

Instructions

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Identifying information.

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earning royalties or not

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

Hunter 1



Section 1. Identifying Inform	nation		
Given Name (First Name) Christine	2. Surname (Last Name) Hunter	3. Date 14-June-2015	
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name ACP Policy Paper	
5. Manuscript Title ACP Policy Paper: Assessing the Policy and Patient Care Implications of "Concierge" and Other Direct Patient Contracting Practices" 6. Manuscript Identifying Number (if you know it)			
Section 2. The Work Under Co	onsideration for Public	cation	
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,	
Section 3. Relevant financial	activities outside the	submitted work.	
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Section 4. Intellectual Proper	rty Patents & Copyri	ghts	
Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No	

Hunter 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
✓ Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	nanuscript reflects my own views and not those of the United States Office of Personnel Management oyed as the Chief Medical Officer
On occasion, jou	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
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	ts, "My input to the manuscript reflects my own views and not those of the United States Office of gement where I am employed as the Chief Medical Officer".

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Hunter 3



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Barrett 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fi	rst Name)	2. Surname (Las Barrett	it Name)		3. Date 14-June-2015
4. Are you the cor	responding author?	Yes ✓	No	Corresponding Author's Nam	me
5. Manuscript Title ACP Policy Pape Practices		and Patient Care	Implication	ns of "Concierge" and Othe	er Direct Patient Contracting
6. Manuscript Ider M15-0366	ntifying Number (if you kr	now it)			
Section 2.	The Work Under Co	onsideration f	or Publica	ation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to			mmercial, private foundation, etc.) for esign, manuscript preparation,
Section 3.	Relevant financial	activities outs	ide the su	ubmitted work.	
of compensation clicking the "Add	n) with entities as descri	bed in the instru port relationships	ictions. Use	e one line for each entity; a	ationships (regardless of amount add as many lines as you need by nonths prior to publication.
Section 4.	latella de l'D		Committee	lu.	
	Intellectual Proper	ty Patents &	Copyrig	nts	
Do you have any	patents, whether plan	ned, pending or	issued, bro	oadly relevant to the work?	? Yes ✓ No

Barrett 2



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Dr. Barrett has nothing to disclose.

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patent

Fincher 1



Section 1.	Identifying Inform	ation	
Given Name (Fire Jacqueline	st Name)	2. Surname (Last Name) Fincher	3. Date 15-August-2013
4. Are you the corre	esponding author?	Yes ✓ No	Corresponding Author's Name Ryan Crowley
5. Manuscript Title Principles of Supp	porting Dynamic Clinic	al Care Teams	
6. Manuscript Iden M13-1819	tifying Number (if you kn	ow it)	
Section 2.	The Work Under Co	onsideration for Public	cation
any aspect of the su statistical analysis, e	ıbmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for at a monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation) clicking the "Add	with entities as descri	bed in the instructions. Use port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4.	Intellectual Proper	ty Patents & Copyric	ghts
Do you have any p	patents, whether plans	ned, pending or issued, br	roadly relevant to the work? Yes V No

Fincher 2



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O'Neill 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi	rst Name)	Surname (Last Name) O'Neill	3. Date 04-June-2015
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name uncertain at this time
5. Manuscript Title ACP Policy Papel Practices		and Patient Care Implicatio	ons of "Concierge" and Other Direct Patient Contracting
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O'Neill 2



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Auron 1



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4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Hilary Daniel
Practices		•	ons of "Concierge" and Other Direct Patient Contracting
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Auron 2



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Damle 1



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Section 2.	The Work Under Co	onsideratio	on 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				
Section 3.	Relevant financial	activities o	outside the submitted work.	
of compensation clicking the "Add	n) with entities as descri	bed in the in port relation	to indicate whether you have financial renstructions. Use one line for each entity; aships that were present during the 36 tes.	add as many lines as you need by
Section 4.	Intellectual Proper	ty Paten	nts & Copyrights	
Do you have any		·	ng or issued, broadly relevant to the work	x? ☐ Yes ✓ No

Damle 2



Section 5.	
Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	ationships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements Irnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the about below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box

Evaluation and Feedback

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Instructions

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Intellectual Property.

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

Mignoli 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fii Michael	ne (First Name) 2. Surname (Last Name) Mignoli		3. Date 05-June-2015	
4. Are you the cor	corresponding author? Yes Vo		Corresponding Author's Name Robert Dogherty	
5. Manuscript Title ACP Policy Paper Practices		and Patient Care Implication	ons of "Concierge" and Other Direct Patient Contracting	
6. Manuscript Ider M15-0366	ntifying Number (if you kr	now it)		
<i>c</i>				
Section 2.	The Work Under Co	onsideration for Public	cation	
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				
And there drift res		ist. [] les [v] no		
Section 3.	Relevant financial	activities outside the s	submitted work.	
of compensation clicking the "Add	ı) with entities as descri	bed in the instructions. Us port relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.	
	l			
Section 4.	Intellectual Proper	ty Patents & Copyri	ghts	
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No	

