

[Organization Name]
Non-Monetary Physician Gift/Benefit* and Business Meal ** Tracking Form

Reason For Form: Gift/Benefit* Business Meal**

Recipients (Gift/Benefit)/Attendees (Business Meal): _____

Gift/Benefit Description or Location of Business Meal: _____

Reason for Gift/Benefit or Business Meal: _____

Value of Gift/Benefit or Business Meal: _____

If Gift/Benefit, how value determined: _____

If Business Meal, primary purpose/discussion topic: _____

Signed by: _____ Title: _____ Date: _____

Print: _____

Gift/Benefit CFO/Designee Approval***: _____ Date: _____

*Defined as any non-monetary benefit, including social events like sports tickets, dinners at restaurants, rounds of golf, etc., even if some business is conducted during such social events, and items like mugs, hats, jackets, car washes, flowers, and other gifts, even if such items have a logo.

**Modest meal at a local restaurant provided to a Physician (not including spouses) during a business meeting the primary and material purpose of which is to discuss legitimate business issues. If any spouse is in attendance, the entire meal is a Gift/Benefit.

***Finance approval signifies that with this Gift/Benefit the physician(s) will not exceed \$300 in aggregate Gifts/Benefits during the current fiscal year.

Officer Approval Section for Gifts/Benefits:

By affixing my signature, I attest that consistent with **[Organization Name]** policies and procedures, the above referenced Gift/Benefit will be offered, regardless of whether these individuals refer patients to **[Organization Name]** for services (and, if applicable, to all similarly situated physicians), and the Gift/Benefit being offered does not in any way take into account the volume or value of the Physicians' referrals to **[Organization Name]**. It is also my understanding, as of the date noted below, that the Physician(s) noted above have not, and will not with the above-noted Gift/Benefit, received Gifts/Benefits that exceed \$300 during the fiscal year in which the Gift/Benefit was given.

Signature of Chief Executive Officer or President: _____

Date: _____