

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. 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".

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#### 4. Intellectual Property.

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

#### 5. 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.

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Deliana

2. Surname (Last Name) Garcia

3. Date 28-December-2018

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

5. Manuscript Title Costs-of-Care Conversations during Primary Care Visits in Health Centers: An observational Study

6. Manuscript Identifying Number (if you know it) M18-1608

### 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
Robert Wood Johnson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 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 publication**.

Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Garcia reports grants from Robert Wood Johnson, 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)  
Douglas

2. Surname (Last Name)  
Bradham

3. Date  
10-January-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Costs-of-care Conversations during Clinical Visits in Federally Qualified Health Centers:  
An Observational Study

6. Manuscript Identifying Number (if you know it)  
18 – 1608

### Section 2. The Work Under Consideration for Publication

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Dr. Bradham has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Corey

2. Surname (Last Name)  
Erb

3. Date  
03-January-2019

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

5. Manuscript Title  
Costs-of-Care Conversations during Primary Care Visits in Health Centers: An observational Study

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M18-1608

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Robert Wood Johnson Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	primary funder of the study

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### Section 1. Identifying Information

1. Given Name (First Name)

Alma

2. Surname (Last Name)

Galvan

3. Date

08-January-2019

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Costs-of-care Conversations during Clinical Visits in Federally Qualified Health Centers: An Observational Study

6. Manuscript Identifying Number (if you know it)

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Dr. Galvan has nothing to disclose.

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