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.

1. Identifying information.

2. The work under consideration for publication.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

1. Given Name (First Name)  
   Brian

2. Surname (Last Name)  
   Darrith

3. Date  
   10-February-2017

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Paul Courtney MD

5. Manuscript Title  
   Is It Time to End the Affordable Care Act’s Restrictions on Physician Owned Hospitals?

6. Manuscript Identifying Number (if you know it)  

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Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
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Are there any relevant conflicts of interest?  
   ☑ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ☑ No
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Dr. Darrith has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Craig
2. Surname (Last Name)  Della Valle
3. Date  10-February-2017
4. Are you the corresponding author?  Yes  No  ✔
   Corresponding Author's Name  Paul Courtney MD
5. Manuscript Title  Is It Time to End the Affordable Care Act’s Restrictions on Physician Owned Hospitals?
6. Manuscript Identifying Number (if you know it)

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If yes, please fill out the appropriate information below.

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Section 6. Disclosure Statement
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Dr. Della Valle reports personal fees from Biomet, other from CD Diagnostics, personal fees from Depuy, personal fees from Smith and Nephew, other from Stryker, personal fees from Wolters Kluwer, personal fees from SLACK Inc., outside the submitted work;.

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)**  
   Daniel

2. **Surname (Last Name)**  
   Bohl

3. **Date**  
   10-February-2017

4. **Are you the corresponding author?**  
   - [ ] Yes  
   - ✔ No  
   **Corresponding Author’s Name**  
   Paul Courtney MD

5. **Manuscript Title**  
   Is It Time to End the Affordable Care Act’s Restrictions on Physician Owned Hospitals?

6. **Manuscript Identifying Number (if you know it)**

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  

Are there any relevant conflicts of interest?  

- [ ] Yes  
- ✔ No

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- [ ] Yes  
- ✔ No

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

- [ ] Yes  
- ✔ No
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Dr. Bohl has nothing to disclose.

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Courtney
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Paul
2. Surname (Last Name)  Courtney
3. Date  10-February-2017
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Is It Time to End the Affordable Care Act’s Restrictions on Physician Owned Hospitals?

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  No

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Section 1. Identifying Information

1. Given Name (First Name)  Nicholas
2. Surname (Last Name)  Frisch
3. Date  10-February-2017
4. Are you the corresponding author?  Yes  ☑  No
5. Manuscript Title
Is It Time to End the Affordable Care Act’s Restrictions on Physician Owned Hospitals?

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Dr. Frisch reports other from 3M, other from PeerWell, outside the submitted work; .

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