

Notes:

Please submit this template as a Comma Separated Value (CSV) file

Recipient = Covered Recipient or Physician Owner or Investor

Form of payment must be 1) cash or cash equivalent, 2) in-kind items or services, 3) stock, a stock opti

Nature of payment must be 1) Consulting fee, 2) Compensation for services other than consulting, 3) t

Education, 9) Direct Research, 10) Indirect Research, 11) Charitable contribution, 12) Royalty or license
compensation for serving as a faculty or as a speaker for a medical education program, 15) Grant, or 1

Reporting Entity	Recipient Name	Recipient Business street address	Recipient Specialty *physician only	Recipient National Provider Identifier (NPI) *physician only	Amount of Payment (US dollars)	Date of Payment
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ion, or any other ownership interest, dividend, profit, or other return on investment
 Honoraria, 4) Gift, 5) Entertainment, 6) Food and beverage, 7) Travel and lodging, 8)
 , 13) Current or prospective ownership of investment interests, 14) Direct
 6) Other

Form of Payment	Nature of Payment	Name of Associated Drug, Device, Biological, or Medical Supply *if necessary	Entity Paid Name	Physician Owner or Investor (y/n)	Delayed Publication (y/n)
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Owner = Physician Owner or Investor

All payments or other transfers of value provided to physician owners or investors must be reported and designated as that to a physician owner or investor.

Reporting Entity	Recipient Name	Recipient Business street address	Recipient Specialty *physician only	Recipient National Provider Identifier (NPI) *physician only	Interest Held by Immediate Family Member (y/n)
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ted on the Payment & Transfer of Value tab

Dollar Amount Invested	Value of Interest	Terms of Interest
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