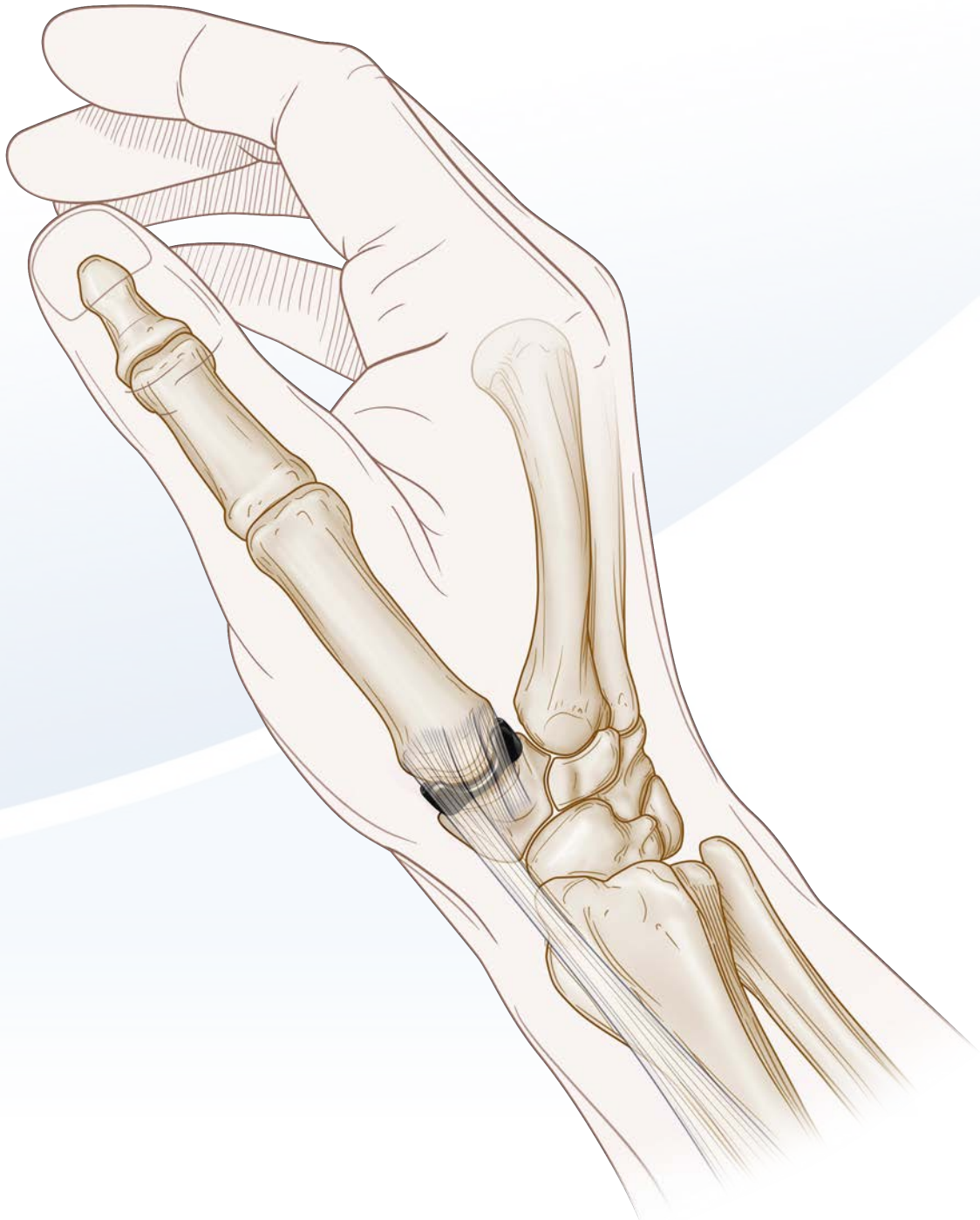
SALES RESOURCE GUIDE

ENSEMBLE ORTHOPEDICS INC

Affirmative Solutions: Sales Process in VA Facilities

Revision: 24 March 2026



CONFIDENTIAL

INTRODUCTION: *Who is Affirmative Solutions?*

Affirmative Solutions is a medical device and surgical solution distributor/wholesaler headquartered near Atlanta, Georgia. They are a U.S. Service-Disabled-Veteran owned small business who market and resell products to Veteran Affairs (VA), Departments of Defense (DoD) and Indian Health (IH).

