

ICMJE DISCLOSURE FORM

Date: September 26, 2022
 Your Name: Saleema A Karim
 Manuscript Title: Financial Performance of Rural Hospitals Persistently Lacking and Having Telehealth Technology
 Manuscript number (if known): JHMHP-22-85

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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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)
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None

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

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 Your Name: John Mick Tilford
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Date: September 26, 2022
 Your Name: Cari A Bogulski
 Manuscript Title: Financial Performance of Rural Hospitals Persistently Lacking and Having Telehealth Technology
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Date: September 26, 2022
 Your Name: Maysam Rabbani
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 Your Name: Corey J Hayes
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