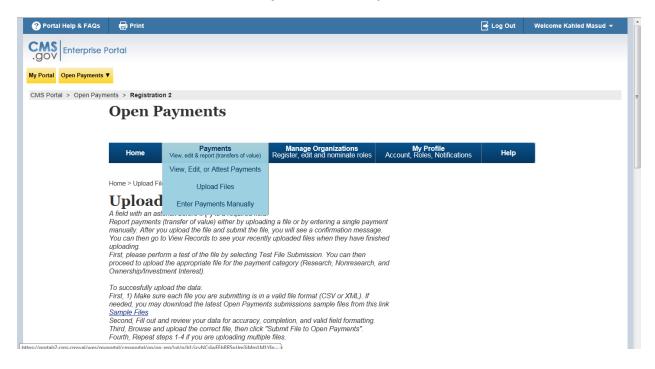
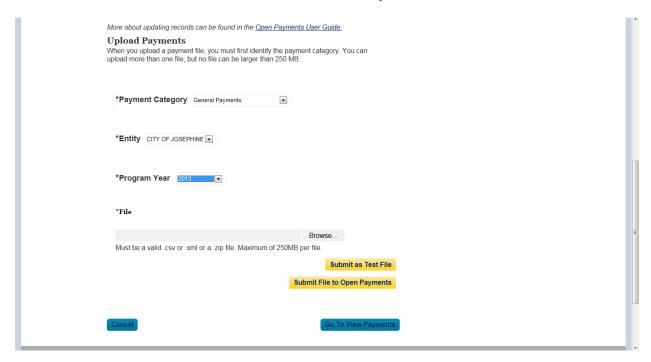
# **Screen Shots Submission Flow**

The screen shots below illustrate the workflow (submission + Attestation) of a user uploading a file containing general payments records.

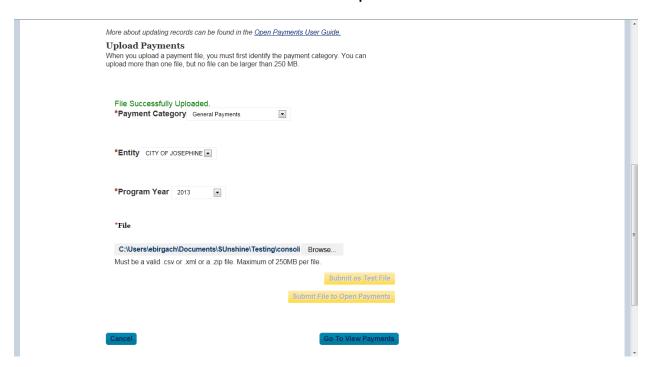
## **File Upload-General Payments**



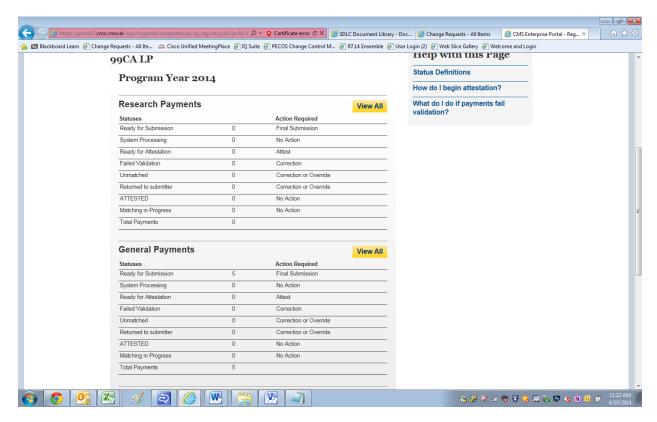
# Select criteria for file upload



# **Successful File Upload**



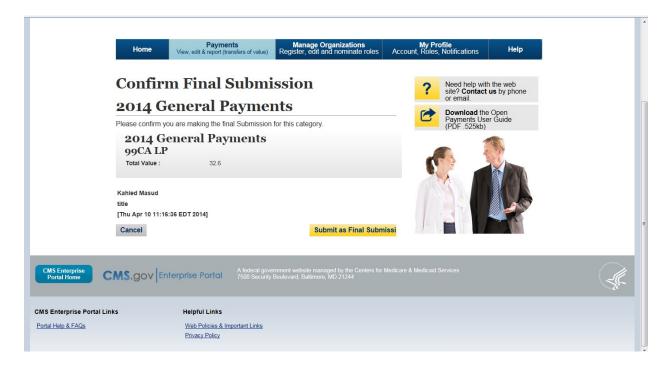
# Payments passed file level validation check and ready for FINAL Submission



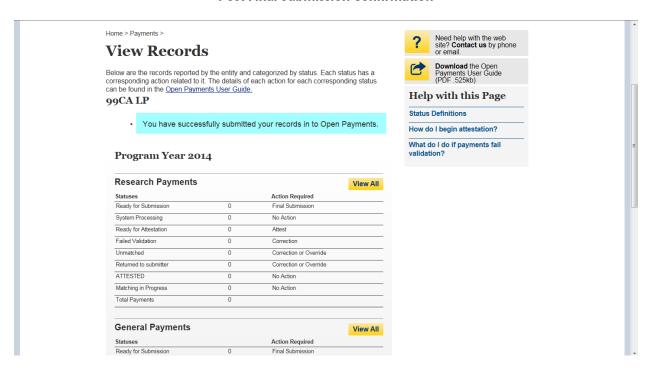
## **Final Submission Button Enabled for final Submission**

Justinitei.					
Overriding the status of r s accurate to the best of For more information on Open Payments User Gu	your know	wledge.		bmitted record(s) and, upon re	eview the information
<u> </u>					
Statuses Refresh S	statuses				
Statuses		Action Required	Final Submission for	All General Payments	
Ready for Submission	5	Final Submission			
System Processing	0	No Action			
Ready for Attestation	0	Attest			
Failed Validation	0	Correction			
Unmatched	0	Correction or Ove	rride		
Returned to submitter	0	Correction or Ove	rride		
ATTESTED	0	No Action			
Matching in Progress	0	No Action			
Total Payments	5				
Back to View Records					
Record Status :	File ID :	Ope	n Payment ID :	Recipient Type	
Please Select		1	,		
Attested Ready for Submission				Covered Covered Non- Non-	
System Processing -				Recipient Recipient covered covered Physician Teaching Recipient Recipie Hospital Entity Individu	ent
Override Status :		stem Payment ID : Inpu	t Method :	Report Type	Search Clear All
All Statuses ▼	1		Manual  Upload	I ■ Single ■ Consolidated	

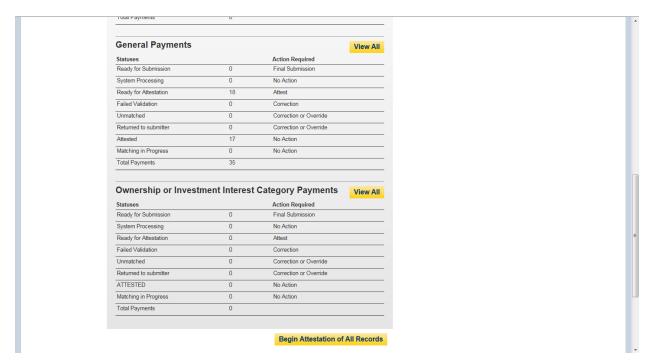
# **Final Submission Confirmation**



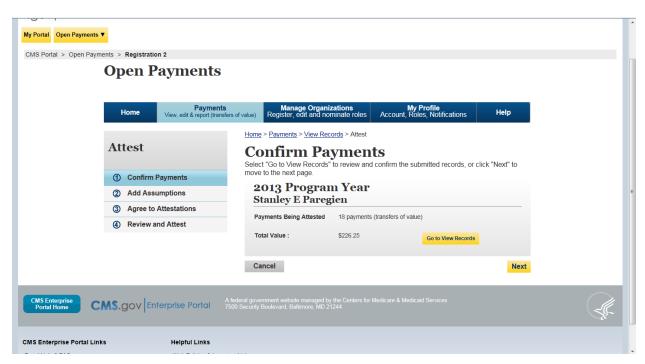
## **Post Final Submission Confirmation**



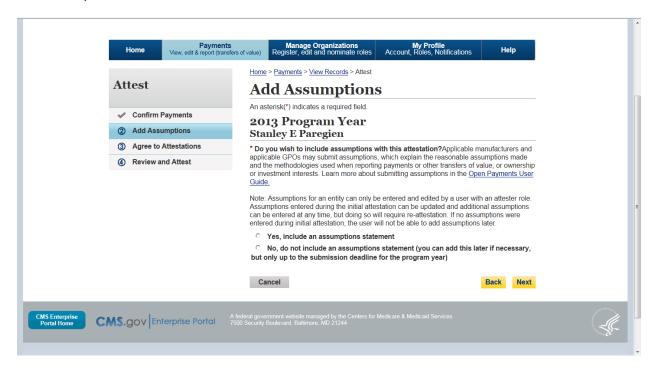
# **Begin Attestation**



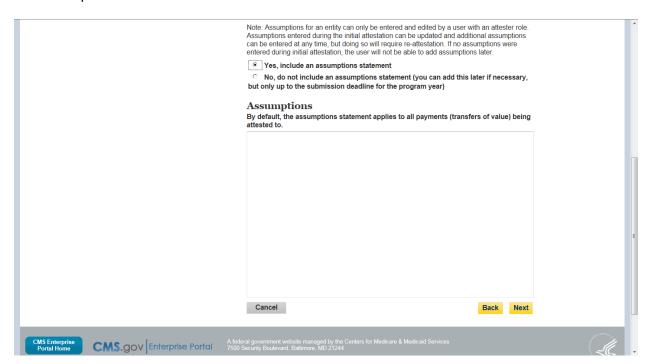
## **Attestation-Confirm Payments**



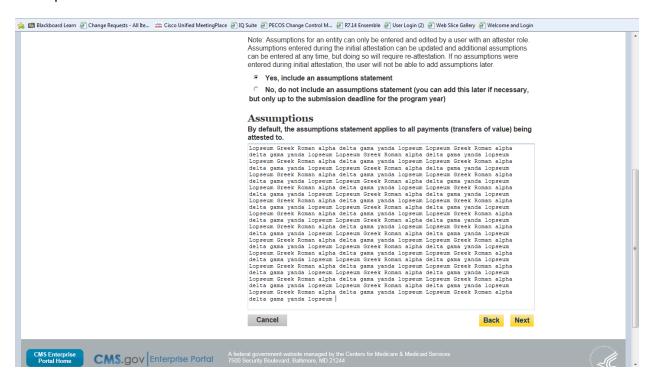
## Add Assumptions Yes/No?