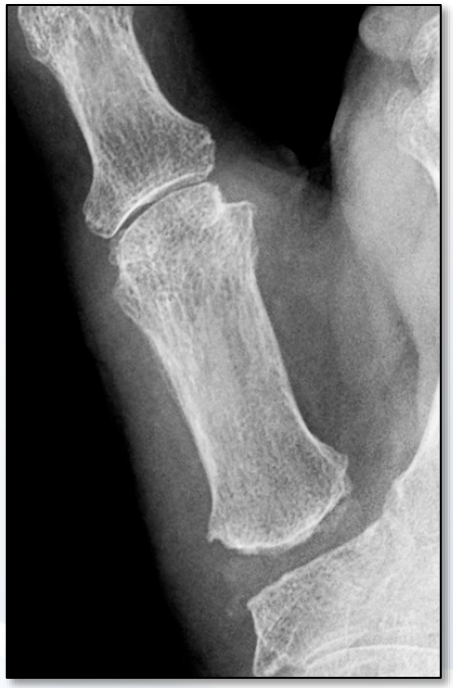
Ensemble has contracted with Affirmative Solutions to provide sales access to Veterans Affairs (**VA-FSS**) and Departments of Defense (DoD-ECAT) facilities across the United States.

INTRODUCTION: *Who does the Distributor Represent?*

To avoid confusion or paperwork delays, Distributors and Reps should ***present themselves as Affirmative Solutions sales representatives*** when supplying Ensemble products to these facilities. Distributor names should not be included on any paperwork and reps will not request POs directly from facility.

Local reps supply product from their usual consignment or a loan set (ideally requested two weeks prior to case date) and be paid commission as agreed by Ensemble.

VA FACILITIES: *Contracted vs. Commission Pricing*



VA-FSS contracted sales price = **$3974.42**

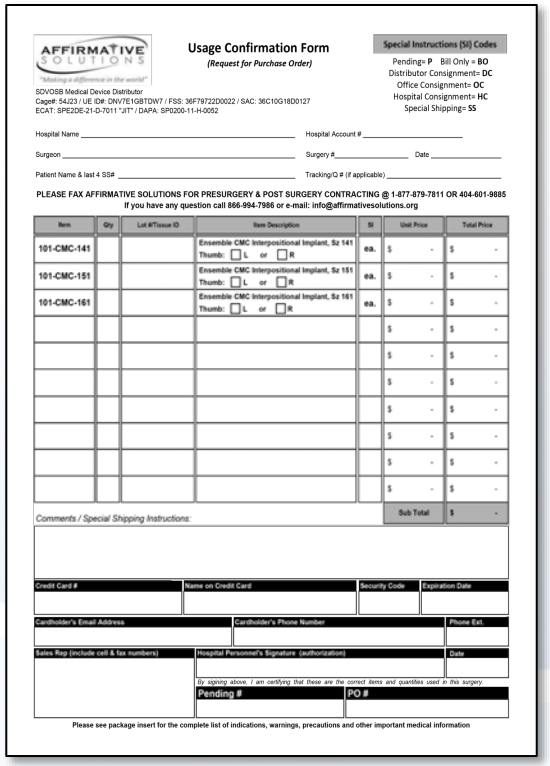
This is the price to enter on Usage Confirmation Form.

Price for commission calculation = $3486.34

This is the final price paid to Ensemble after Affirmative Solutions handling fees are deducted.

