

PHYSICIAN DISCLOSURE OF FINANCIAL INTEREST / OWNERSHIP

Dear Patient,

Thank you for the opportunity to allow me to be your treating physician.

As required by Section 102.006 of the Texas Occupations Code, Texas law requires a physician to disclose to a patient those arrangements permitted under applicable Texas law whereby such physician accepts remuneration to secure or solicit a patient or patronage for a person licensed, certified or registered by a Texas health care regulatory agency.

The purpose of this Disclosure Notice is to inform you, the patient, of the financial interests and/or ownership relationships that I, M. Viktor Silver, M.D., have that may be related to your medical treatment. This information is being provided to you to ensure that you have all information necessary in order to make an informed decision about your healthcare benefits or care. Accordingly, please be advised that I have a financial interest and/or ownership in the following facilities, providers, medical practices and/or ancillary healthcare providers (collectively "Providers"):

MARK VIKTOR SILVER, PLLC. RED RIVER NEUROSURGICAL, PLLC. SPECIALTY ANESTHESIA OF NORTH TEXAS PLLC. NORTH TEXAS RELIANT ANESTHESIA PLLC. TEXOMA REGIONAL ANESTHESIA, PLLC. TEXOMA ELITE HOLDINGS OF SHERMAN LLC. WELLNESS AMBULATORY SURGERY CENTER, LLC. TEXOMA NEURODIAGNOSTICS, LLC. SURGICAL WELLNESS HOLDINGS LLC. RED RIVER DIAGNOSTICS, PLLC.

Health care services and/or supplies furnished by the above listed Providers are or may be furnished out-of-network, which means that such Provider does not have a contract with your health plan. As a result, you will be responsible for certain patient cost share amounts, including your applicable copayment, coinsurance and deductible, as determined to be payable by your health plan.

Recently, the State of Texas enacted into law Senate Bill 1264, ("SB 1264"), which applies to health care services and/or supplies provided on or after January 1, 2020. The purpose of SB 1264 is to protect patients from surprise balance billing by health care providers that are out of network providers. The patient balance billing prohibition restricts an out of network provider from billing a patient for the difference between the health plan's reimbursement amount and the provider's charges for the health care services and/or supplies. Only patients covered by state regulated health plans (not ERISA or self-funded plans) qualify for balance billing protection under SB 1264. Please check with your health plan to determine if your plan qualifies under SB 1264.

You have the right under law to choose the providers of your health care services and/or supplies. Accordingly, you have the option of receiving healthcare services and/or supplies from any health care provider and/or facility that you may select. If you desire to receive health care services and/or supplies from a provider or facility in which I do not have a financial interest you are free to do so. You will not be treated differently by me, your treating physician, or any member of my staff if you choose a provider or facility other than any of the above listed Providers for your health care services and/or supplies.

If you have any questions concerning this Disclosure Notice, or require more information, please feel free to ask me or a member of my staff.

By signing this Disclosure Notice, you acknowledge that you have read and understand the foregoing notice and understand that I, M. Viktor Silver, M.D., (i) have a financial interest and/or ownership in the above listed Providers, and (ii) that I have disclosed to you at the time of initial contact and at the time of referral, my affiliation with these health care providers to whom you, the patient, are or may be being referred for health care services and/or supplies.

SIGNATURE OF PATIENT

SIGNATURE of Parent or Guardian (if applicable)

Type or Print Name of Patient

Type or Print Name of Parent or Guardian (if applicable)

Dated: _____