

## ICMJE DISCLOSURE FORM

Date: June 3, 2023  
 Your Name: Dr. Kunal Patel  
 Manuscript Title: Hospital Compliance with Price Transparency Policy in the U.S.  
 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.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Northern Illinois University, College of Health and Human Sciences	Patel, K.N. (PI) (2023-2024). Price steering simulation model for newborn deliveries in the U.S. Northern Illinois University, College of Health and Human Sciences, SEED Grant. Total amount: \$5,000.
		United Faculty Alliance	Patel, K.N. (PI) (2022). Big Data Study Related to Federal U.S. Hospital Pricing Transparency. United Faculty Alliance (UFA): Research/Scholarly Activity. Total amount: \$1,610.
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

Dr. Kunal Patel has accepted grants from Northern Illinois University and the United Faculty Alliance for research and scholarly activity related to healthcare pricing transparency. These grants present no conflict of interest to our research study entitled "Hospital Compliance with Price Transparency Policy in the U.S."

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

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: June 3, 2023  
 Your Name: Dr. Shu-Fang Shih  
 Manuscript Title: Hospital Compliance with Price Transparency Policy in the U.S.  
 Manuscript number (if known): \_\_\_\_\_

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

<p>No conflict of interest to our research study entitled "Hospital Compliance with Price Transparency Policy in the U.S."</p>
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**Please place an "X" next to the following statement to indicate your agreement:**

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: June 3, 2023

Your Name: Chandra Bondugula

Manuscript Title: Hospital Compliance with Price Transparency Policy in the U.S.

Manuscript number (if known): \_\_\_\_\_

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations,	<input checked="" type="checkbox"/> None	

	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<i>ZeaMed Health</i>	CEO of ZeaMed Health, which is a private company devoted to bringing total complete transparency to healthcare pricing

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

Dr. Chandra Bondugula is the CEO of ZeaMed Health. His role presents no conflict of interest to our research study entitled "Hospital Compliance with Price Transparency Policy in the U.S."

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

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: June 3, 2023

Your Name: Nathan W. Carroll

Manuscript Title: Hospital Compliance with Price Transparency Policy in the U.S.

Manuscript number (if known): JHMHP-23-31

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.

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	<u>  X  </u> None	
4	Consulting fees	<u>  X  </u> None	
5	Payment or honoraria for lectures, presentations,	<u>  X  </u> None	

	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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## ICMJE DISCLOSURE FORM

Date: June 3, 2023  
 Your Name: Dr. Saleema A. Karim  
 Manuscript Title: Hospital Compliance with Price Transparency Policy in the U.S.  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJJE DISCLOSURE FORM

Date: June 3, 2023

Your Name: ERIC W. FORD

Manuscript Title: Hospital Compliance with Price Transparency Policy in the U.S.

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: June 3, 2023  
 Your Name: Shoou-Yih D. Lee  
 Manuscript Title: Hospital Compliance with Price Transparency Policy in the U.S.  
 Manuscript number (if known): JHMHP-23-31

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