



**WOMEN'S**<sup>SM</sup>  
HEALTH CARE, P.C.

**PHYSICIAN FINANCIAL INTEREST DISCLOSURE**

4199 Gateway Blvd.  
Suite 2300  
Newburgh, IN 47630  
Phone 812.858.4610  
Fax 812.858.4611

Marcia L. Cave, M.D.  
Kimberly F. Foster, M.D.  
Marshall G. Howell III, M.D.  
Dawn Kirkwood, M.D.  
Constantine G. Scordalakes, M.D.  
Allen L. Walker, M.D.

Your physician may refer you to one or more of the facilities listed below for further treatment or testing.

- The Women's Hospital
- Evansville Surgery Center
- Women's Health Care, P.C.
  - ◆ Laboratory
  - ◆ Ultrasound
  - ◆ Urodynamics
  - ◆ In House Office Procedures

4199 Gateway Blvd.  
Suite 2400  
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Gregory A. Mann, D.O.  
Elizabeth M. Ott, D.O.  
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Richard M. Sandefur Jr., M.D.  
Caitlin V. Schultheis, M.D.  
Brenda A. Troyer, M.D.  
Charles L. Wakefield, D.O.

Under Indiana law, we must notify you that your physician may have a financial interest in the facility to which you have been referred. A "financial interest" means that your physician may have an ownership or investment interest through equity, debt, or other means in the facility.

4199 Gateway Blvd.  
Suite 2500  
Newburgh, IN 47630  
Phone 812.471.0045  
Fax 812.842.4884

Kara W. Geoghegan, M.D.  
Ellen M. Harpole, M.D.  
Susan E. Leinenbach, M.D.  
Melissa A. Reisinger, M.D.  
Danica A. Wilking, M.D.

You are free to choose this facility or any other facility for the treatment or testing services required, without penalty, subject to any limitations of your health insurance plan. Please let us know immediately if you would NOT like to be referred to any of the facilities listed above.

By signing below, you acknowledge receipt of this disclosure.

4199 Gateway Blvd.  
Suite 2400  
Newburgh, IN 47630  
Phone 812.842.4949  
Fax 812.858.4624

Mark D. Kent, FACHE, FACMPE  
Chief Executive Officer

\_\_\_\_\_  
Patient Name (Please print)

\_\_\_\_\_  
Patient Date of Birth

\_\_\_\_\_  
Patient/Authorized Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship of Representative to Patient, If Any

(A copy of this Disclosure MUST be maintained in the patient's record)  
Revised 6-2013