ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Arnold

2. Surname (Last Name)  
   Epstein

3. Date  
   01-May-2018

4. Are you the corresponding author?  
   Yes ☐ No ☑

Corresponding Author’s Name  
Karen Joynt Maddox

5. Manuscript Title  
   Evaluation of Medicare’s Bundled Payments Initiative for Medical Conditions

6. Manuscript Identifying Number (if you know it)  
   18-01569

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

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Are there any relevant conflicts of interest?  
Yes ☐ 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 work?  
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Dr. Epstein is an Associate Editor for the New England Journal of Medicine.

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Section 1. Identifying Information

1. Given Name (First Name)  
Karen

2. Surname (Last Name)  
Joynt Maddox

3. Date  
01-May-2018

4. Are you the corresponding author?  
✔ Yes  ❌ No

5. Manuscript Title  
Evaluation of Medicare’s Bundled Payments Initiative for Medical Conditions

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If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
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<th>Other?</th>
<th>Comments</th>
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<td>HHS</td>
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<td>Contract work for the United States Department of Health and Human Services, unrelated to the bundled payment program.</td>
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Dr. Joynt Maddox reports personal fees from HHS, outside the submitted work.

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   Orav

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   No

   **Corresponding Author’s Name**
   
   Karen Joynt Maddox

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<td>Zheng</td>
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