FAIRWAY MEDICAL
SURGICAL HOSPITAL

DISCLOSURE OF PHYSICIAN INTEREST

Patient Name: [ ] Account Number: [ ] MR # [ ] DOS: [ ]
Date of Birth: [ ] Age [ ] Gender [ ] Admitting Physician: [ ]

TO PATIENT

Fairway Medical has financial relationships with a number of physicians, some of whom have ownership interest in the hospital, and some of whom are paid by the hospital for services they provide.

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 Fairway Medical.

You will not be treated differently by your physician if you choose to use a different facility. If desired, your physician can provide information about alternative providers.

If the physician who recommended the hospital to you is on the list below and if his or her financial relationship with the hospital concerns you, you may be treated at an alternative facility if there is one available. If you would like to discuss your options for treatment at other facilities, or if you have any questions about this disclosure, please ask the person providing you with this form for assistance.

DISCLOSURE OF EMERGENCY RESPONSE PLAN:

Fairway Medical has arranged for one or more physicians to be on-site at the hospital and available to respond to medical emergencies. However we cannot guarantee that a physician will be present at the Hospital at all times. In the event of an emergency, the nursing supervisor and Anesthesiologist are on call and readily available. All registered nurses in the facility are required to be BLS (Basic Life Support) certified and per job description may be required to be ACLS (Advanced Cardiac Life Support) and PALS (Pediatric Advanced Life Support) certified in order to identify and respond to emergencies. In addition, Fairway Medical has the emergency equipment necessary to provide care per ACLS protocol. Should a situation arise that requires transport, Fairway Medical will call Acadian Ambulance or 911 to arrange transport to the nearest facility available. By signing below, you acknowledge that you have read and understood the foregoing disclosure and that you have had an opportunity to ask questions and discuss options for treatment at other facilities

Patient Name [ ] Date [092117]

Patient Signature / Family Member Signature Relationship to Patient [ ]

THE FOLLOWING HAVE SIGNIFICANT FINANCIAL RELATIONSHIPS WITH FAIRWAY MEDICAL

SHAMIEH, KHADER
LAVIN, THOMAS E.
PLAUCHE, HERBERT R.
JAMES, JEREMY
DARR, KEVIN F.