements of these laws, you are being advised (I/we) have a direct financial interest in the diagnostic, treatment, dispensary and/or pharmacy facility and/or in the treatment(s), goods or services named below. Further, as indicated below, treatment(s), goods or services (I/we) have prescribed are available elsewhere on a competitive basis.

NAME OF DIAGNOSTIC, TREATMENT OR DISPENSING FACILITY:

TREATMENT, GOODS, OR SERVICES:

The law requires your acknowledgement that you have read and understood these disclosures by dating and signing this form in the spaces provided below. (I/We) will keep the signed original in your patient file; you will receive a copy.

ACKNOWLEDGEMENT: (I/We) have read this "Notice of Physician's Financial Interest" form, and (I/we) understand by signing this form that the physician has disclosed his/her direct financial interest in the facility, treatment, dispensary/pharmacy, goods and/or services he/she has prescribed or referred.

Dated this _____ Day of _____, 20_____

Signature of Patient or Guardian