



Digestive Health Associates

of Northern Michigan, P.C.

NOTICE

Your procedure is scheduled to take place at Northwest Michigan Surgery Center, LLC on (insert date)_____.

Northwest Michigan Surgery Center, LLC is a joint venture between a group of Traverse City physicians and Munson Medical Center to improve patient access to outpatient procedures in our community. The group of physicians owns the land and building which is leased to the joint venture – Northwest Michigan Surgery Center.

For the purpose of complete financial disclosure, we would like to inform you that Dr.'s **Rex Antinozzi, Robert Barnes, Mark Galan, Monty Hegewald,** and **Kurt Sanford** have ownership interests in the surgery center. As such, the fee for use of the facility will go to the joint venture.

All physicians on staff at Northwest Michigan Surgery Center are also on staff at other facilities in the area. You have the right to request that the procedure be performed at another facility. If you have questions regarding this issue, feel free to discuss it with your physicians.

By signing below, I acknowledge that I have read and understand this disclosure and wish to proceed with my scheduled surgery at Northwest Michigan Surgery Center.

Patient Signature

Date

Print Name