ICMJE DISCLOSURE FORM

Date: 08/30/2022

Your Name: Sina Soltanzadeh Zarandi

Manuscript Title: Does Medicaid Cover Artificial Urinary Sphincter and Male Urethral Sling Surgery? A State-by-State Analysis

Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	__X__None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__None	
3	Royalties or licenses	__X__None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__X__None	
6	Payment for expert testimony	__X__None	
7	Support for attending meetings and/or travel	__X__None	
8	Patents planned, issued or pending	__X__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__X__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__X__None	
11	Stock or stock options	__X__None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__X_None	
13	Other financial or non-financial interests	__X__None	

Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 9/8/22

Your Name: Charles Loeb

Manuscript Title: Does Medicaid Cover Artificial Urinary Sphincter and Male Urethral Sling Surgery? A State-by-State Analysis

Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: Aug 30, 2022
Your Name: David Barham
Manuscript Title: Does Medicaid Cover Artificial Urinary Sphincter and Male Urethral Sling Surgery? A State-by-State Analysis
Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: **Sept. 8, 2022**
Your Name: **Jake Miller**
Manuscript Title: Does Medicaid Cover Artificial Urinary Sphincter and Male Urethral Sling Surgery? A State-by-State Analysis

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ICMJE DISCLOSURE FORM

Date: 09/19/2022

Your Name: Douglas Schneider

Manuscript Title: Does Medicaid Cover Artificial Urinary Sphincter and Male Urethral Sling Surgery? A State-by-State Analysis

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 08/30/2022
Your Name: Muhammed A. Moukhtar Hammad
Manuscript Title: Does Medicaid Cover Artificial Urinary Sphincter and Male Urethral Sling Surgery? A State-by-State Analysis
Manuscript number (if known): _____

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Date: 08/30/2022
Your Name: Faysal A. Yafi
Manuscript Title: Does Medicaid Cover Artificial Urinary Sphincter and Male Urethral Sling Surgery? A State-by-State Analysis
Manuscript number (if known): _____

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