## Add Assumptions- Yes workflow



#### **Assumptions Added**



# Agree To Attestation



## Agree to Attestation\_Cont

#### Assumptions

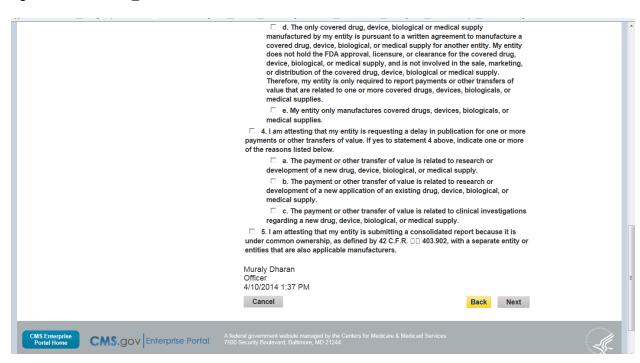
View the Assumptions

## **Attestation Agreement**

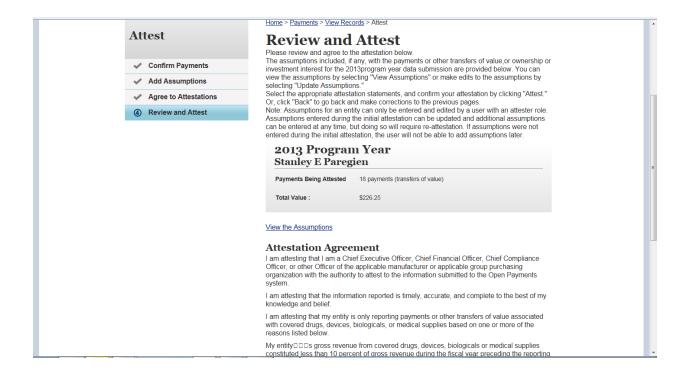
Please confirm your agreement to the statement(s) below:

- 1. I am attesting that I am a Chief Executive Officer, Chief Financial Officer, Chief Compliance Officer, or other Officer of the applicable manufacturer or applicable group purchasing organization with the authority to attest to the information submitted to the Open Payments system.
- $\hfill\Box$  2. I am attesting that the information reported is timely, accurate, and complete to the best of my knowledge and belief.
- □ 3. I am attesting that my entity is only reporting payments or other transfers of value associated with covered drugs, devices, biologicals, or medical supplies based on one or more of the reasons listed below. If yes to statement 3 above, indicate the reason by selecting at least one of the following reporting limitation statements:
  - □ a. My entity□□□s gross revenue from covered drugs, devices, biologicals or medical supplies constituted less than 10 percent of gross revenue during the fiscal year preceding the reporting year.
  - □ b. My entity is under common ownership, as defined by 42 C.F.R. □□ 403.902, with an applicable manufacturer and provides assistance or support to an applicable manufacturer with respect to the production, preparation, propagation, compounding, conversion, marketing, promotion, sale or distribution of a covered drug, device, biological, or medical supply. Therefore, my entity is only required to report payments or other transfers of value associated with covered drugs, devices, biologicals or medical supplies which my entity provided assistance and support to an applicable manufacturer.
  - □ c. My entity has a separate operating division that does not manufacture any covered drugs, devices, biological, or medical supplies. Therefore, my entity is only required to report payments or other transfer of value to covered recipients related to the activities of these separating operating divisions if those payments or other transfers of value are related to a covered drug, device, biological, or medical supply.

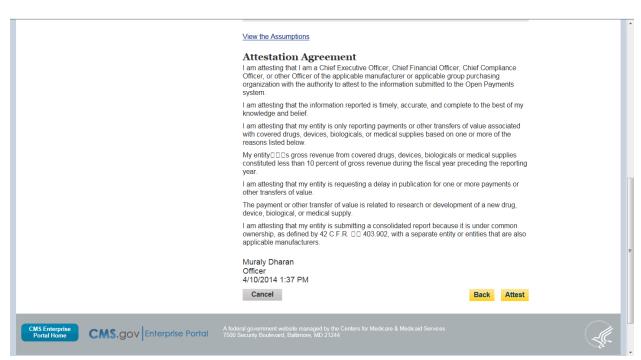
#### Agree to Attestation\_Cont



#### **Review and Attest**



#### **Review and Attest**



# Records shown as attested

