BEVERLY HILLS
DOCTORS SURGERY CENTER, LLC

Ownership Disclosure and Legal Relationship Acknowledgement

Acknowledgment of Legal Relationship Between the Surgery Center & Physicians

All Physicians and surgeons furnish services to the patient, including the anesthesiologist, and other surgical center based physicians and the like are independent contractors with the patient and are not employees or agents of the surgery center. The patient is under the care and supervision of his/her attending physician and it is the responsibility of the surgery center and its nursing staff to carry out the instructions of such physician. It is the responsibility of the patient's physician or surgeon to obtain the patient's consent or informed consent, when required, to medical or surgical treatments, special diagnostic or therapeutic procedures, or surgery center services rendered to the patient under general and special instructions of the physician. The Surgery Center based physicians' fees (Surgeon and Anesthesiologist if applicable to your case) are billed separately and independently of surgery center charges, which means you will have multiple bills for your procedure.

By signing below, I hereby acknowledge and understand the legal relationship between Beverly Hills Doctors Surgery Center, LLC and the Physicians.

Disclosure of Surgery Center Physician Ownership

To our Patient's, Patient Representative, or Surrogate Caregiver:

In accordance with the code of federal regulations part 420, and to be in compliance with this code, we must inform our patients that the following physicians have a financial interest in the surgery center through a limited partnership: Paul Nassif, M.D., Garth Fisher, M.D., John Regan, M.D., Jaime Schwartz, M.D., Donald Yoo, M.D., Martin Hopp., M.D.

By signing below, you acknowledge that you have read the above notice and that it was provided to you before the start of your scheduled procedure.

By signing this document, I acknowledge that I have read and understand its contents and was provided the document for review prior to the start of my scheduled procedure.

Patient Signature	Patient Name (print)	Date
Witness Signature	Witness Name (print)	Date

If consent signed by other than the Patient (patient representative or surrogate caregiver), please specify relationship below:

Signature	Name (print)	Date

Relationship: ❍ Guardian (court appointed) ❍ Attorney-in-fact ❍ Healthcare Surrogate

PROPERTY OF MEDBRIDGE. USED BY PERMISSION ONLY.