



**DISCLOSURE OF PHYSICIAN OWNERSHIP FORM  
NOTICE TO PATIENTS**

**Please carefully review the information contained in this notice.**

1. Your Physician at this clinic is an owner of Black Hills Surgical Hospital, LLP (BHSB) which includes its medical imaging division Black Hills Imaging Center (BHIC). Additionally, if you choose to receive treatment at BHSB or BHIC, other physicians there may provide you treatment who may have ownership in BHSB. For your reference, following is a list of all physician owners or investors in BHSB.

Angela K. Anderson, MD  
Trevor Anderson, MD  
Mark Ballard, MD  
Jeffrey L. Bendt, MD  
Tyler T. Bergstrom, MD  
Gail Bernard, MD  
Marcia Beshara, MD  
Margaret Chilvers, MD  
Christopher Dietrich, MD  
Clark Duchene, MD  
Aaron Dykstra, MD  
Stephen Eckrich, MD  
David Fromm, MD

Stuart Fromm, MD  
Steven Giuseffi, MD  
Robert Q. Ingraham, MD  
Zachary S. Jager, MD  
Michael Kadrmas, MD  
Jason LaBrie, MD  
David Lang, MD  
Brett Lawlor, MD  
Rebecca Linqvist, MD  
Jeffrey Marrs, MD  
Emmett McEleney, MD  
Samuel L. Mortimer, MD  
Lew Papendick, MD

Kent Renaud, DPM  
Stuart Rice, MD  
Jennifer Ryder, DPM  
Jack Robert Schleiffarth, MD  
Pamela Schmagel, MD  
Neil E. Skea, DPM  
Mary Snyder, MD  
Lee Trotter, DO  
Peter E. Vonderau, MD  
Tim Watt, MD  
Robert Woodruff, MD

2. You have the right to choose the provider of your healthcare service. Therefore, you have the option to use a healthcare facility other than BHSB or its medical imaging division BHIC.
3. If you have any questions concerning this notice, please feel free to ask your Physician, any representative of our office, BHSB or BHIC. We welcome you as a patient and value our relationship with you.

By signing this Disclosure of Physician Ownership Form, you acknowledge that you have read the foregoing notice and you hereby select BHSB and/or BHIC to provide those surgery or related healthcare services prescribed by your Physician.

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Name of Parent or Guardian (if applicable)

\_\_\_\_\_  
Signature of Parent or Guardian (if applicable)

\_\_\_\_\_  
Date



Dear \_\_\_\_\_

Please review the attached PHYSICIAN OWNERSHIP FORM (sent to you on \_\_\_\_\_) and bring it to your imaging appointment, scheduled at the Black Hills Imaging Center, on \_\_\_\_\_, your surgery appointment, scheduled at Black Hills Surgical Hospital, on \_\_\_\_\_, or your pre-op appointment with Black Hills Surgical Internists.

Thank you