

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Gail

2. Surname (Last Name)
Jensen

3. Date
24-June-2015

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Jinghui Hu

5. Manuscript Title
Medicare's Annual Wellness Visit in a Large Healthcare Organization: Who Is Using It?

6. Manuscript Identifying Number (if you know it)
L15-0257

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Institute for Population Studies, Health Assessment, Administration, Services and Economics (an inter-organizational institute between Wayne State University and Henry Ford Health System).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This study was supported by a grant from the Institute for Population Studies, Health Assessment, Administration, Services and Economics, which is an inter-organizational institute between Wayne State University and Henry Ford Health System.

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Jensen reports a grant from Institute for Population Studies, Health Assessment, Administration, Services and Economics (an inter-organizational institute between Wayne State University and Henry Ford Health System) during the conduct of the study.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Wassim

2. Surname (Last Name)
Tarraf

3. Date
01-July-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jianhui Hu

5. Manuscript Title
Medicare's Annual Wellness Visit in a Large Healthcare Organization: Who Is Using It?

6. Manuscript Identifying Number (if you know it)

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Dr. Tarraf has nothing to disclose.

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1. Given Name (First Name)
David

2. Surname (Last Name)
Nerenz

3. Date

4. Are you the corresponding author? Yes No Corresponding Author's Name

5. Manuscript Title
Medicare's Annual Wellness Visit in a Large Healthcare Organization: Who Is Using It?

6. Manuscript Identifying Number (if you know it)
L15-0257

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Dr. Nerenz has nothing to disclose.

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1. Given Name (First Name)

Jianhui

2. Surname (Last Name)

Hu

3. Date

25-June-2015

4. Are you the corresponding author?

Yes No

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