

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Alan Seth

2. Surname (Last Name)
Greenwald

3. Date
23-December-2015

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Alternative Reimbursement Models: Bundled Payment and Beyond

6. Manuscript Identifying Number (if you know it)
JBJS-S-15-01174

Section 2. The Work Under Consideration for Publication

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

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Section 6. Disclosure Statement

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Dr. Greenwald has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Amy

2. Surname (Last Name)

Bassano

3. Date

25-January-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

A. Seth Greenwald

5. Manuscript Title

Alternative Reimbursement Models: Bundled Payment and Beyond

6. Manuscript Identifying Number (if you know it)

JBJS-D-15-01174

Section 2. The Work Under Consideration for Publication

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Ms. Bassano has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Mark	2. Surname (Last Name) Froimson	3. Date 04-January-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name A. Seth Greenwald, D.Phil.(Oxon)
5. Manuscript Title Alternative Reimbursement Models: Bundled Payment and Beyond		
6. Manuscript Identifying Number (if you know it) JBJS-D-15-01174		

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1. Given Name (First Name) Stephen	2. Surname (Last Name) Wiggins	3. Date 23-December-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name A. Seth Greenwald, D.Phil.(Oxon)
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