

DISCLOSURE OF OWNERSHIP

In accordance with the Code of Federal Regulations Title 42, Volume 3, Section 489.3, this notice is provided to inform you that Dr. Brian Blick, Dr. David Sharrah, Dr. Luke Mosel, Dr. Richard Fair, and Dr. Michael Alvarado maintain an ownership interest in the following entity:

OneCore Health
100 NE 85th St.
Oklahoma City, OK 73114

Dr. Brian Blick, Dr. David Sharrah, Dr. Luke Mosel, Dr. Richard Fair, and Dr. Michael Alvarado operate as an independent private medical practice and are not directly employed by any major health organization in Oklahoma. Many physicians in the area may be employed by or have investment ties to large healthcare institutions. Dr. Blick, Dr. Sharrah, Dr. Mosel, Dr. Fair, and Dr. Alvarado however, remain committed to maintaining independence in his clinical decision-making.

Patient-Centered Referrals

Referrals made by Dr. Brian Blick, Dr. David Sharrah, Dr. Luke Mosel, Dr. Fair, and Dr. Michael Alvarado are based solely on your individual medical needs and established standards of care, with the goal of providing the highest quality health care. While Dr. Blick, Dr. Sharrah, Dr. Mosel, Dr. Fair, and Dr. Alvarado may refer you to the above-listed facility, you are under no obligation to receive services there.

Your Right to Choose

You have the right to choose the provider or facility for your healthcare services. Choosing a different provider will not affect the quality of care you receive from Dr. Blick, Dr. Sharrah, Dr. Mosel, Dr. Fair, Dr. Alvarado, or their staff. If you would like assistance or information about alternative providers or facilities, we are happy to provide it upon request.

We welcome you as a patient and value our relationship with you.
If you have any questions regarding this disclosure, please speak with the Providers directly or a representative of Comprehensive Spine and Pain.

ACKNOWLEDGEMENT OF DISCLOSURE

By signing this form, you acknowledge that you have read, understood, and received this Disclosure of Ownership.

Print name: _____ Date of Birth: _____

Signature: _____ Date: _____

Staff Witness: _____ Date: _____