

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Neha

2. Surname (Last Name)

Chava

3. Date

28-February-2021

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Dr. Nikhil Verma

5. Manuscript Title

**Impact of Medicaid Versus Private Insurance Payer Status on Patient Reported Outcomes and Return to Sport Following Anterior Cruciate Ligament Reconstruction**

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  No

ADD

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#### Generate Disclosure Statement

Ms. Chava has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Sahas

2. Surname (Last Name)  
Dasari

3. Date  
28-February-2021

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Dr. Nikhil Verma

5. Manuscript Title

**Impact of Medicaid Versus Private Insurance Payer Status on Patient Reported Outcomes and Return to Sport Following Anterior Cruciate Ligament Reconstruction**

6. Manuscript Identifying Number (if you know it)

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### Section 1. Identifying Information

1. Given Name (First Name)  
Nikhil

2. Surname (Last Name)  
Verma

3. Date  
28-February-2021

4. Are you the corresponding author?

No.  Yes

Corresponding Author's Name  
Dr. Nikhil Verma

5. Manuscript Title

**Impact of Medicaid Versus Private Insurance Payer Status on Patient Reported Outcomes and Return to Sport Following Anterior Cruciate Ligament Reconstruction**

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1. Given Name (First Name)  
Neil

2. Surname (Last Name)  
Verma

3. Date  
28-February-2021

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Dr. Nikhil Verma

5. Manuscript Title

### Impact of Medicaid Versus Private Insurance Payer Status on Patient Reported Outcomes and Return to Sport Following Anterior Cruciate Ligament Reconstruction

6. Manuscript Identifying Number (if you know it)

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Zeeshan

2. Surname (Last Name)  
Khan

3. Date  
28-February-2021

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Yes  No

Corresponding Author's Name  
Dr. Nikhil Verma

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### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

### 5. Relationships not covered above.

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#### Definitions.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Benjamin

2. Surname (Last Name)  
Kerzner

3. Date  
28-February-2021

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Dr. Nikhil Verma

5. Manuscript Title

### Impact of Medicaid Versus Private Insurance Payer Status on Patient Reported Outcomes and Return to Sport Following Anterior Cruciate Ligament Reconstruction

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

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1. Identifying information.
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### Section 1. Identifying Information

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Luc

2. Surname (Last Name)

Fortier

3. Date

28-February-2021

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Dr. Nikhil Verma

5. Manuscript Title

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Asheesh

2. Surname (Last Name)  
Bedi

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28-February-2021

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Yes  No

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Dr. Nikhil Verma

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