

***Robinwood Orthopaedic Specialty Center***

Drs. Edwards, Holobinko, Kosuri, Patterson & Murthi  
Drs. Sherman, Winslow, Worrell & Yacyk

**Beneficial Interest/Compensation Arrangement  
Disclosure Form**

- As a responsible health care provider, Robinwood Orthopaedic Specialty center strives to furnish its patients with high quality medical care and service. In some instances, one of our physicians may decide that based on a patient’s medical condition, a magnetic resonance imaging (“MRI”) scan is medically warranted. Although Robinwood Orthopaedic Specialty Center has a MRI machine in its office, every ( \_\_\_\_\_ ) patient is free to obtain the MRI scan elsewhere (i.e., from a health care entity other than Robinwood Orthopaedic Specialty Center.
- Please note that Robinwood Orthopaedic Specialty Center has eight physicians and three Physician’s assistants who (1) provide health care services in the name of Robinwood Orthopaedic Specialty Center and (2) have a beneficial interest/compensation arrangement with Robinwood Orthopaedic Specialty Center.
- Please acknowledge that you have received and read a copy of the disclosure form by signing and dating in the space provided below. Robinwood Orthopaedic Specialty Center will place the executed form in your medical record. If you have any questions about this disclosure, please direct them to the Administrator.

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**Acknowledgment of Receipt of Disclosure**

I hereby acknowledge that I have received the Robinwood Orthopaedic Specialty Center Beneficial Interest/Compensation Arrangement Disclosure Form.

\_\_\_\_\_  
Signature of Patient/Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Patient/Parent/Guardian (PLEASE PRINT)

Robinwood Medical Center . 11110 Medical Campus Rd . Suite 205 . Hagerstown, MD 21742  
Phone (301) 665-4950 . Fax (301) 665-4956  
Martinsburg Office •309 Medical Court • Martinsburg, WV 25401 •Phone (304) 264-0535/Fax: 304-264-0512  
Waynesboro Office •500 East Main Street •Waynesboro PA 17268 •Phone (717) 762-7775/Fax: (717) 762-7882  
[www.robinwoodorthopaedic.com](http://www.robinwoodorthopaedic.com)