

FORM OF PHYSICIAN DISCLOSURE

As required by Section 102.006 of the Texas Occupations Code Texas law requires a physician to disclose to a patient those arrangements permitted under applicable Texas law whereby such physician accepts remuneration to secure or solicit a patient or patronage for a person licensed, certified or registered by a Texas health care regulatory agency.

The purpose of this Disclosure is to notify you, the patient, that your attending physician(s) may receive remuneration for referring you to any of the following healthcare providers for certain healthcare services:

MARK VIKTOR SILVER, PLLC. RED RIVER NEUROSURGICAL, PLLC. TEXOMA IOM, PLLC. TEXOMA ELITE HOLDINGS OF SHERMAN, LLC . TEXOMA HOLDINGS OF MCKINNEY, LLC. SPECIALTY ANESTHESIA OF NORTH TEXAS PLLC. NORTH TEXAS RELIANT ANESTHESIA PLLC. WELLNESS AMBULATORY SURGERY CENTER, LLC SURGICAL WELLNESS HOLDINGS LLC. RED RIVER DIAGNOSTICS, PLLC.

Accordingly, I hereby acknowledge that my attending physician(s) have disclosed to me, at the time of initial contact and at the time of referral (i) his or her affiliation with the foregoing healthcare provider(s) for whom, I, the patient am being referred, and (ii) that he/she will receive, directly or indirectly, remuneration for the referral to such healthcare provider. I understand that I, the patient, have the right to choose the providers of my healthcare services and/or products and, as such, I have the option of receiving healthcare services from any healthcare provider and/or facility that I choose.

Patient Name
(print): _____

Patient
Signature: _____

Date: _____