NOTE: POs are requested by Affirmative Solutions

VA FACILITIES: *Sales & Case Reporting Process*



AFFIRMATIVE SOLUTIONS
"Making a difference in the world"

Usage Confirmation Form
(Request for Purchase Order)

SDVOSB Medical Device Distributor
Cage#: 54J23 / UE ID#: DNV7E1GBTDW7 / FSS: 36F79722D0022 / SAC: 36C10G18D0127
ECAT: SPE2DE-21-D-7011 "JIT" / DAPA: SP0200-11-H-0052

Special Instructions (SI) Codes
Pending= P Bill Only = BO
Distributor Consignment= DC
Office Consignment= OC
Hospital Consignment= HC
Special Shipping= SS

Hospital Name _____ Hospital Account # _____
Surgeon _____ Surgery # _____ Date _____
Patient Name & last 4 SS# _____ Tracking/Q # (if applicable) _____

PLEASE FAX AFFIRMATIVE SOLUTIONS FOR PRESURGERY & POST SURGERY CONTRACTING @ 1-877-879-7811 OR 404-601-9885
If you have any question call 866-994-7986 or e-mail: info@affirmativesolutions.org

Item	Qty	Lot #/Tissue ID	Item Description	SI	Unit Price	Total Price
101-CMC-141			Ensemble CMC Interpositional Implant, Sz 141 Thumb: ☐ L or ☐ R	ea.	$ -	$ -
101-CMC-151			Ensemble CMC Interpositional Implant, Sz 151 Thumb: ☐ L or ☐ R	ea.	$ -	$ -
101-CMC-161			Ensemble CMC Interpositional Implant, Sz 161 Thumb: ☐ L or ☐ R	ea.	$ -	$ -
					$ -	$ -
					$ -	$ -
					$ -	$ -
					$ -	$ -
					$ -	$ -
					$ -	$ -
					$ -	$ -
					Sub Total	$ -

Comments / Special Shipping Instructions:

Credit Card #	Name on Credit Card	Security Code	Expiration Date

Cardholder's Email Address	Cardholder's Phone Number	Phone Ext.

Sales Rep (include cell & fax numbers)	Hospital Personnel's Signature (authorization)	Date

By signing above, I am certifying that these are the correct items and quantities used in this surgery.

Pending #	PO #

Please see package insert for the complete list of indications, warnings, precautions and other important medical information

FOLLOWING EACH CASE:

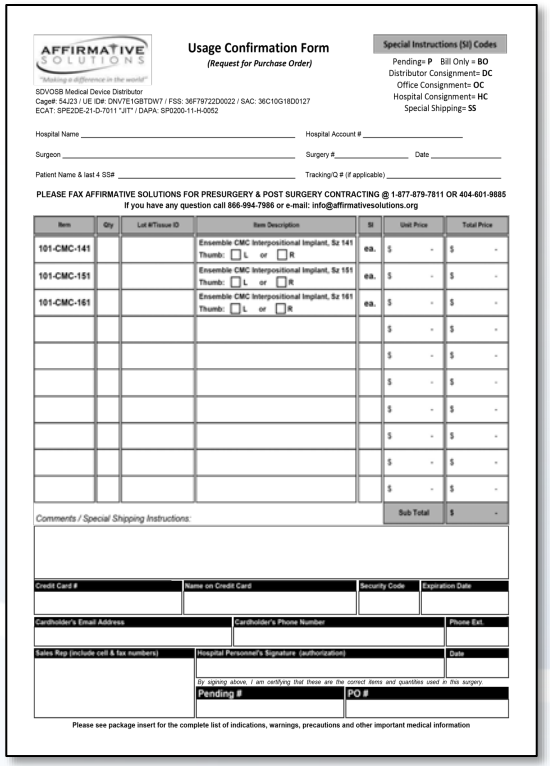
1. **Complete** the provided Affirmative Solutions **Usage Confirmation Form** (see highlights on slides 7-8).

2. **Ask OR staff to sign form** confirming product listed was used in the procedure.

3. **Leave a copy with OR staff**, and email a scan or photo to **customercare@ensembleortho.com**

   (NOTE: In some facilities, OR staff may ask Rep to leave the Usage Form with their Prosthetics Department.)

VA FACILITIES: *Sales & Case Reporting Process (continued)*



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					$ -	$ -
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4. **Depart with remaining stock or loan sets.** Please do not leave implants or instruments at any VA facility.
5. **Ensemble will send Usage Form** to Affirmative Solutions and **schedule product restock** as usual.
6. **Affirmative will request a PO** from the local VA facility. *To avoid confusion, please do not request POs directly.*
7. **Ensemble will forward the PO** upon receipt to the local Rep/Distributor and **schedule Commission payments**.
8. **Commissions paid** as agreed by Ensemble.

