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New Jersey

FINANCIAL INTEREST DISCLOSURE FORM

Federal Regulations (42 C.F.R. 416.50(a)(ii)) and the Public law/rule of the State of New Jersey/Board of Medical Examiners mandate that a physician, podiatrist and all other licensees of the Board of Medical Examiners inform patients of any significant financial interest held in a health care service.

Physicians have a financial interest in this facility. Accordingly, please take notice that the physician(s) who will be performing your procedure may have a financial interest in this facility. Besides your procedure, the following health care services are performed in this facility:

Egg Retrievals	D&Cs
Hysteroscopies	Hysterosalpingograms (HSG)
Embryo Transfers	Urologic Procedures

You may, of course, seek treatment at a health care service provider or facility of your own choice. A listing of alternative health care service providers or facilities can be found in the classified section of your directory under the appropriate heading.

Although the physician performing your procedure is or may be an owner of this facility, the physician is not employed by this facility and any procedure being performed by the physician is being performed solely based on the physician's judgment and decision-making.

You acknowledge that the facility has informed you whether the physician performing your procedure is an owner of this facility.

You have the right to make informed decisions regarding your care including the right to make decisions concerning the right to accept, refuse, or chose from alternatives of medical and/or surgical treatment.