

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.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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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4. Intellectual Property.

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

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Zlatan

2. Surname (Last Name)

Cizmic

3. Date

06-May-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Morteza Meftah

5. Manuscript Title

Alternative Payment Models in Total Joint Arthroplasty under the Affordable Care Act

6. Manuscript Identifying Number (if you know it)

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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Are there any relevant conflicts of interest? 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. Cizmic has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
James

2. Surname (Last Name)
Feng

3. Date
06-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Morteza Meftah

5. Manuscript Title
Alternative Payment Models in Total Joint Arthroplasty under the Affordable Care Act

6. Manuscript Identifying Number (if you know it)

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Dr. Feng 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) David	2. Surname (Last Name) Novikov	3. Date 06-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Morteza Meftah
5. Manuscript Title Alternative Payment Models in Total Joint Arthroplasty under the Affordable Care Act		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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David Novikov 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) Richard

2. Surname (Last Name) Iorio

3. Date 06-May-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name Morteza Meftah

5. Manuscript Title Alternative Payment Models in Total Joint Arthroplasty under the Affordable Care Act

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

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Bioventis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research support
DJ Orthopaedics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid consultant
Ferring Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research support
Force Therapeutics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock or stock options
Johnson & Johnson	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid consultant
MedTel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Paid consultant, stock or stock options
Medtronic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid consultant

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Muve Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Paid consultant, stock or stock options
Orthofix, Inc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research support
Orthosensor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research support
Pacira	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Paid consultant, research support
Recro Pharma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid consultant
URX Mobile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock or stock options
Vericel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research support
Wellbe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock or stock options
Zimmer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid consultant

Section 4. Intellectual Property -- Patents & Copyrights

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American Association of Hip and Knee Surgeons: Board or committee member
 Bulletin of the Hospital for Joint Disease: Editorial or governing board
 Clinical Orthopaedics and Related Research: Editorial or governing board
 Hip Society: Board or committee member
 JBJS Reviews: Editorial or governing board
 Journal of Arthroplasty: Editorial or governing board
 Journal of Bone and Joint Surgery - American: Editorial or governing board
 Journal of the American Academy of Orthopaedic Surgeons: Editorial or governing board
 Knee Society: Board or committee member

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Dr. Iorio reports other from Bioventis , personal fees from DJ Orthopaedics, other from Ferring Pharmaceuticals, other from Force Therapeutics, personal fees from Johnson & Johnson, personal fees and other from MedTel, personal fees from Medtronic, personal fees and other from Muve Health, other from Orthofix, Inc, other from Orthosensor, personal fees and other from Pacira, personal fees from Recro Pharma, other from URX Mobile, other from Vericel, other from Wellbe, personal fees from Zimmer, outside the submitted work; and American Association of Hip and Knee Surgeons: Board or committee member
Bulletin of the Hospital for Joint Disease: Editorial or governing board
Clinical Orthopaedics and Related Research: Editorial or governing board
Hip Society: Board or committee member
JBJS Reviews: Editorial or governing board
Journal of Arthroplasty: Editorial or governing board
Journal of Bone and Joint Surgery - American: Editorial or governing board
Journal of the American Academy of Orthopaedic Surgeons: Editorial or governing board
Knee Society: Board or committee member.

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1. Given Name (First Name) Morteza

2. Surname (Last Name) Meftah

3. Date 06-May-2018

4. Are you the corresponding author? Yes No

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SwiftPath	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid presenter or speaker

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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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. Meftah reports personal fees from SwiftPath, outside the submitted work; and Journal of Arthroplasty: Editorial or governing board
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