Sunshine Reporting Instructions
Log in to BMS Grants System

First time user? Create your password

Please Log In

* E-mail Address: [Input]
* Password: [Input]

Log In

Forgot your password?

Please note that you must have cookies and JavaScript enabled on your browser in order to successfully log in.
Account Home Page

- Medical Education request
- Charitable request
Request Information

Request ID: [Redacted]

Project Title: [Redacted]

Save and Proceed
Sunshine Report for BMS

Please provide information regarding any Payments or Transfers of Value (POTV) your organization made to a US-licensed physician or a CMS Teaching Institution (referred to as "Covered Recipients" in the Sunshine Act) related to this grant request. Information should be reported to Bristol-Myers Squibb within 30 days from the date that the POTV was made to the covered recipient.

HELPFUL LINKS

NPI Provider/Organization Lookup - this link brings you to a NPI Registry Search to help in locating the NPI Number for a Physician or Organization
Transparency at Bristol-Myers Squibb - link goes to the Transparency page on the Bristol-Myers Squibb website
BMS Sunshine Report Definitions and Information - this link opens a document with definitions and information on the fields to be completed in the Sunshine Report.

* Do you have any POTV to report?
If there is no POTV to submit either now or in the future associated with THIS REQUEST, please select "NO" from the dropdown

Save and Proceed
Any POTV to Report - YES or NO

Sunshine Report for BMS

Please provide information regarding any Payments or Transfers of Value (POTV) your organization made to a US-licensed physician or a CMS Teaching Institution (referred to as “Covered Recipients” in the Sunshine Act) related to this grant request. Information should be reported to Bristol-Myers Squibb within 30 days from the date that the POTV was made to the covered recipient.

* Do you have any POTV to report?
If there is no POTV to submit either now or in the future associated with THIS REQUEST, please select “NO” from the dropdown.

Save and Proceed
POTV to report - “NO”
Once you submit this application, you will be unable to make any further changes! Click OK to submit this application, or click Cancel to continue working on this application.

Review Your Sunshine Report

Please review your Sunshine Report information below.

- Not ready to submit the report? Click the "Save Only" Button. The Sunshine Report can be accessed for further editing on your Account Welcome page.
- Ready to submit? Click the "Submit" button to send the Sunshine Report immediately to Bristol-Myers Squibb.

**NOTE: Once the report is submitted no further edits can be made.**

Request Information

Request ID

Project Title

Sunshine Report for BMS

* Do you have any POTV to report?
  No

Submit  Save Only
Confirmation of Sunshine Report Submission

Thank you! The Sunshine Report was successfully submitted to Bristol-Myers Squibb. There is no further action required at this time. To print a copy of the completed Sunshine Report go to 'File', then 'Print' on your browser toolbar. Click here to return to your applicant homepage when you are finished.

Request Information

Request ID

Project Title

Sunshine Report for BMS

* Do you have any POTV to report?
No
Bristol-Myers Squibb is currently not accepting any applications.

**IME - Impact Reports Requiring Action**

<table>
<thead>
<tr>
<th>Action</th>
<th>Project Title</th>
<th>Report Type</th>
<th>Report Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Due</td>
<td>BMS CUSTOM Sunshine Portlet</td>
<td>12/27/2015</td>
<td></td>
</tr>
<tr>
<td>Due</td>
<td>BMS CUSTOM Sunshine Portlet</td>
<td>01/10/2016</td>
<td></td>
</tr>
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</table>

**IME - Submitted Applications**

*If you need to change the scope of your original application, please click here.*

Display activity for year: 2015 2014

<table>
<thead>
<tr>
<th>Action</th>
<th>Project Title</th>
<th>Application Date</th>
<th>Application Amount</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>BMS CUSTOM Sunshine Portlet</td>
<td>07/03/2014</td>
<td>$10,000.00</td>
<td>Approved</td>
</tr>
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</table>

Submitted Impact Report(s):

- View IME - BMS Contract (Submitted 10/14/2014)
- View IME Activity Follow Up (Submitted 12/02/2014)
- View IME Outcomes (Submitted 02/03/2015)
- View BMS CUSTOM Sunshine Portlet (Submitted 08/27/2015)
POTV to Report - “YES”

**HELPFUL LINKS**

- NPI Provider/Organization Lookup - this link brings you to a NPI Registry Search to help in locating the NPI Number for a Physician or Organization
- Transparency at Bristol-Myers Squibb - link goes to the Transparency page on the Bristol-Myers Squibb website
- BMS Sunshine Report Definitions and Information - this link opens a document with definitions and information on the fields to be completed in the Sunshine Report

**Do you have any POTV to report?**

If there is no POTV to submit either now or in the future associated with THIS REQUEST, please select "NO" from the dropdown.

<table>
<thead>
<tr>
<th>Action</th>
<th>Recipient Type</th>
<th>* Organization Name</th>
<th>* Tax ID/VAT</th>
<th>* First Name</th>
<th>Middle Name</th>
<th>* Last Name</th>
<th>Suffix</th>
<th>Country</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td>Edit</td>
<td>Delete</td>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Showing 1 to 2 of 2 entries

- Create New Payment
- Export to Excel

**Is this your final POTV report for this request?**

If all POTV has been entered and no additional information will be submitted in the future for THIS REQUEST, select “YES” from the dropdown.

- Save and Proceed
Create New Payment Record

HELPFUL LINKS
NPI Provider/Organization Lookup - this link brings you to a NPI Registry Search to help in locating the NPI Number for a Physician or Organization

Transparency at Bristol-Myers Squibb - link goes to the Transparency page on the Bristol-Myers Squibb website

BMS Sunshine Report Definitions and Information - this link opens a document with definitions and information on the fields to be completed in the Sunshine Report

* Do you have any POTV to report?
If there is no POTV to submit either now or in the future associated with THIS REQUEST, please select "NO" from the dropdown

Yes

<table>
<thead>
<tr>
<th>Action</th>
<th>Recipient Type</th>
<th>* Organization Name</th>
<th>* Tax ID/VAT</th>
<th>* First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Suffix</th>
<th>Country</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edit</td>
<td>Individual</td>
<td>Dsdf</td>
<td>adsf</td>
<td>United States</td>
<td>aasdf</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Showing 1 to 1 of 1 entries

Is this your final POTV report for this request?
If all POTV has been entered and no additional information will be submitted in the future for THIS REQUEST, select "YES" from the dropdown.

Yes

Save and Proceed
New Payment Record Screen

BMS SUNSHINE ACT REPORTING

Click BMS Sunshine Report Definitions and Information for additional information on each field below

* Recipient Type
  * Country United States
  * Address 1
    * Address 2 ex. PO Box, Floor and Room Number, etc.
  * City
  * State
  * Zip/Postal Code

* NPI or License Number
  Provide NPI Number for the Individual or Organization being reported. In the event an NPI number does not exist for an Individual, please provide the Individual’s License Number and provide the State in which the Individual is licensed to practice in the next question. NPI Provider/Organization Lookup

License State
Enter the two (2) letter code of the State in which the Individual is licensed to practice. If the recipient is an Organization, type in “NA”. The two letter State code can be found in the BMS Sunshine Report Definitions. The link is located at the top of this page.

* Payment Type
  NOTE: For payments where the Recipient Type is Organization the Payment Types “Travel and Lodging - Individual” and “Food and Beverage” are not applicable.

* Currency Type for Expense
  USD - US Dollar

* Payment Amount
  Enter Payment Amount in the Currency that payment was issued. Ex. If payment was made in Canadian Dollar, enter Amount in Canadian Dollars.

* Payment Date
  Enter Payment Date according to the criteria in the BMS Sunshine Report Definitions. The link is located at the top of this page.
  (MM/DD/YYYY)

Event Country
Recipient Type = Organization
NPI number is required
License State – N/A

Recipient Type = Individual
NPI is the PREFERRED value for this field
and License State = N/A

If the Individual does not have an NPI – enter in the License Number and License State (2 letter State code)
Payment Type – the following values are not applicable for Recipient Type = Organization

1. Food and Beverage
2. Travel and Lodging
Recipient Type = Individual
Payment Type = Travel and Lodging

Additional fields will appear at bottom of screen:

City of Travel
State of Travel
Country of Travel

These fields are required and must have a value for the payment to be saved.
<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Address 1</strong></td>
<td>adfs</td>
</tr>
<tr>
<td><strong>Address 2</strong></td>
<td>ex. P.O. Box, Floor and Room Number</td>
</tr>
<tr>
<td><strong>City</strong></td>
<td>adfs</td>
</tr>
<tr>
<td><strong>State</strong></td>
<td>Alaska</td>
</tr>
<tr>
<td><strong>Zip/Postal Code</strong></td>
<td>986968</td>
</tr>
<tr>
<td><strong>NPI or License Number</strong></td>
<td>Provide NPI Number for the Individual Number and provide the State in 56366</td>
</tr>
<tr>
<td><strong>License State</strong></td>
<td>Enter in the two (2) letter code found in the BMS Sunshine Reg bdv</td>
</tr>
<tr>
<td><strong>Payment Type</strong></td>
<td>NOTE: For payments where the Reason is Travel and Lodging - Individually</td>
</tr>
<tr>
<td><strong>Currency Type for Expense</strong></td>
<td>USD - US Dollar</td>
</tr>
<tr>
<td><strong>Payment Amount</strong></td>
<td>Enter Payment Amount in the Currency 345.00</td>
</tr>
<tr>
<td><strong>Payment Date</strong></td>
<td>Enter Payment Date according to 02/02/2014 (MM/DD/YYYY)</td>
</tr>
<tr>
<td><strong>City of Travel</strong></td>
<td>fg</td>
</tr>
<tr>
<td><strong>State of Travel</strong></td>
<td>Georgia</td>
</tr>
<tr>
<td><strong>Country of Travel</strong></td>
<td>Austria</td>
</tr>
<tr>
<td><strong>Event Country</strong></td>
<td>Australia</td>
</tr>
<tr>
<td><strong>Event Province</strong></td>
<td>sfdg</td>
</tr>
</tbody>
</table>
Other Payment Options

Options:
1. If you do not have any additional payments to enter or edit – click DONE
2. If you have another payment to enter – click ADD NEW
3. If you want to make an exact copy of the payment on your screen – click COPY PAYMENT(S)
4. If you want to delete the payment on your screen – click DELETE
Payment - Export to Excel

Do you have any POTV to report?
If there is no POTV to submit either now or in the future associated with THIS REQUEST, please select "NO" from the dropdown.

Yes

<table>
<thead>
<tr>
<th>Action</th>
<th>Recipient Type</th>
<th>* Organization Name</th>
<th>* Tax ID/VAT</th>
<th>* First Name</th>
<th>Middle Name</th>
<th>* Last Name</th>
<th>Suffix</th>
<th>Country</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edit</td>
<td>Individual</td>
<td>Dscf</td>
<td>asdf</td>
<td>United States</td>
<td>aasdf</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Edit</td>
<td>Individual</td>
<td>dfa</td>
<td>adf</td>
<td>United States</td>
<td>adf</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Showing 1 to 2 of 2 entries

Create New Export to Excel

Is this your final POTV report for this request?
If all POTV has been entered and no additional information will be submitted in the future for THIS REQUEST, select "YES" from the dropdown.

Save and Proceed
View of Payment(s) in Excel

<table>
<thead>
<tr>
<th>Organization Name</th>
<th>Tax ID or VAT Number</th>
<th>HCP First Name</th>
<th>HCP Middle Name</th>
<th>HCP Last Name</th>
<th>Physician Suffix</th>
<th>NPI/License</th>
<th>NPI/ #</th>
<th>License #</th>
<th>Expense Type</th>
<th>Expense Amount</th>
<th>Expense Date</th>
<th>Currency Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test1</td>
<td>Test1</td>
<td>First Name</td>
<td>Middle Name</td>
<td>Last Name</td>
<td>Suffix</td>
<td>Yes</td>
<td>1111</td>
<td></td>
<td>Grant</td>
<td>1000</td>
<td>04/01/2015</td>
<td>USD</td>
</tr>
<tr>
<td>Test2</td>
<td>Test2</td>
<td>First Name</td>
<td>Middle Name</td>
<td>Last Name</td>
<td>Suffix</td>
<td>Yes</td>
<td>1111</td>
<td></td>
<td>Travel and Lodging</td>
<td>5000</td>
<td>04/01/2015</td>
<td>USD</td>
</tr>
</tbody>
</table>
### Payment - Record Editing

**Do you have any POTV to report?**
If there is no POTV to submit either now or in the future associated with THIS REQUEST, please select "NO" from the dropdown.

<table>
<thead>
<tr>
<th>Action</th>
<th>Recipient Type</th>
<th><em>Organization Name</em></th>
<th><em>Tax ID/VAT</em></th>
<th><em>First Name</em></th>
<th><em>Middle Name</em></th>
<th><em>Last Name</em></th>
<th>Suffix</th>
<th>Country</th>
<th>Address 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edit</td>
<td>Individual</td>
<td>Dsdf</td>
<td>adsf</td>
<td>United States</td>
<td>asdf</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Edit</td>
<td>Individual</td>
<td>dfa</td>
<td>adf</td>
<td>United States</td>
<td>adf</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Search:**

- **Scroll Bar**

**Is this your final POTV report for this request?**
If all POTV has been entered and no additional information will be submitted in the future for THIS REQUEST, select "YES" from the dropdown.

- **Save and Proceed**
**Payment Record - Deletion**

*Do you have any POTV to report?*
If there is no POTV to submit either now or in the future associated with THIS REQUEST, please select "NO" from the dropdown.

<table>
<thead>
<tr>
<th>Action</th>
<th>Recipient Type</th>
<th>* Organization Name</th>
<th>* Tax ID/VAT</th>
<th>* First Name</th>
<th>* Middle Name</th>
<th>* Last Name</th>
<th>Suffix</th>
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<th>Address 1</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Dsdf</td>
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<td>adsf</td>
<td></td>
<td></td>
<td></td>
<td>United States</td>
<td>aasdf</td>
</tr>
</tbody>
</table>

**Is this your final POTV report for this request?**
If all POTV has been entered and no additional information will be submitted in the future for THIS REQUEST, select "YES" from the dropdown.

[Save and Proceed]
Please provide information regarding any Payment to a Physician or a CMS Teaching Institution (referred to as "Covered Recipient") exceeding $10,000.00 within 30 days from the date that the Covered Recipient provided services reported to Bristol-Myers Squibb.

**HELPFUL LINKS**
- NPI Provider/Organization Lookup - link goes to the Transparency page on the Bristol-Myers Squibb website
- Transparency at Bristol-Myers Squibb - link goes to the Transparency page on the Bristol-Myers Squibb website
- BMS Sunshine Report Definitions and Information - this link opens a document with definitions and information on the fields to be completed in the Sunshine Report

**Do you have any POTV to report?**
If there is no POTV to submit either now or in the future associated with THIS REQUEST, please select "NO" from the dropdown.

<table>
<thead>
<tr>
<th>Action</th>
<th>Recipient Type</th>
<th>Organization Name</th>
<th>* Tax ID/VAT</th>
<th>* First Name</th>
<th>Middle Name</th>
<th>* Last Name</th>
<th>Suffix</th>
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<th>Address 1</th>
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<td>adf</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Showing 1 to 2 of 2 entries

**Is this your final POTV report for this request?**
If all POTV has been entered and no additional information will be submitted in the future for THIS REQUEST, select "YES" from the dropdown.

- [Create New](#)
- [Export to Excel](#)
- [Save and Proceed](#)
**Submitting Payment(s)**

---

**Do you have any POTV to report?**

If there is no POTV to submit either now or in the future associated with THIS REQUEST, please select "NO" from the dropdown.

<table>
<thead>
<tr>
<th>Action</th>
<th>Recipient Type</th>
<th>Organization Name</th>
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<th>Middle Name</th>
<th>Last Name</th>
<th>Suffix</th>
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<th>Address</th>
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</thead>
<tbody>
<tr>
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<td>adsf</td>
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<td></td>
<td></td>
<td></td>
<td>United States</td>
<td>adf</td>
</tr>
</tbody>
</table>

Showing 1 to 2 of 2 entries

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**Is this your final POTV report for this request?**

If all POTV has been entered and no additional information will be submitted in the future for THIS REQUEST, select "YES" from the dropdown.
Final POTV Report - “NO”

Review Your Sunshine Report

Please review your Sunshine Report information below.

- Not ready to submit the report? Click the "Save Only" Button. The Sunshine Report can be accessed for further editing on your Account Welcome page.
- Ready to submit? Click the "Submit" button to send the Sunshine Report immediately to Bristol-Myers Squibb.

NOTE: Once the report is submitted no further edits can be made.

Request Information

<table>
<thead>
<tr>
<th>Request ID</th>
<th>Project Title</th>
</tr>
</thead>
</table>

Sunshine Report for BMS

<table>
<thead>
<tr>
<th>Recipient Type</th>
<th>Recipient ID/Name</th>
<th>Country</th>
<th>Address 1</th>
<th>Address 2</th>
<th>City</th>
<th>State</th>
<th>Zip/Postal Code</th>
<th>NPI or License Number</th>
<th>License Status</th>
<th>Payment Type</th>
<th>Payment Type for Expense</th>
<th>Payment Amount</th>
<th>Payment Date</th>
<th>City of Travel</th>
</tr>
</thead>
</table>
Final POTV - “YES”
Review Your Sunshine Report

Please review your Sunshine Report information below.

- Not ready to submit the report? Click the "Save Only" Button. The Sunshine Report can be accessed for further editing on your Account Welcome page.
- Ready to submit? Click the "Submit" button to send the Sunshine Report immediately to Bristol-Myers Squibb.

*NOTE: Once the report is submitted no further edits can be made.*

Request Information

Sunshine Report for BMS

* indicates required field

<table>
<thead>
<tr>
<th>Do you have any POTV to report?</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recipient Type</td>
<td>Individual</td>
</tr>
<tr>
<td>Organization Name</td>
<td>djk; Uninc.</td>
</tr>
<tr>
<td>Tax ID/VAT Name</td>
<td>kjjk</td>
</tr>
<tr>
<td>First Name</td>
<td>kj; AZ</td>
</tr>
<tr>
<td>Middle Name</td>
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</tr>
<tr>
<td>Address 1</td>
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<td>Address 2</td>
<td>kj</td>
</tr>
<tr>
<td>City</td>
<td>kj</td>
</tr>
<tr>
<td>State</td>
<td>kj</td>
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<tr>
<td>Province</td>
<td>kj</td>
</tr>
<tr>
<td>Zip/Postal Code</td>
<td>kj</td>
</tr>
<tr>
<td>NPI or License Number</td>
<td>kj</td>
</tr>
<tr>
<td>Payment Type</td>
<td>kj</td>
</tr>
<tr>
<td>Compensation for speaker/facult</td>
<td></td>
</tr>
</tbody>
</table>

Is this your final POTV report for this request? Yes

Submit  Save Only
Please review your Sunshine Report in its entirety prior to submission.

- Not ready to submit the report? Click the "Save Only" button to save your report for later editing.
- Ready to submit? Click the "Submit" button to submit your report.

NOTE: Once the report is submitted, no further edits can be made.

Request Information

Request ID

Project Title

Sunshine Report for BMS

* Do you have any POTV to report?
Yes

Recipient * Organization * Tax * First Middle * Last Suffix * Country * Address 1 * Address 2 * City * State * Province * Zip/Postal Code * NPI or License * License State * Number * Payment Type

1 - Individual  
dfjk;  
kj; k  
United States  
k;  
AZ  
90909  
888  
nj  
Compensation for speaker/facult...

Export to Excel

Is this your final POTV report for this request?
Yes

Submit  
Save Only
Confirmation of Sunshine Report Submission

Thank you! The Sunshine Report was successfully submitted to Bristol-Myers Squibb. There is no further action required at this time. To print a copy of the completed Sunshine Report go to 'File', then 'Print' on your browser toolbar. Click here to return to your applicant homepage when you are finished.

Request Information

* Do you have any POTV to report?
  Yes

Sunshine Report for BMS

<table>
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<tr>
<th>Recipient Type</th>
<th>Recipient Name</th>
<th>Organization Name</th>
<th>Tax ID/VAT Name</th>
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<th>First Name</th>
<th>Country</th>
<th>Address</th>
<th>Address City</th>
<th>Zip/Postal Code</th>
<th>State</th>
<th>Payment Type</th>
<th>Currency Type for Expense</th>
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<td>kj; AZ</td>
<td>90099</td>
<td>nj</td>
<td>888</td>
<td>Compensation for speaker/facult...</td>
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Is this your final POTV report for this request?
Yes
View Submitted Sunshine Report

Bristol-Myers Squibb is currently not accepting any applications.

IME - Submitted Applications

Display activity for year: 2015-2014

Action: View
Project Title: Updates in Rheumatology
Application Date: [redacted]
Application Amount: [redacted]
Status: Approved

Submitted Impact Report(s):

View: BMS CUSTOM Sunshine Portlet (Submitted 06/30/2015)
Submitted Sunshine Report

Submitted Sunshine Report(s) appear below. Click here to return to the applicant homepage.

Request Information

Request ID: [redacted]
Project Title: [redacted]

Sunshine Report for BMS
* indicates required field

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<th>Zip/Postal Code</th>
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<th>License State</th>
<th>Payment Type</th>
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</table>

Export to Excel

Is this your final POTV report for this request?
No
Useful Links
NPI Provider Lookup

NPI Registry Search

Please enter data for at least one of the following fields. If searching on Practice Address State, you must enter data for at least one other field. To perform a wildcard search, at least two characters must be entered before the "*". For example, to search for data beginning with "Ch", enter "Ch*". Wildcard searches are only available on the Provider First Name, Provider Last Name and Practice Address City fields. Information in the NPI Registry is updated daily.

NPI
Provider First Name
Provider Last Name
Practice Address City
Practice Address State
Practice Address Zip

The following security image contains an obscured sequence of characters that is detectable only by human users:

Refresh Security Image

* Enter the characters from the security image (letters are case sensitive):

Search  Reset  Back
NPI Registry Search

Please enter data for at least one of the following fields. If searching on Practice Address State, you must enter data for at least one other field. To perform a wild card search, at least two characters must be entered before the "*". For example, to search for data beginning with "Ch", enter "Ch*". Wild card searches are only available on the Provider First Name, Provider Last Name and Practice Address City fields.

Information in the NPI Registry is updated daily.

NPI
Provider First Name
Provider Last Name
Practice Address City
Practice Address State
Practice Address Zip

The following security image contains an obscured sequence of characters that is detectable only by human users:

Enter the characters from the security image (letters are case sensitive):

[Security Image]

[Search] [Reset] [Back]
Transparency at Bristol-Myers Squibb

We believe in providing an open environment to help build a foundation of trust and respect among our colleagues, health care professionals, patients, stockholders and the public. We operate our business with high standards of business integrity and ethics; complying with the letter and spirit of current laws and regulations. We strongly believe in the importance of making information about our medicines available as we continue to seek a better understanding of the needs of our patients and customers. We are committed to disclosing information about our business in the following areas:

**Clinical Trials**
As a company, we are dedicated to educating our patients, medical/research communities, the media, policy makers and the general public. We believe in the integrity of the information we collect and are committed to communicating our data.

**Grants & Giving**
We address areas of community and current medical need through a variety of grant-making programs, each with its own focus. We are committed to making information about our giving and grant-making available to the public.

**Interactions with Health Care Professionals**
We support the Physician Payments Sunshine Act as an expansion of our own efforts to increase public awareness of the positive role that physician-industry collaboration plays in helping patients prevail over serious diseases.

**What We Support**

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Enhancing health outcomes around the world
Questions?

If you have any questions or a report was submitted in error you can contact BMS via:

- **Email address**
  - Include the Request ID number and Project Title in your email
  - Medical education - mededadministration@bms.com
  - Charitable - CorporateGivingAdministration@bms.com

- **Phone**
  - 1-800-831-9008
  - 8:00 am to 4:00 pm EST