ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Mariana

2. Surname (Last Name)  
   Socal

3. Date  
   20-August-2019

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Casey Jo Hymbyrd

5. Manuscript Title  
   Patient Selection after Mandatory Bundled Payments for Hip and Knee Replacement: Is there evidence of lemon-dropping or cherry-picking?

6. Manuscript Identifying Number (if you know it)  
   JBJS - D - 19-00756

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Dr. Socal has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Shannon

2. Surname (Last Name)  
Wu

3. Date  
09-September-2019

4. Are you the corresponding author?  
☐ Yes  ☑ No

Corresponding Author’s Name  
Casey Jo Humbyrd

5. Manuscript Title  
Patient Selection after Mandatory Bundled Payments for Hip and Knee Replacement: Is There Evidence of Lemon-Dropping or Cherry-Picking?

6. Manuscript Identifying Number (if you know it)  
JBJS-D-19-00756

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Trujillo
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Antonio  

2. Surname (Last Name)  
   Trujillo  

3. Date  
   20-August-2019  

4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author’s Name  
   Casey Jo Hymbyrd  

5. Manuscript Title  
   Patient Selection after Mandatory Bundled Payments for Hip and Knee Replacement: Is there evidence of lemon-dropping or cherry-picking?  

6. Manuscript Identifying Number (if you know it)  
   JBJS - D - 19-00756  

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Dr. Trujillo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Gerard

2. Surname (Last Name)  
   Anderson

3. Date  
   20-August-2019

4. Are you the corresponding author?  
   ☑ Yes  ☐ No
   Corresponding Author’s Name  
   Casey Jo Hymbyrd

5. Manuscript Title  
   Patient Selection after Mandatory Bundled Payments for Hip and Knee Replacement: Is there evidence of lemon-dropping or cherry-picking?

6. Manuscript Identifying Number (if you know it)  
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Dr. Anderson has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Casey

2. Surname (Last Name)  
   Humbyrd

3. Date  
   27-August-2019

4. Are you the corresponding author?  
   ☑ Yes  ☐ No

5. Manuscript Title  
   Patient Selection after Mandatory Bundled Payments for Hip and Knee Replacement: Is There Evidence of Lemon-Dropping or Cherry-Picking?

6. Manuscript Identifying Number (if you know it)  
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Dr. Humbyrd has nothing to disclose.

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