



## AMS HCP Expense Reimbursement Request Form

AMS adheres to the AdvaMed Code of Ethics on Interactions with Health Care Professionals, IRS and other pertinent guidelines and regulations regarding reimbursement specifications for travel expenses or other associated expenses. Please enter all **allowable expenses** as defined by the AMS HCP Expense Reimbursement policy and definitions on pages 3-4, in the spaces provided below. To be reimbursed, the following section on the AMS HCP Expense Reimbursement Request must be completed and submitted as soon as possible. **AMS requires original receipts for all non-mileage expenses.** In addition, please note that IRS regulations state that credit card statements are not accepted as sufficient documentation of expenses. AMS assumes that the physician submitting the reimbursement attended an event with duration of one day.

<b>Requester Name (please print):</b>							
<b>Note:</b> The Sub Form W-9 on Page 3 is required for payment.							
<b>Event Name:</b>							
<b>Event Location: (City, State):</b>						<b>Event Date:</b>	
<b>Day Date</b>	<b>Mon / /</b>	<b>Tue / /</b>	<b>Wed / /</b>	<b>Thur / /</b>	<b>Fri / /</b>	<b>Sat / /</b>	<b>Sun / /</b>
GROUND TRANSPORTATION (i.e. taxis, commuter bus, shuttle) :							
PARKING (i.e. hotel/event parking, airport parking):							
NON-AMS PROVIDED MEALS <sup>2</sup> :							
AIRFARE <sup>3</sup>							
LODGING <sup>3</sup> :							
MILEAGE <sup>4</sup> @ \$0.50 per mile: _____ miles x .50 =							
INCIDENTAL EXPENSES <sup>5</sup> :							
<b>Daily Totals:</b>							
<b>Reimbursement Total:</b>							

<sup>2</sup>Except as pre-approved and documented by an **AMS representative**. Breakfast and lunch are provided by the hotel and paid for by AMS at AMS-sponsored **events**. See acceptable spending limits on page 3. Exceptions will be reviewed on a **case-by-case** basis e.g. diet requirements. AMS reserves the right to deny reimbursement for meals, based upon what AMS has determined to be **reasonable** and **modest** and in compliance with applicable state and federal laws, AdvaMed Code of Ethics and other pertinent guidelines and regulations.

<sup>3</sup>Lodging and airfare reimbursements will be reviewed on a **case-by-case** basis. AMS reserves the right to deny reimbursement for airfare and lodging in compliance with AMS' Policies, applicable state and federal laws, AdvaMed Code of Ethics and other pertinent guidelines and regulations. Airfare is booked at the **lowest logical coach airfare** or at the conference rate, whichever is lower, and within a reasonable timeframe. See detailed requirements on page 3.

<sup>4</sup>Mileage reimbursements are for personal car use only. Reimbursement rate is determined by the Internal Revenue Service. Gas is included in the mileage reimbursement and is **not** a separate reimbursement.

<sup>5</sup>See page 3 for detailed requirements.

I have read the attached AMS HCP Expense Reimbursement Policy and definition guidelines and agree to all terms listed. I understand and agree that all expenses submitted are subject to review and approval by AMS, and that AMS reserves the right to deny reimbursement, in full or in part, based upon what AMS has determined to be reasonable and modest and in compliance with IRS regulations, applicable state and federal laws, AdvaMed Code of Ethics and other pertinent guidelines and regulations.

Requester Signature:	Date:
Please Print Name:	

Please mail or fax pages 1-3 of this form with original receipts to:

**American Medical Systems**  
**Attn: Physician Payment Specialist**  
**10700 Bren Road W, Minnetonka, MN 55343**  
**Fax: 952-939-7121**



