

SPINAL SIMPLICITY, LLC

Internal Tracking Record: Payments and Other Transfers of Value to Physicians, Group Practices, Hospitals, and Other Health Care Providers

Name: _____

Date Submitted: _____

| Date | Recipient | Form of Payment/Transfer of Value (e.g., cash, cash equivalents, in-kind items or services) | Nature of Payment/Transfer of Value (e.g., consulting fee, other compensation, gift, entertainment, food/beverage, travel, education, etc.) | Value (if unknown, provide estimate) |
|------|---|--|--|---|
| | Name: Address: Specialty: NPI: State license no.: | | | |

| Date | Recipient | Form of Payment/Transfer of Value (e.g., cash, cash equivalents, in-kind items or services) | Nature of Payment/Transfer of Value (e.g., consulting fee, other compensation, gift, entertainment, food/beverage, travel, education, etc.) | Value (if unknown, provide estimate) |
|-------------|---|---|---|--|
| | Name: Address: Specialty: NPI: State license no.: | | | |
| | Name: Address: Specialty: NPI: State license no.: | | | |

| Date | Recipient | Form of Payment/Transfer of Value (e.g., cash, cash equivalents, in-kind items or services) | Nature of Payment/Transfer of Value (e.g., consulting fee, other compensation, gift, entertainment, food/beverage, travel, education, etc.) | Value (if unknown, provide estimate) |
|------|---|--|--|---|
| | Name: Address: Specialty: NPI: State license no.: | | | |

(attach more pages if necessary)

Please submit this form on a monthly basis to the Spinal Simplicity Director of Compliance:

By Mail or Hand-Delivery: - or - By E-Mail:

Director of Compliance
Spinal Simplicity, LLC
10995 Quivira Road
Overland Park, KS 66210

internalreporting@spinalsimplicity.com

Please include copies of receipts and all other supporting documentation.