



EVANGELISTA ORTHOPEDIC CLINIC

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EXHIBIT 15
FORM OF WRITTEN DISCLOSURE TO PATIENTS
RELATED TO EFFICIENCY MEASURES ONLY

HonorHealth (“Hospital”)

Disclosure Statement Regarding Hospital’s Physician Quality Enhancement and Cost Savings Arrangement

HONORHEALTH (“HOSPITAL”) AND CERTAIN OF ITS PHYSICIANS LISTED ON THE **ATTACHMENT 1** HERETO HAVE ENTERED INTO AN ARRANGEMENT WHEREBY THE HOSPITAL SHARES WITH THE PHYSICIANS A PORTION OF SAVINGS ATTRIBUTED TO QUALITY ENHANCEMENT AND COST SAVINGS ARRANGEMENT IN THE FOLLOWING PROGRAM:

- Care pathways for primary total knee replacements
- Major Complication rates for primary Total Joints
- Readmission rates for primary total joints and femoral hip fractures
- Orthopedic M&M and CME events
- OR efficiencies
- Supply Savings initiatives

THE PHYSICIANS ARE NOT REQUIRED TO FOLLOW ANY OF THE REQUIREMENTS OF THE PROGRAM IF DOING SO IS NOT IN YOUR BEST INTEREST. IF YOU WOULD LIKE MORE INFORMATION ABOUT THE PROGRAM, PLEASE CONTACT KELLY JACKSON, ASSOCIATE VICE PRESIDENT FOR ORTHOPEDICS AT KJACKSON@HONORHEALTH.COM

BY SIGNING BELOW, THE PATIENT ACKNOWLEDGES THAT THE PATIENT HAS BEEN INFORMED OF THE QUALITY ENHANCEMENT AND COST SAVINGS ARRANGEMENT BETWEEN THE HOSPITAL AND CERTAIN OF THE PHYSICIANS ON ITS MEDICAL STAFF.



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Patient's Signature:

Patient's Name:

Date:
