

# 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.:			
	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.:			

*(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  
6600 College Blvd Ste 220  
Overland Park, KS 66211

[internalreporting@spinalsimplicity.com](mailto:internalreporting@spinalsimplicity.com)

**QUICK VIEW: PERMISSIBLE/IMPERMISSIBLE TRANSACTION TYPES & REPORTING REQUIREMENTS**

POLICY STATEMENTS:

\*Spinal Simplicity's business partners will not (i) provide direct and/ or indirect payments made with the purpose of inducing or rewarding the referral or generation of federal healthcare business, or (2) solicit or accept remuneration for referrals.

\*Spinal Simplicity's business partners will timely, accurately and completely document information describing any permissible transaction as required by law.

	<b>Transaction (Item Provided)</b>	<b>Description of Transaction (Location, Event, Participants, Etc.)</b>	<b>Permissible / Impermissible</b>	<b>Reporting Requirement? (Yes / No)</b>
1.	Branded Pens, Pencils, Mugs	<ul style="list-style-type: none"> <li>Items provided at tradeshow booth</li> </ul>	Impermissible	N/A
2.	Food delivery to physician office (no training)	<ul style="list-style-type: none"> <li>Food delivery to physician's office for physician and staff to share (breakfast, lunch, dinner) with no other interaction</li> </ul>	Impermissible	N/A
3.	Food delivery to physician office <u>with</u> educational training	<ul style="list-style-type: none"> <li>Food delivery to physician's office for physician and limited staff accompanying educational product training</li> </ul>	Permissible	Yes
4.	Meals with physician	<ul style="list-style-type: none"> <li>Reasonably priced meal with physicians to discuss product</li> </ul>	Permissible*	Yes
5.	Meals for physician spouse (or any family member or third party)	<ul style="list-style-type: none"> <li>Reasonably priced meal for physician spouse (or any family member or third party) to discuss product</li> <li>No payment for anyone other than physician</li> </ul>	Impermissible	N/A
6.	Cadaver Lab (lab only)	<ul style="list-style-type: none"> <li>Provision of the lab space, cadaver and training for education</li> </ul>	Permissible	Yes
7.	Travel & Hotel to Cadaver Lab	<ul style="list-style-type: none"> <li>Reimbursement of reasonable travel and hotel pertaining to cadaver lab for education and training</li> </ul>	Permissible*	Yes
8.	Event Tickets to physicians	<ul style="list-style-type: none"> <li>Tickets to any sporting events, entertainment, charity events</li> </ul>	Impermissible	N/A
9.	Patient brochures to physician/ physician office	<ul style="list-style-type: none"> <li>Educational brochures describing product provided to physician /physician office for patient benefit</li> </ul>	Permissible	No

**CONTACT THE DIRECTOR OF COMPLIANCE ASAP WITH QUESTIONS AS TO WHETHER AN ITEM/ TRANSACTION IS PERMISSIBLE, IMPERMISSIBLE OR HAS A REPORTING REQUIREMENT.**

Definitions:

*Permissible Transaction:* Provision of a good or service to a physician, physician office or physician immediate family member that is approved by Spinal Simplicity.

*Impermissible Transaction:* Provision of a good or service to a physician, physician office or physician immediate family member that is prohibited by Spinal Simplicity.

*Reporting Requirements:* The information required to be reported to CMS under the Physician Payments Sunshine Act/ Open Payments.