## AMS HCP EXPENSE REIMBURSEMENT POLICY

<b>Lodging</b> (original receipts are required for this type of expense)	Please call our Travel Desk at least 10 days in advance to make reservations through AMS. Reservations will be made for you by AMS at AMS' contracted hotel. If permissible, AMS will prepay the room rate and applicable tax only. If prepayment is not provided, the hotel room rate and applicable tax will be charged to your credit card. Please note that AMS will not reimburse for any room upgrades and/or other hotel accommodations.
<b>Air Fare</b> (original receipts are required for this type of expense)	<p>All travel arrangements are to be made through the AMS Travel Desk. Please call our Travel Desk at least 10 days in advance to make reservations through AMS.</p> <p>AMS will pay/reimburse*:</p> <ul style="list-style-type: none"> <li>- Airfare at the lowest logical coach price when flight time is less than 7 hours.</li> <li>- Upgradeable Coach-Class fare when one-way flight time is more than 7 hours in duration</li> <li>- Business Class only when one-way, non-stop flight time is more than 9 hours in duration or total flight time requires more than 11 hours in duration</li> </ul> <p>AMS <u>does not reimburse</u> for:</p> <ul style="list-style-type: none"> <li>- expenses associated with the use of privately owned aircraft</li> <li>- airfare for private charter planes</li> </ul> <p><b>*Note:</b> Travelers may upgrade to business or first class using their own frequent flyer miles only; the travel desk may assist you. Some airlines will not allow anyone other than the traveler to upgrade using miles, in which case the traveler will need to contact the airline directly.</p>
<b>Ground Transportation</b> (original receipts are required for this type of expense)	Ground transportation between home, the airport and the meeting location, by shuttle, taxi or commuter bus will be reimbursed.
<b>Parking</b> (original receipts are required for this type of expense)	Includes hotel/event parking, and airport parking for personal car.
<b>Mileage Reimbursement</b>	Ground transportation to/from the HCP's home and the airport and/or to the meeting location or AMS arranged event location. Reimbursement is for use of HCP's personal car in lieu of traveling by commercial airline and will be limited to the lower of \$0.50 per mile or the applicable lowest logical coach airfare.
<b>Modest Meals</b> (original receipts are required for this type of expense)	AMS will reimburse for <u>actual cost</u> of meals in restaurants up to but not to exceed the maximum dollar amount per meal type as follows; Breakfast \$25; Lunch \$50 and Dinner \$125, inclusive of taxes and tips. The allowable amount is restricted to the cost of food and drink for the Health Care Professional only.
<b>Incidental Expenses</b> (original receipts are required for this type of expense with the possible exception of Tips)	<p>AMS will only reimburse reasonable incidental expenses not associated with meals for:</p> <ul style="list-style-type: none"> <li>○ Tips for sky caps, bellmen, etc.</li> <li>○ Tolls</li> <li>○ Snacks and non-alcoholic drinks</li> </ul> <p>● Examples of incidental expenses that will <b>not</b> be reimbursed include:</p> <ul style="list-style-type: none"> <li>○ Hotel and airline movies</li> <li>○ Greens fees, tennis court fees, ski lift tickets, health clubs, etc.</li> <li>○ Reading material not directly related to AMS business</li> </ul>
<b>Guest (Immediate Family, Relative, friend)</b>	In accordance with AdvaMed Code of Ethics and, AMS will not reimburse any expenses for an accompanying spouse, relative or friend, who do not have a bona fide professional interest and business purpose, directly or indirectly associated with the AMS sponsored event.
<b>Other</b>	<b>Some states and countries do not allow or may restrict reimbursement for travel, lodging, meals or other expenses, so the above expense reimbursement policy may not apply to you.</b>

### DEFINITIONS

**Allowable Expenses** refers to those expenses that are approved by AMS, as defined in the AMS HCP Expense Reimbursement policy, and that are in accordance with IRS regulations, AdvaMed Code of Ethics and other pertinent guidelines and regulations.

**AMS Representative** are persons, acting within the scope of their engagement, expressly authorized to act on behalf of AMS under a contract or relationship of agency to sell or market AMS products and services, and who are subject to the control and consent of AMS to act on its behalf.

