



# RHEUMATOLOGY ASSOCIATES of SOUTH TEXAS

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## PHYSICIAN OWNERSHIP DISCLOSURE FORM

To: New Patients on Date of First Visit with **Rheumatology Associates of South Texas, PLLC**

During the course of your physician/patient relationship with Rheumatology Associates of South Texas, PLLC, Rheumatology Associates of South Texas, PLLC may refer you to RAST RX Pharmacy, (the "Facility"). The address of the Facility is 19272 Stone Oak Pkwy, Ste 101, San Antonio, TX 78258.

In connection with any referral to the Facility, you are hereby advised that **Rheumatology Associates of South Texas, PLLC**, has an investment interest in the Facility and therefore will receive, directly or indirectly, remuneration as a result of such referral.

This information is being provided to you at the time of **Rheumatology Associates of South Texas, PLLC's** first contact with you as a patient and will also be provided to you at the time of referral, if any, to help you make an informed decision about your health care. You have the right to choose your health care provider. You have the option of obtaining health care ordered by your physician at a different facility other than the Facility. You will not be treated differently by your physician, the physician's staff, or the Facility if you choose to use a different facility.

Should **Rheumatology Associates of South Texas, PLLC** at any time refer you to the Facility and you prefer to use a different health care provider, you will be advised of alternative health care providers and your right to choose one of these alternative health care providers.

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Patient name (please print)

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Patient signature

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Date

Effective 8/1/2013