

#### Instructions

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Section 1. Identifying Information
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4. Are you the corresponding author? Yes No
5. Manuscript Title Insurance Expansion and Hospital Emergency Department Access: Evidence from the Affordable Care Act
6. Manuscript Identifying Number (if you know it) M16-0086
Section 2. The Work Under Consideration for Publication
Did you or your institution <b>at any time</b> 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 V No

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Are there any relevant conflicts of interest?		Yes	$\checkmark$	No
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## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the wo	rk?	Yes	🖌 N	о
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Dr. Graves has nothing to disclose.

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

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1. Given Name (Fi Matthew	rst Name)	2. Surname (Last Name) Notowidigdo		3. Date 17-November-2016
4. Are you the co	responding author?	Yes 🖌 No	Corresponding Author's Na John Graves	me
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Are there any re	evant conflicts of inte	rest? Yes 🖌 No		

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4. Are you the corresponding autho	or? Yes 🖌 No	Corresponding Author's Name John Graves
5. Manuscript Title Insurance Expansion and Hospit 6. Manuscript Identifying Number ( M16-0086		: Evidence from the Affordable Care Act

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