

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.:			
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(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

Please include copies of receipts and all other supporting documentation.