



DISCLOSURE OF OWNERSHIP INTEREST

This facility is owned by a group of physicians. These physicians have become owners as a result of their commitment to quality healthcare and service to their patients. Your physician may be an owner in or of this facility. Please be advised of the following:

The Facility may have a financial relationship with your physician as indicated above.

A schedule of typical fees for services provided by the facility is available at your request.

You have the right to choose where to receive services; including an entity in which your physician may have a financial relationship.

The group of physicians with ownership in Heart & Vascular Ambulatory Surgery Center are;

- | | | | |
|-----------------------|---------------------|---------------------|------------------|
| Dr. Anuj Agarwal | Dr. Israel Guerrero | Dr. Jeffrey Rosen | Dr. Shalin Mehta |
| Dr. Scott Allen | Dr. Henry Hon | Dr. Kenneth Towe | Dr. David Bailey |
| Dr. Orlando Escarcega | Dr. Steven Priest | Dr. James Sensecqua | |

Two reasonable alternative sources of services available are:

HealthPark Medical Center.
9981 S Healthpark Dr. Fort Myers, FL., 33908
239-343-5000

Gulf Coast Medical Center
13681 Doctor's Way, Fort Myers, FL., 33912
239-343-1000

By my signature below, I acknowledge my receipt of a copy of this Notice of Disclosure of Ownership Interest on the date set forth below.

Patient's Signature _____ Date_____

If patient is unable to sign or is a minor, please sign below:

Closest Relative or Legal Guardian's Signature _____ Date_____

Relationship to Patient _____

Witness to Patient/Relative/Guardian's Signature _____ Date_____