



**PHYSICIAN OWNERSHIP DISCLOSURE FORM
NOTICE TO PATIENTS**

In accordance with Federal ASC Regulations 42 C.F.R. § 416.50(b), the following ownership disclosure is made in advance of the procedure.

We would like to advise you, the physicians of Nevada Comprehensive Pain Center are part owners and have financial interest in Nevada Surgical Suites. We want to make sure you understand that you are not required to use Nevada Surgical Suites and have the option to use an alternative health care facility.

You will not be treated differently by your physician if you choose to obtain health care services at a facility other than Nevada Surgical Suites.

We can discuss with you alternative locations where you may receive services.

By signing this Disclosure of Physician Ownership, you, or your legal representative, acknowledge that you have read and understand the foregoing notice. This disclosure has been made in advance of the procedure, and that you have decided to have the procedure performed at Nevada Surgical Suites.

Signature of Patient or Patient Legal Representative

Date