

---

---

## DISCLOSURE OF PHYSICIAN OWNERSHIP

---

---

Dear Patient,

**Dr. Burns** has ownership and/or investment interests in The Hospital at Westlake Medical Center and MoPac Imaging

**Dr. Catlett** has ownership and/or investment interests in Hyde Park Surgery Center and MoPac Imaging.

**Dr. Dodgin** has ownership and/or investment interests in Hyde Park Surgery Center, MUVE Lakeway Surgery Center, and The Hospital at Westlake Medical Center.

**Dr. Ebert** has ownership and/or investment interests in Hyde Park Surgery Center and June Buck, LLC.

**Dr. Heinrich** has ownership and/or investment interests in Hyde Park Surgery Center, The Hospital at Westlake Medical Center, P&D Imaging, HEMO LLC, MUVE Lakeway Surgery Center, Waterloo Imaging, and Percipient Healthcare. In addition, Dr. Heinrich serves as an education consultant for DePuy, DJO, Medtronic, and OrthoAlign.

**Dr. Josey** has ownership and/or investment interests in Hyde Park Surgery Center, The Hospital at Westlake Medical Center, TexSpine Consultants, and Osteocentric Technologies.

**Dr. Moghimi** has ownership and/or investment interests in M&M Neuromonitoring, Austin Spine Assist, Sydney Concepts, NOOR Concepts, HEMO, LLC, and The Hospital at Westlake Medical Center. In addition, Dr. Moghimi serves as a consultant for GMA Surgical.

**Dr. Seade** has ownership and/or investment interests in Hyde Park Surgery Center.

Services provided by these companies/facilities may be out of network, and as a result you may receive an out of network bill. However, *you have the right to choose the provider of your healthcare services*. Therefore, you have the option to use the healthcare facility of your choice. You will not be treated differently by Drs. Burns, Catlett, Dodgin, Ebert, Heinrich, Josey, Moghimi, and Seade or Orthopaedic Specialists of Austin if you choose to have services performed at a different facility or by a different company.

I have read and acknowledged the Disclosure of Physician Ownership at Orthopaedic Specialists of Austin

\_\_\_\_\_  
**Patient / Legal Guardian Signature**

\_\_\_\_\_  
**Date-of-Birth**

\_\_\_\_\_  
**Print Patient Name (Must Be Legible)**

\_\_\_\_\_  
**OSA Account#**

\_\_\_\_\_  
**Date**