ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Alan Seth

2. Surname (Last Name)  
   Greenwald

3. Date  
   23-December-2015

4. Are you the corresponding author?  
   ✔ Yes  
   □ No

5. Manuscript Title  
   Alternative Reimbursement Models: Bundled Payment and Beyond

6. Manuscript Identifying Number (if you know it)  
   JBJS-S-15-01174

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
   □ Yes  
   ✔ No

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Section 6. Disclosure Statement

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Dr. Greenwald has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Amy

2. Surname (Last Name)  
   Bassano

3. Date  
   25-January-2016

4. Are you the corresponding author?  
   [ ] Yes  [x] No

   Corresponding Author's Name  
   A. Seth Greenwald

5. Manuscript Title  
   Alternative Reimbursement Models: Bundled Payment and Beyond

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Ms. Bassano has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark</td>
<td>Froimson</td>
<td>04-January-2016</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - [ ] Yes  
   - ✔ No  

**Corresponding Author’s Name**  
A. Seth Greenwald, D.Phil.(Oxon)

5. Manuscript Title  
Alternative Reimbursement Models: Bundled Payment and Beyond

6. Manuscript Identifying Number (if you know it)  
JBJS-D-15-01174

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### Section 1. Identifying Information

1. Given Name (First Name) | Stephen
2. Surname (Last Name) | Wiggins
3. Date | 23-December-2015
4. Are you the corresponding author? | No
5. Manuscript Title | Alternative Reimbursement Models: Bundled Payment and Beyond
6. Manuscript Identifying Number (if you know it) | JBJS-D-15-01174

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