

## DISCLOSURE OF FINANCIAL INTERESTS

Louisiana law (R.S. 37:1744 and LAC 46: XLV.4211-4215) requires physicians and other healthcare providers to make certain disclosures to a patient when they refer a patient to another healthcare provider or facility in which the physician has a significant financial interest.

The physician-owners of Southern ENT (J. Vance Broussard, MD, Guy P. Zeringue, III, MD, Justin M. Tenney, MD, Jacques E. Gaudet, MD, Nicholas C. Sorrel, MD) have a financial interest in the healthcare provider / facility to whom we are referring you, as listed below:

<b>Advance Rx Pharmacy</b>	J. Vance Broussard, MD, Guy P. Zeringue, III, MD, Justin M. Tenney, MD, Nicholas C. Sorrel, MD
<b>Bayou Region Surgical Center</b>	J. Vance Broussard, MD, Guy P. Zeringue, III, MD, Justin M. Tenney, MD
<b>Gulf Coast Surgical Center</b>	J. Vance Broussard, MD, Guy P. Zeringue, III, MD, Justin M. Tenney, MD, Jacques E. Gaudet, MD, Nicholas C. Sorrel, MD
<b>Physicians Medical Center</b>	J. Vance Broussard, MD, Guy P. Zeringue, III, MD, Justin M. Tenney, MD, Nicholas C. Sorrel, MD
<b>Palliative Pharmacy Solutions</b>	J. Vance Broussard, MD, Guy P. Zeringue, III, MD, Justin M. Tenney, MD, Jacques E. Gaudet, MD, Nicholas C. Sorrel, MD

I, \_\_\_\_\_, hereby acknowledge receipt, on the date indicated and prior to the described referral, of a copy of the Disclosure of Financial Interests.

I give my express consent and written request that my prescription for 10% Lidocaine / 4% Tetracaine gel and any other requested medicine be delivered directly to Southern ENT instead of my home mailing address. I make this request to ensure that my prescription is at the office for my procedure and eliminate any chance of being left home on my part. My prescription will be delivered to Southern ENT, 604 North Acadia Road, Suite 101, Thibodaux, LA 70301.

\_\_\_\_\_  
Signature of Patient / Parent / Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

---

## FORMULARY BENEFITS DATA CONSENT FORM

Formulary benefits data are maintained for health insurance providers by organizations known as Pharmacy Benefit Managers (PBM). PBMs are third-party administrators of prescription drug programs whose primary responsibilities are processing and paying prescription drug claims. They also develop and maintain formularies, which are lists of dispensable drugs covered by a particular drug benefit plan.

We may need to access your data as maintained by PBMs to know what medications have been prescribed to you in the past, and to know which drugs are covered by your insurance plan.

By signing below, I give permission to Southern ENT to access pharmacy benefits data electronically through Sure Scripts. The consent will enable Southern ENT to determine pharmacy benefits and drug copays, check whether a prescribed medication is covered, display therapeutic alternatives with preference rank within drug class for non-formulary medications, determine if the health plan allows electronic prescribing to mail order pharmacies, and if so, e-prescribe to these pharmacies, and download a historic list of all medications prescribed for a patient by another provider.

\_\_\_\_\_  
Signature of Patient / Parent / Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date