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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2. The work under consideration for publication.

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent
### Section 1. Identifying Information

1. Given Name (First Name)  
   Christina
2. Surname (Last Name)  
   Brady
3. Date  
   20-April-2017
4. Are you the corresponding author?  
   Yes ☑ No
5. Manuscript Title  
   Equal pay for equal work? Medicare reimbursements for male and female surgeons performing total knee and total hip arthroplasty in Medicare patients
6. Manuscript Identifying Number (if you know it)

Corresponding Author’s Name  
Jeremy S. Somerson

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

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### 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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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Brady has nothing to disclose.

Evaluation and Feedback

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<table>
<thead>
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<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tr>
<td>Emma</td>
<td>Holliday</td>
<td>10-April-2017</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name
Jeremy S. Somerson

5. Manuscript Title
Equal pay for equal work? Medicare reimbursements for male and female surgeons performing total knee and total hip arthroplasty in Medicare patients

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Dr. Holliday has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jeremy
2. Surname (Last Name) Somerson
3. Date 25-April-2017
4. Are you the corresponding author? ☑ Yes  ☐ No

5. Manuscript Title
   Equal pay for equal work? Medicare reimbursements for male and female surgeons performing total knee and total hip
   arthroplasty in Medicare patients
6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)  
   William

2. Surname (Last Name)  
   Pipkin

3. Date  
   20-April-2017

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Jeremy S. Somerson

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