

Conflict of Interest Disclosure

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- a. Be employed by, subcontract with, or directly or indirectly represent a pharmaceutical manufacturer,
- b. Be employed by, subcontract with, or directly or indirectly represent a pharmacy benefits management (PBM) company,
- c. Receive payments or compensation from the pharmaceutical industry in excess of the physician mean general payment amount for the most recent year as specified on the CMSO Open Payments website at openpaymentsdata.cms.gov.

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Disclosures (select one)

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Organization*	Role / Relationship*

*List additional organizations and role/relationships on additional page(s) if necessary

Your Attestation

I affirm under penalty of law that the information I have provided on this form is true, accurate, and complete to the best of my knowledge.

Name: Aida E. Amado, ACNP

Signature: 

Date: 10/11/2022

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Your Attestation

I affirm under penalty of law that the information I have provided on this form is true, accurate, and complete to the best of my knowledge.

Name: Aimee Schwartz, MD

Signature: 

Date: 09/27/2022

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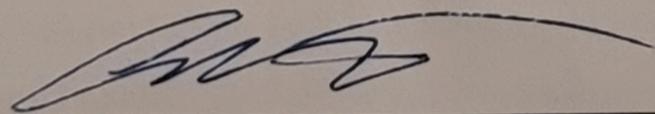
Organization*	Role / Relationship*
Walgreens	Pharmacy manager

**List additional organizations and role/relationships on additional page(s) if necessary*

Your Attestation

I affirm under penalty of law that the information I have provided on this form is true, accurate, and complete to the best of my knowledge.

Name: Andrew Thatcher

Signature: 

Date: 10/01/2022

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Name: _____

Signature:  _____

Date: _____

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Your Attestation

I affirm under penalty of law that the information I have provided on this form is true, accurate, and complete to the best of my knowledge.

Name: CHARLES GOLDSTEIN

Signature: 

Date: 10/12/2022

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Your Attestation

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Name: Hyun Jung (Evelyn) Kim

Signature: Hyun Jung Kim Digitally signed by Hyun Jung Kim
Date: 2022.10.14 10:33:03 -07'00'

Date: _____

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Organization*	Role / Relationship*
UnitedHealthcare	Employee

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Your Attestation

I affirm under penalty of law that the information I have provided on this form is true, accurate, and complete to the best of my knowledge.

Name: Kelly Flannigan

Signature: _____ Date: 10/07/2022

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Name: Maria C. Cole

Signature: *Maria C. Cole*

Date: 10/04/2022

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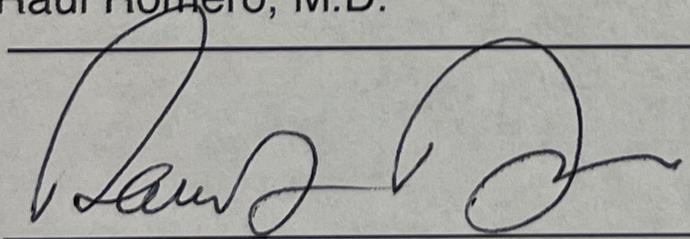
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Your Attestation

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Name: Raul Romero, M.D.

Signature: 

Date: 10/17/2022

Reset form

Save form

Print form

Submit form

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Name: Otto Uhrik

Signature: 

Date: 9/27/2022

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I affirm under penalty of law that the information I have provided on this form is true, accurate, and complete to the best of my knowledge.

Name: Sandra Brownstein

Signature: Sandra Brownstein

Date: 10/14/22