**Central Indiana Podiatry, P.C.**

**PHYSICIAN FINANCIAL INTEREST DISCLOSURE**

Dr. Anthony E. Miller would like to refer you to the following facility for further treatment or testing:

**Community Surgery Center Northwest**

We believe this treatment or testing is necessary to your good health. Under Indiana Law we must notify you that your physician has a financial interest in the above facility. A “Financial Interest” means that your physician has an ownership, or investment interest through equity, debt or other means, in the facility.

You are free to choose this facility or any other facility for the treatment or testing services required, without penalty, subject to any limitations of your health insurance plan. Please let us know immediately if you would NOT like to be referred to the above facility.

By signing below, you acknowledge receipt of this Disclosure.

Printed Name (please print) Patient Date of Birth

Patient/Authorized Representative Signature Today’s Date

Relationship of Representative to Patient, If any