

Spine Care of North Texas

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Physician Financial Disclosure Form

Dear Patient,
Dr. Kendall Carll is the owner of Spine Care of North Texas and has ownership and/or investment interests in:
Ahai, PLLC
Augmedics Ltd.
KRAP, PLLC
LLRAC, PLLC
Spine Care Assistants, PLLC
Methodist Hospital for Surgery
Methodist McKinney Hospital
Greene Monitoring, PLLC
Prime Diagnostic Imaging
TWHS, PLLC
Neurologic Protection Services, PLLC
New Era Orthopedics
Evolution Spine
Integrity Implants
ELK, PLLC
Neuro Pro, LLC
Elite Spine Assist, PLLC
ROM, LLC

ervices provided by these facilities may be out of network, and as a result you may receive an out of network bill. lowever, you have the right to choose the provider of your healthcare services. Therefore, you have the option to use the ealthcare facility of your choice.	e
ou will not be treated differently by Dr. Kendall Carll or Spine Care of North Texas if you choose to have services erformed at a different facility.	
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I acknowledge and agree that I have reviewed this disclosure in its entirety which has been given to me at the time of initial contact. I acknowledge and agree that I have been given the opportunity to ask any questions and had all my questions answered to my satisfaction.

Patient Signature (or personal representative):	Date:
Printed Name:	
Personal Representative's Authority (If applicable)	