

Medical Sales Meetings Compliance Policy: How to Meet With Us

Introduction. The Doctors of San Mateo Podiatry Group have adopted this policy to comply with United States Federal¹ and California State² law regarding payments and other transfers of value, as well as in the interest of business efficiency and time management.

Invitation Only and Pre-Approval. All meetings are by invitation only. We don't take sales meetings; we extend invitations when we're genuinely interested in learning about a company, product or service.

- Please submit all meeting requests through email and attach any relevant marketing collateral in PDF format to meetings@sanmateopodiatrygroup.com. Please, no paper marketing collateral unless requested.
- All capital equipment and purchased therapy sales presentations **must** be accompanied by a [five year annualized return on investment](#) spreadsheet in .xls or Google Sheets format.

Should your meeting request be accepted, Please review the requirements, below and prepare and include answers to the frequently asked questions located on the second page.

Logistics

1. Agenda

- a. Introductions, Brief Practice History and Tour
- b. Presentation
- c. Questions (See next page)

2. In Office Meetings: Working Lunch from 12:00 - 12:30 PM

- a. Please consult with the Doctors' assistants for preferred vendors.

3. Outside Lunch and Dinner Meetings (90-120 Minutes) Preferred Locations:

San Francisco: [Kokkari Estiatorio, 200 Jackson Street \(at Front Street\) 415.981.0983](#)

Palo Alto: [Evia Estiatorio, 420 Emerson Street, Tel: 650.326.0983](#)

Los Altos: [Los Altos Grill, 233 3rd Street, 650.948.3524](#)

Los Gatos: [Dio Deko, 210 East Main Street, 408.354.7700](#)

¹ [Physician Payments Sunshine Act, a component of the 2010 Patient Protection and Affordable Care Act](#)

² California Assembly Bill Number 1278 (AB 1278)

Advanced Preparation, Frequently Asked Questions

Medicine

1. What is the technology's benefit to the patient, and what's the clinical and practice benefit to the Doctor? What distinguishes it from existing technology? What are its advantages? What are its disadvantages?
2. What is the notable research associated with treatment and outcomes? Are there any professional society guidelines relative to this technology?
3. Pretend you're presenting this to a client who would benefit.
 - a. How can we explain the diagnosis and therapy to the patient in simple terms?
 - b. What is the value associated with treatment in terms of time?
 - c. What is the cost of inaction or non-treatment, associated in time?
 - d. If a patient has a finance barrier, how would you overcome that barrier?

Business

1. How is this reimbursed? Is this technology paid by the patient or billed to insurance? What is the average price point if paid by the patient? What is the CPT® code and local area reimbursement, if billed to insurance?
2. Is there a [Medicare Local or National Carrier Determination](#) or [Billing Article](#) that covers this technology?
3. Please walk me through your return on investment, including financing cost, interest expense, supply and warranty costs. What is the breakeven point?

Tell Us About Your Company

1. Are you a corporate member of the [American College of Foot and Ankle Surgeons](#)?
2. If publicly traded, what is your company's market capitalization, last year's annual revenue, and earnings multiple? If private, what was your latest funding round and valuation?
3. What other companies have similar technology? Who do you consider to be your competitors?
4. What's the cost of the implant or tech? In your opinion, how is the value delivered greater than the cost?
5. Does your organization have pricing agreements with AmSurg Surgery Centers or local hospitals, including St. Mary's Medical Center, El Camino Hospital, and Sutter Health?
6. Who are the Doctors who developed this technology, or are receiving royalties or getting compensated when other Doctors use it?³

³ There are unfortunately, a small group of Doctors who develop intellectual property and work with industry, while simultaneously espousing professionally discriminatory stances at a time when the healthcare sector is under attack. This inherent conflict is a broken promise to patient care, it's both bad medicine and bad business.