

SPINE AND ORTHOPEDIC CENTER OF NEW JERSEY, LLC
90 SPARTA AVE, SPARTA, NJ 07871 PHONE (973) 726-9500 FAX (973) 726-8218

NOTICE OF PATIENTS RIGHTS, ADVANCE DIRECTIVES
AND FINANCIAL DISCLOSURE

As of May 18, 2009 under Medicare's' new Rules for Coverage, all patients need to be informed of the following items prior to the day of surgery:

1. Patients right/responsibilities
 - A Copy of the patient's rights/responsibilities has been explained to me. A copy has been offered to me.
2. Advance directives
 - A copy of the Centers policy regarding Advance Directives has been offered to me. I have been given information on Advance Directives in NJ.
3. Financial disclosure of the physician
 - I have been informed in writing that my physician has a financial interest in the facility.
4. In NJ, notice that the Center is an out-of-network facility.
 - I understand that the Center is an out-of-network facility. I have had my financial responsibilities explained to me.

By signing herein I agree to the above notices as required by Medicare Conditions of Coverage.

v. _____
PATIENTS' SIGNATURE

PRINT PATIENT'S NAME