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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3. Relevant financial activities outside the submitted work.

   This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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

5. Relationships not covered above.

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

1. Given Name (First Name)  
   Kevin

2. Surname (Last Name)  
   Bozic

3. Date  
   16-January-2014

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Strategies for Successful Implementation of Bundled Payments in Orthopaedic Surgery

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

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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   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  
- [x] No

### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- [ ] Yes, the following relationships/conditions/circumstances are present (explain below):
- [x] No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

### 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. Bozic reports grants from California Healthcare Foundation, grants from University of California Center for Health Quality and Innovation, during the conduct of the study; other from AAOS (Council on Research and Quality) AAHKS (Health Policy, EBPC) American Joint Replacement Registry (Board of Directors) OREF (Board of Trustees) UCSF Medical Center (HTAP), other from Integrated Healthcare Association, Pacific Business Group on Health, Harvard Business School (Visiting Scholar), grants from AHQR, RWJF, CHCF, UC CHQI, YODA, outside the submitted work;.
Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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Lorrayne

2. Surname (Last Name)  
Ward

3. Date  
08-January-2014

4. Are you the corresponding author?  
☑ Yes ☐ No  
Corresponding Author’s Name  
Kevin J. Bozic, MD, MBA

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