



Provider Ownership Disclosure Form

To: Patients at the time of referral.

On the date of your first contact with Dr. Johnson Ukpede (the "Providers") or when your records were updated, you were informed that the Providers may refer you to a facility, laboratory, or other entity.

The Providers may recommend that you be referred to one or more of the Entities. In connection with such referral to the Entities, you are hereby advised again that the Providers may have an investment interest in one or more of the Entities and, therefore, may receive, directly or indirectly, remuneration as a result of such referral.

This disclosure is being provided to you at the time of your referral by one of the Providers to help you make an informed decision about your health care. You have the right to choose your health care provider. You have the option of obtaining health care ordered by your provider at a different facility other than the Entities. You will not be treated differently by your provider, the provider's staff, or the Entities if you choose to use a different facility.

Should you prefer to be referred to a facility other than one of the Entities, you will be provided with a list of alternative health care providers or facilities and you have the right to choose one of these alternative referral providers or facilities.

Patient name (please print)

Patient signature

Date: _____