

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent

Zmistowski 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Benjamin	, , ,	2. Surname (Last Name) Zmistowski	3. Date 02-May-2015
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Eric M Padegimas
5. Manuscript Title Medicare Reimb		nt Arthroplasty—What are	the Driving Forces?
6. Manuscript Ide	ntifying Number (if you kr	now it)	
			_
Section 2.	The Work Under C	onsideration for Public	cation
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes Your			
Section 3.			
Section 5.	Relevant financial	activities outside the s	ubmitted work.
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Section 4.	Intellectual Prope	rty Patents & Copyric	ghts
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo			

Zmistowski 2



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Dr. Zmistowski has nothing to disclose.		

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Zmistowski 3



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Padegimas 1



Section 1. Identifying Info	ormation			
1. Given Name (First Name) Eric	2. Surname (Last Name) Padegimas	3. Date 02-May-2015		
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title Medicare Reimbursement for Total J	oint Arthroplasty—What are the Driving	g Forces?		
6. Manuscript Identifying Number (if yo	u know it)			
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Padegimas 2



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Purtill 1



Section 1. Iden	tifying Information		
Given Name (First Nam James	e) 2. Surna Purtill	me (Last Name)	3. Date 02-May-2015
4. Are you the correspond	ling author? Yes	√ No	Corresponding Author's Name Eric M Padegimas
5. Manuscript Title Medicare Reimburseme	ent for Total Joint Arthrop	lasty—What ar	re the Driving Forces?
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Purtill 2



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Editor for Journal of Arthroplasty and Clinical Orthopaedics and Related Research
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Dr. Purtill reports that he is an editor for Journal of Arthroplasty and Clinical Orthopaedics and Related Research

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Verma 1



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4. Are you the corre	esponding author?	Yes ✓ No	Corresponding Author's Name Eric M Padegimas
5. Manuscript Title Medicare Reimbu	ırsement for Total Join	t Arthroplasty—What are	the Driving Forces?
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Verma 2



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Howley 1



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4. Are you the corr	esponding author?	Yes ✓ No	Corresponding Author's Name Eric M Padegimas
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Rothman 1



Section 1. Identifying Inform	ation		
1. Given Name (First Name) Richard	2. Surname (Last Name) Rothman	3. Date 02-May-2015	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Eric M Padegimas	
5. Manuscript Title Medicare Reimbursement for Total Join	t Arthroplasty—What are	the Driving Forces?	
6. Manuscript Identifying Number (if you kn	now it)		
Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No			
Section 3. Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication .			
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Section 5.	
Section 5.	Relationships not covered above
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