Summary of Physician's Monthly Statement

EXHIBIT A - EXAMPLE 1

Physician Information	
Physician's Name *(required)*	**Report for the Month/Year** *(required)*

Date	Description of Work	Time (15 minute increments)
	TOTAL	

ATTESTATION STATEMENT

I certify the above information to be a true and attest to the accuracy.

Physician's Signature (required)	Title	Date (MM/DD/YYYY)
Service Line Director Signature (required)	Title	Date (MM/DD/YYYY)
CAO or CMO Signature (required)	Title	Date (MM/DD/YYYY)

TIME RECORDS ARE DUE BY THE 5TH OF EACH MONTH. THE HOSPITAL SHALL NOT ACCEPT NOR SHALL PAYMENT BE ISSUED FOR TIME RECORDS SUBMITTED BY PHYSICIAN (OR HIS/HER DESIGNEE) SIXTY DAYS OR MORE PAST THE DUE DATE.

Summary of Physician's Time Allocation

Physician Information	
Physician's Name (required)	**Report for the Month/Year** (required)

Administrative Services	Hours
Policies/Procedures/Protocols	
QA & I Activities	
Patient Care Consultation	
Equipment Selection/Advice	
In-Services/Education	
Budget Development/Planning	
Presentations to Medical Staff, Hospital Board or Hospital Administrative Personnel	
Medical Liaison	
Regulatory Surveys, TJC	
Other	

Physician's Signature (required) _____ Title _____ Date (MM/DD/YYYY) _____

Co-Management Agreement Time Document

EXHIBIT A - EXAMPLE 3

Physician Information	
Physician's Name (required)	**Report for the Month/Year** (required)

Date	Activity	Dedicated Time (Minutes)
	Meeting Attendance	
	Quality, Utilization Review	
	Peer Review	
	Staff Education Session(s)	
	Policy and Procedure Review/Revision	
	Operations and HR/Staffing Input	
	Budget - Operational, Capital	
	Community Outreach	
	Collegial Outreach	
	APP Protocol Review/Revision	
	Risk Management	
	Other (specify)	
	Other (specify)	
	Other (specify)	
	Other (specify)	

Physician's Signature (required) _____ Title _____ Date (MM/DD/YYYY) _____