Mignoli 2



Section 5. Relationships not sovered above
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Mignoli 3



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Syed 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Fatima	rst Name)	2. Surname (Last Name) Syed		3. Date 07-June-2015
4. Are you the cor	responding author?	✓ Yes No		
 5. Manuscript Title ACP Policy Paper: Assessing the Policy and Patient Care Implications of "Concierge" and Other Direct Patient Contracting Practices 6. Manuscript Identifying Number (if you know it) 				
Section 2.	The Work Under Co	onsideration for Publica	tion	
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 Vo				
Section 3.	Relevant financial	activities outside the su	omitted work.	
of compensation clicking the "Add	n) with entities as descri	ibed in the instructions. Use port relationships that were	one line for each entity;	lationships (regardless of amount add as many lines as you need by months prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyrigh	ts	
Do you have any	patents, whether plan	ned, pending or issued, broa	dly relevant to the work	? ☐ Yes ✓ No

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Dr. Syed has nothing to disclose.

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Fuisz 1



Section 1. Ident	tifying Information			
1. Given Name (First Name Alice	e) 2. Surname Fuisz	(Last Name)	3. Date 08-June-2015	
4. Are you the correspond	ing author? Yes	No		
 5. Manuscript Title ACP Policy Paper: Assessing the Policy and Patient Care Implications of "Concierge" and Other Direct Patient Contracting Practices 6. Manuscript Identifying Number (if you know it) M15-0366 				
Section 2. The M				
The v	Vork Under Consideratio			
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				
Section 3. Release				
Relev	ant financial activities o	utside the submitted w	brk.	
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo				
Section 4. Intell	ectual Property Patent	s & Copyrights		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V No				

Fuisz 2



Section 5. Polationships not sovered above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
✓ Yes, the following relationships/conditions/circumstances are present (explain below):
No other relationships/conditions/circumstances that present a potential conflict of interest
I am a Managing Partner of a small private practice group. We are a direct pay practice, not participating in Medicare or other insurance products.
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Fuisz 3



Instructions

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

McLean 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Robert	2. Surname (Last Name) McLean	3. Date 13-January-2015	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name uncertain	
5. Manuscript Title Cardiac screening with electrocardiogram, stress echocardiography, or myocardial perfusion imaging: High Value Care Advice from the High Value Care Task Force* of the American College of Physicians" 6. Manuscript Identifying Number (if you know it) unknown			
Section 2. The Work Under C	onsideration for Public	ration	
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, dat	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,	
Section 3. Relevant financial	activities outside the s	ubmitted work.	
of compensation) with entities as descr	ibed in the instructions. Us port relationships that were	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication .	
Section 4. Intellectual Prope	rty Patents & Copyrig	hts	
Do you have any patents, whether plan			

McLean 2



Section 5. Polationships not sovered above			
Relationships not covered above			
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?			
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Soppet 1



Section 1. Identifying Inform	mation		
1. Given Name (First Name) Charles	2. Surname (Last Name) Soppet	3. Date 08-June-2015	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Unknown	
5. Manuscript Title American College of Physicians Policy	Paper on Direct Contractin	g Practices	
6. Manuscript Identifying Number (if you k Unknown	now it)		
Section 2. The Work Under C	Consideration for Public	cation	
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,	
Section 3. Relevant financia	activities outside the s	submitted work.	
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Section 4. Intellectual Prope	rty Patents & Copyri	ghts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo			

Soppet 2



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

TSCHANZ 1



Section 1. Identifying Inform	mation			
1. Given Name (First Name) MARK 2. Surname (Last Name) TSCHANZ		3. Date 12-June-2015		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name UNKNOWN		
5. Manuscript Title ACP Policy Paper: Assessing the Policy Practices	and Patient Care Implication	ons of "Concierge" and Other Direct Patient Contracting		
6. Manuscript Identifying Number (if you k M15-0366	(now it)			
Section 2				
Section 2. The Work Under C	Consideration for Public	cation		
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				
Section 3. Relevant financia	l activities outside the s	submitted work		
Place a check in the appropriate boxes of compensation) with entities as desc	in the table to indicate wh ribed in the instructions. Us eport relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.		
Section 4. Intellectual Prope	erty Patents & Copyric	ghts		
Do you have any patents, whether plan				

TSCHANZ 2



Section 5. Relationships not severed above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
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Dr. TSCHANZ has nothing to disclose.

Evaluation and Feedback

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TSCHANZ 3



Instructions

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

leahy 1



Section 1. Identifying Inform	mation	
identifying infor	iiatioii	
1. Given Name (First Name) michael	2. Surname (Last Name) leahy	3. Date 16-June-2015
4. Are you the corresponding author?	✓ Yes No	
	and Patient Care Implications of "Concierge" and O and Patient Care Implications of "Concierge" and O (now it)	_
Section 2. The Work Under (Consideration for Publication	
Did you or your institution at any time rec	eive payment or services from a third party (government, ag but not limited to grants, data monitoring board, study	
Section 3. Relevant financia	l activities outside the submitted work.	
of compensation) with entities as desc	in the table to indicate whether you have financial ribed in the instructions. Use one line for each entity eport relationships that were present during the 36 rest? Yes V No	y; add as many lines as you need by
Section 4. Intellectual Prope	erty Patents & Copyrights	
intellectual Prope	erty Patents & Copyrights	
Do you have any patents, whether pla	nned, pending or issued, broadly relevant to the wo	rk? ☐ Yes ✓ No

leahy 2



Section 5.	
Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	ationships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements Irnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
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Blehm 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Julie	. , ,	2. Surname (Last Name) Blehm		3. Date 17-June-2015
4. Are you the cor	responding author?	Yes No		
5. Manuscript Title	e			
6. Manuscript Idea	ntifying Number (if you kr	now it)		
Section 2.		onsideration for Publicatio		
any aspect of the s statistical analysis,	stitution at any time rece submitted work (including	vive payment or services from a thing but not limited to grants, data mo	d party (government, co	ommercial, private foundation, etc.) for esign, manuscript preparation,
Section 3.	Relevant financial	activities outside the subn	nitted work.	
of compensation clicking the "Add	n) with entities as descri	ibed in the instructions. Use on port relationships that were pr o	e line for each entity;	lationships (regardless of amount add as many lines as you need by nonths prior to publication.
Section 4.	Intellectual Prope	rty Patents & Copyrights		
Do you have any	patents, whether plan	ned, pending or issued, broadl	y relevant to the work	? ☐ Yes 🗸 No

Blehm 2



Section 5. Polationships not sovered above								
Relationships not covered above								
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?								
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Dr. Blehm has nothing to disclose.								

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1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. Relevant financial activities outside the submitted work.

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4. Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.



Section 1.	Identifying Info	ormation	
1. Given Name (Fi Robert	rst Name)	2. Surname (Last Name) Doherty	3. Effective Date (07-August-2008) 05-July-2012
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title Principles Suppo	e orting Dynamic Clini	cal Care Teams	
6. Manuscript Idei M13-1819	ntifying Number (if yo	u know it)	

Section 2. The Work Under Consideration for Publication

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

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	√					×



The Work Under Consideration for Publication							
Ту	/pe	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		\checkmark					×
							ADD

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	\checkmark					×
						ADD
3. Employment		\checkmark		American College of Physicians		×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	✓					×
						ADD
Payment for lectures including service on speakers bureaus		✓		Jefferson Hospital, Philadelphia, PA Department of Medicine retreat	Honoraria (pending)	×
						ADD

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outs	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
7. Payment for manuscript preparation	✓					×
						ADD
8. Patents (planned, pending or issued)	√					×
						ADD
9. Royalties	\checkmark					×
						ADD
10. Payment for development of educational presentations	√					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**		√		URAC	Non-profit accreditation organization. No compensation received for my board membership but travel expenses to attend URAC board meetings are reimbursed.	×
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	√					×
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						ADD
13. Other (err on the side of full disclosure)	\checkmark					×
						ADD

^{*} This means money that your institution received for your efforts.

^{**} For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
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	Hide All Table Rows Checked 'No'

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Clark 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Adrienne	rst Name)	2. Surname (Last Name) Clark	3. Date 07-July-2015
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Robert Doherty
5. Manuscript Title ACP Policy Pape Practices		and Patient Care Implicatio	ons of "Concierge" and Other Direct Patient Contracting
6. Manuscript Ide	ntifying Number (if you kr	now it)	
			_
Section 2.	The Work Under Co	onsideration for Public	cation
any aspect of the s statistical analysis,	submitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add	n) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
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Do you have any		, , , , , , , , , , , , , , , , , , , ,	oadly relevant to the work? Yes V No

Clark 2



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Newman 1



Section 1.	Identifying Inform	nation				
1. Given Name (First Name) Mary		2. Surname (Last Name) Newman	3. Date 17-June-2015			
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name			
5. Manuscript Title Concierge Practices						
6. Manuscript Identifying Number (if you know it) M15-0366						
	ı					
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						
Section 3.	Relevant financial	activities outside the s	ubmitted work.			
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Section 4.	Intellectual Prope	rty Patents & Copyri <u>c</u>	hts			
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No			

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Section 5. Relationships not covered above
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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Newman has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

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Section 1. Identifying Inform	nation					
Given Name (First Name) christina	2. Surname (Last Name) reimer	3. Date 07-July-2015				
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name				
5. Manuscript Title ACP Policy Paper: Assessing the Policy and Patient Care Implications of Concierge and Other Direct Patient Contracting Practices 6. Manuscript Identifying Number (if you know it) M15-0366						
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Section 3. Relevant financial	activities outside the s	ubmitted work.				
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Section 4. Intellectual Prope	rty Patents & Copyrig	hts				
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo						

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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?				
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