

**OSMC Elkhart**  
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Elkhart, Indiana 46514  
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Toll Free: 1-800-398-2058  
Fax: 574-262-5183

**OSMC Goshen**  
1775 East Kercher Road  
Goshen, IN 46526  
Phone: 574-533-0300



**OSMC Middlebury**  
54938 SR 13  
Middlebury, IN 46540  
Phone: 574-825-8685

**OSMC Nappanee**  
3000 North Main Street  
Nappanee, IN 46550  
Phone: 574-773-2499

## **PHYSICIAN'S DISCLOSURE OF FINANCIAL INTEREST**

Indiana law (I.C. 25-22.5-11) generally requires a physician to make certain written disclosures to a patient when the physician refers the patient to a health care entity in which the physician has a financial interest. While you are a patient (or the patient for whom you are the legal representative is a patient), an OSMC physician, may refer you to one of the health care entities listed below in which he/she may have a financial interest. In each case, you may choose to be referred to another health care entity other than the health care entities listed below:

### **OSMC MRI Center OSMC Physical and Hand Therapy OSMC Outpatient Surgery Center**

If you desire to be referred to another health care entity, please let your physician know.

#### **OSMC Physicians**

|                          |                        |                            |                               |
|--------------------------|------------------------|----------------------------|-------------------------------|
| David A. Beatty, M.D.    | Craig W. Erekson, M.D. | Leonard J. Kibiloski, M.D. | Jonathan D. Schrock, M.D.     |
| David A. Cutcliffe, M.D. | Gene W. Grove, M.D.    | Mark A. Klaassen, M.D.     | Willis W. Stevenson III, M.D. |
| Jason J. Hix, M.D.       | Sean M. Henning, M.D.  | Scott J. Trumble, M.D.     | J. Benjamin Smucker, M.D.     |
| Joseph M. Caldwell, M.D. | J. Mark Schramm, M.D.  | Christopher M. Annis, M.D. | Julia K. Pagano, D.P.M        |
| Edith M. Cullen, M.D.    | Ryan P. Foreman, M.D.  |                            |                               |

## **PATIENT ACKNOWLEDGMENT**

I, hereby acknowledge receipt of, on the date indicated below, a copy of the foregoing Physician's Disclosure of Financial Interest.

\_\_\_\_\_  
Patient Name (Please Print)

\_\_\_\_\_  
Patient Date of Birth

\_\_\_\_\_  
Patient Signature (or Legal Representative)

\_\_\_\_\_  
Date of Signature

OSMC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, religion, pregnancy, sex, sexual orientation, gender identity, age, or disability.

#### **Spanish**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-398-2058.

#### **Chinese**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1- 800-398-2058。