VA FACILITIES: *Completing Usage Confirmation Form*

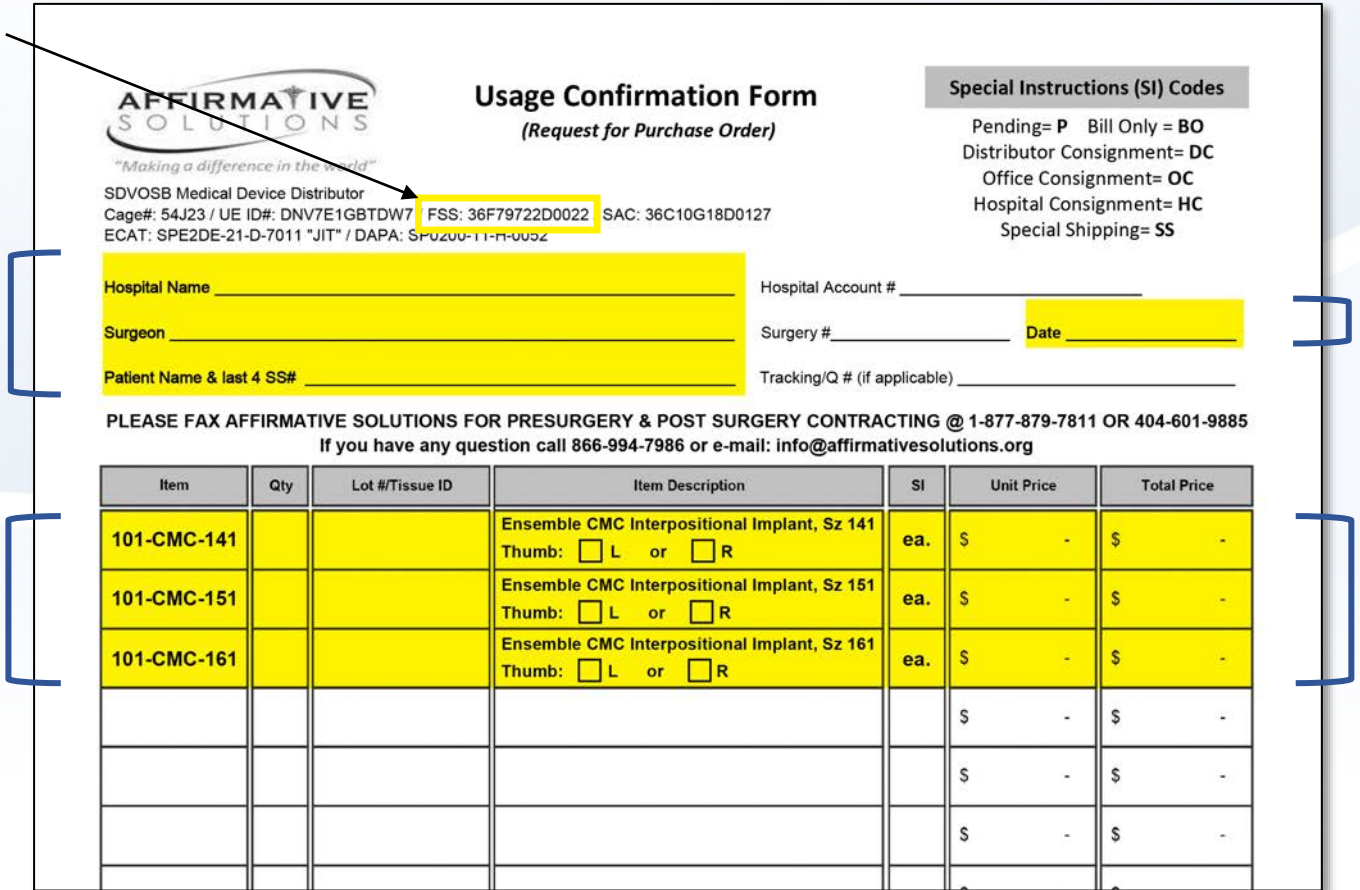
Affix the facility's patient label and the Ensemble device label (from inside product box) to each form and complete highlighted information.

