

From the Elbow to the Fingertip

Board Certified in Orthopedic Surgery
Fellowship Trained in Hand Surgery with Specialty Certificate

Beth A. Purdy, MD, PLC

300 W. Clarendon, Suite 250 • Phoenix, Arizona 85013
602-279-HAND (4263) • PurdyHandAZ.com

NOTICE TO PATIENTS

Dr. Purdy's Patients

State law, A.R.S. §32-1401(27)(ff), requires that a physician notify a patient that the physician has a direct financial interest in a separate diagnostic or treatment agency to which the physician is referring the patient and/or in the non-routine goods or services being prescribed by the physician, and whether these are available elsewhere on a competitive basis. (I/We) support this law, because it helps patients make reasoned financial decisions concerning their medical care.

In compliance with the requirements of this law, you are being advised that (I/We) have a direct financial interest in the diagnostic or treatment agency or in the non-routine goods or services named below. Further, as indicated below, goods or services that (I/We) have prescribed are available elsewhere on a competitive basis.

DIAGNOSTIC OR TREATMENT AGENCY OR NON-ROUTINE GOODS AND SERVICES.

Gateway Surgery Center

ARE THESE SERVICES AVAILABLE ELSEWHERE ON A COMPETITIVE BASIS?

Yes No

If yes, which ones:

St. Joseph's Hospital
Phoenix Children's Hospital
Arrowhead Hospital

In compliance with the requirements of the Federal Government, you are being advised that I have a direct financial interest in the diagnostic or treatment agency or in the non-routine goods or services named above. I also have a contractual relationship with device manufacturers as listed below. Further, as indicated below, goods or services that I may recommend may be available elsewhere on a competitive basis. I would encourage your questions regarding these relationships as we work together to achieve the best care for you.

DIAGNOSTIC OR TREATMENT AGENCY OR NON-ROUTINE GOODS AND SERVICES

Contractual Relationship with DEVICE manufacturers: NONE

***INDICATES THAT I HAVE RECEIVED REIMBURSEMENT APART FROM MY CONTRACTUAL RELATIONSHIP**

The law provides for the acknowledgement of your having read and understood these disclosures by dating and signing this form in the spaces provided below. (I/We) will keep the signed original in your patient file, you will receive a copy upon request.

ACKNOWLEDGEMENT : (I/We) have read this notice to patients form, and (I/We) understood the disclosures that it contains.

Signature of Patient or Guardian

Dated this _____ Day of _____ 20_____

