

**SPINE AND ORTHOPEDIC CENTER OF NEW JERSEY, LLC**  
90 SPARTA AVE, SPARTA, NJ 07871 PHONE (973) 726-9500 FAX (973) 726-8218

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**NOTICE OF PATIENTS RIGHTS, ADVANCE DIRECTIVES**  
**AND FINANCIAL DISCLOSURE**

As of May 18, 2009 under Medicare's' new Rules for Coverage, all patients need to be informed of the following items prior to the day of surgery:

1. Patients right/responsibilities
  - A Copy of the patient's rights/responsibilities has been explained to me. A copy has been offered to me.
2. Advance directives
  - A copy of the Centers policy regarding Advance Directives has been offered to me. I have been given information on Advance Directives in NJ.
3. Financial disclosure of the physician
  - I have been informed in writing that my physician has a financial interest in the facility.
4. In NJ, notice that the Center is an out-of-network facility.
  - I understand that the Center is an out-of-network facility. I have had my financial responsibilities explained to me.

By signing herein I agree to the above notices as required by Medicare Conditions of Coverage.

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PATIENTS' SIGNATURE

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TODAY'S DATE

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PRINT PATIENT'S NAME