

## **FACILITY FINANCIAL INTEREST NOTIFICATION**

Your surgery/procedure is scheduled to take place at **Wyatt Surgery Center**. Federal Law and State Law: ARS 32-1401 requires that a physician notify their patient if they have a direct financial interest in a facility, if they are referring the patient to that facility and whether these services are available elsewhere on a competitive basis.

In compliance with these requirements, this notice advises you that your surgeon, who referred you to **Wyatt Surgery Center**, has an ownership interest in this center.

The following doctors have a financial interest in this facility:

Dr. Michael Diesenhouse

### **ACKNOWLEDGEMENT:**

I have read this notice and understand the disclosure that it contains.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date