**Business Purpose** means for the purposes of: 1) explaining the features, use or other important aspects of AMS products; 2) understanding the product-related service or other concerns, needs or demands of a **Customer**; **Case-by-Case** in the context of exceptions refers to either a particular instance of an event or action, or a list of events or actions that are known and can be specifically identified at the time the exception is granted.

**Customer(s)** is any person, other than an individual patient, including, without limitation, any medical or health care professional or entity in a position to purchase, lease, recommend, use, influence or arrange for the purchase or lease of, or prescribe AMS products.

**Lowest Logical Fare** is defined as the most economical airfare available at the time of booking that enables business objectives to be met and ensures effective use of the traveler's time.

**Modest** means (1) with respect to meals and receptions and any other expense for which there are established spending limits, an amount consistent with the Spending Limits.

**Spending Limits** are limits for expenditures permitted under the **AMS HCP Expense Reimbursement Policy**, based on industry standard and in accordance with AdvaMed Code of Ethics and other pertinent guidelines and regulations.

**Training and Education** means training and education to explain the safe and effective use of AMS products, including 1) training on how to use or implant a AMS product which includes via live surgery and cadaver and other lab environments 2) training on indications or therapies appropriate for use of a AMS product, including education regarding product-related disease states and the appropriate use of the product in the continuum of care; and 3) training on the quality, properties and/or design characteristics of a AMS product, to the extent that such training provides health care professionals information on how to use that product safely and effectively.

**AMS sponsored event** includes but is not limited to any marketing presentations, sales presentations, **training and education** events.

This document replaces and supersedes all previous iterations and versions of the HCP Expense Reimbursement Form.



## Substitute Form W-9

**Purpose of Form**

AMS requires that a record be kept of any individual or business that receives a payment from us, whether for services rendered, goods provided or any other circumstance for which monies would be paid. AMS uses the following Substitute W-9 form to create a vendor record for an individual or business. This form also meets the requirements of the IRS Form W-9, Request for Taxpayer Identification Number. An employer identification number, or EIN, is also known as a taxpayer identification number, or TIN.

**Disclosure and Privacy Act Notice**

AMS is requesting your Taxpayer Identification Number (TIN) to satisfy the requirements of Federal and State law. Section 6109 of the Internal Revenue Code requires that you provide your correct TIN to be used on information returns (Forms 1099) filed with the Internal Revenue Service. Your US Taxpayer Identification Number (TIN) must be provided regardless of your tax status in order for payment to be issued. AMS is required to withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not provide a TIN. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment. Failure to provide your TIN could result in backup withholding and penalties. Any penalties assessed against AMS for failure to provide your correct TIN or SSN to federal and state authorities will be passed along to you. If individual payment requests reach and exceed \$600.00, AMS is required to report the amount to the IRS on a 1099 Miscellaneous Income Form. AMS will not disclose your TIN or SSN to anyone outside the company except as mandated by law.

**Please print or type:**

**If check should be payable to an individual, leave business name blank and provide your home address:**

<b>Legal Name</b> (as shown on income tax return):	<b>Business name</b> (if different from Legal Name):
Check appropriate box: <input type="checkbox"/> Individual (not an actual business) <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor (individually owned business) <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____	<b>Social Security Number</b> (Individual or Sole Proprietor) _____ - ____ - _____  <b>Employer Identification Number</b> (Business) ____ - _____
<b>Address</b> (number, street, and apt. or suite no.)	<b>City, state, and ZIP code</b>

<p><b>Certification</b></p> <p>Under Penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> <li>1. The number shown on this form is my correct taxpayer identification number, and</li> <li>2. I am not subject to backup withholding because:                         <ol style="list-style-type: none"> <li>a. I am exempt from backup withholding,</li> <li>b. I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or</li> <li>c. The IRS has notified me that I am no longer subject to backup withholding and</li> </ol> </li> <li>3. I am a U.S. person (including a U.S. resident alien).</li> </ol> <p><b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.</p> <p><b>The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.</b></p>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Signature:</td> <td style="width: 40%; border: none;">Date:</td> </tr> </table>	Signature:	Date:
Signature:	Date:	
Print your name:		