

*Dear Patient,*

*Your physician has an ownership interest in the following health care facility to which patients may be referred from time to time for medically necessary services:*

*Femi-Care Surgery Center, LLC*

*As always, patients are free to utilize any health care provider of their choice, subject to any restrictions, which may exist under their health insurance coverage. Should you have any questions or concerns about your referral, please bring them directly to me.*

*Thank you,*