36F79722D0022

(FSS number assigned to Affirmative Solutions for Ensemble CMC implants)

Facility, Surgeon, & Patient Name with last 4 digits of SS#

Product Used with Qty, Lot Number, and L or R thumb



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					$ -	$ -
					$ -	$ -
					$ -	$ -

Date of Surgery

Contracted Price:
VA = $3974.42

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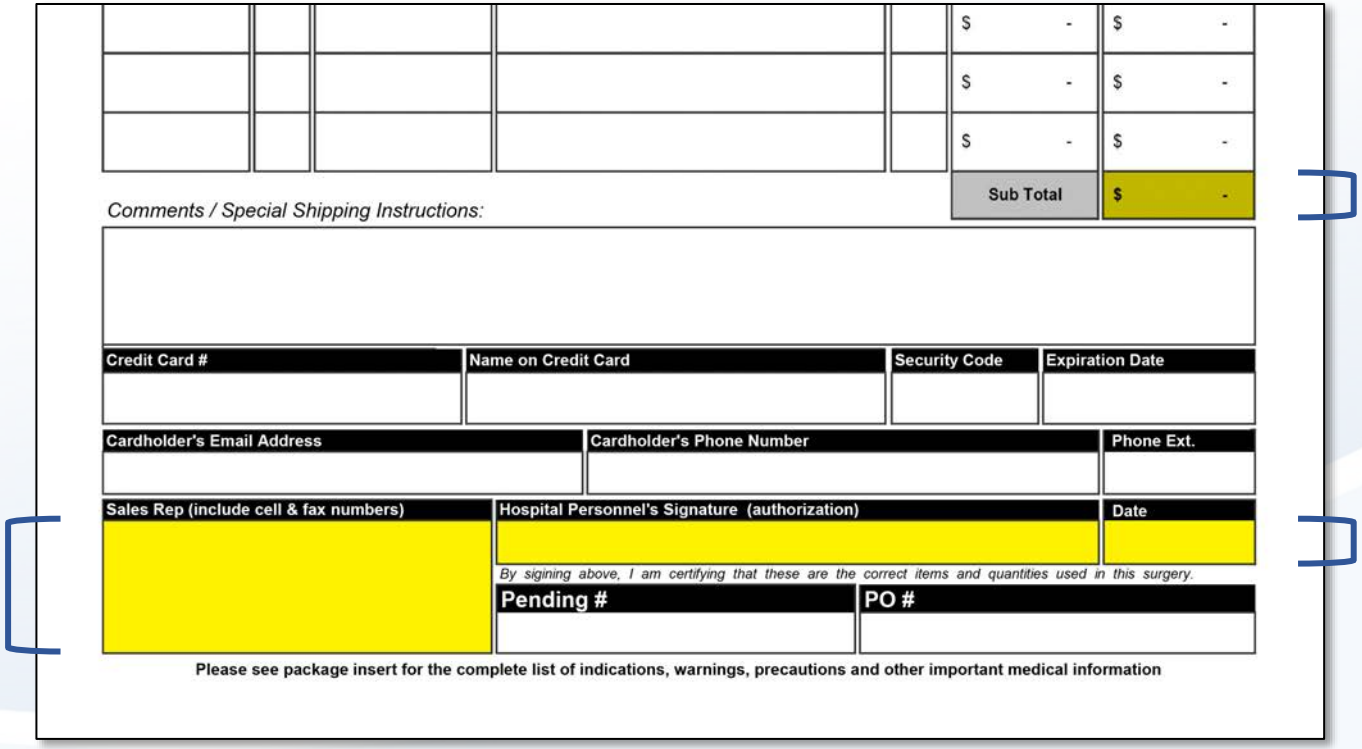
VA FACILITIES: *Completing Usage Form (continued)*



						$ -	$ -
						$ -	$ -
						$ -	$ -
						Sub Total	$ -

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Please see package insert for the complete list of indications, warnings, precautions and other important medical information

Total Sale Amount

OR Signature with Date

Local Rep Name with Phone Number

(Please DO NOT include Distributor Name)

*After completing the Usage Form, **leave a copy with OR staff** and email a scan or photo to: **customercare@ensembleortho.com***

NEED HELP ?

Customer Support

Affirmative Solutions Customer Support

866-994-7986 info@affirmativesolutions.org

Ensemble Customer Support

512-638-3598 customercare@ensembleortho.com