## PHYSICIAN NAME:

FOR THE ONE WEEK PERIOD ENDING :

SUNDAY 7/23/2017

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	DATES>>>			1. C					
A.	DESCRIPTION OF SERVICES: PROVIDER SERVICES	PLEASE FILL	THE NUMBER	OF HOURS PF	OVIDED FOR	EACH SERVI	CES BELOW:		
1.10	I - TEACHING, EVALUATION AND MANAGEMENT SERVICES:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL
	Time used for the presence and participation of teaching in the evaluation and management of patient care services and time used for documenting the requirements for evaluation of patient's medical history, examination performed, and/or the complexity of the decision making.								
	Time used of the teaching physician (without physical presence ) to review with resident during or immediately after each visit of the patients medical history, physical examination, diagnosis and record of test and therapies.								
	Time used in management responsibilities for those patients seen by residents to ensure that the patient's services furnished are appropriate.								
	Coordinate of care furnished by other physicians and providers.								
	II - SUPERVISION (Clinics and Hospitals)								
	Time used in the supervision for physicians, assistants, nurses and other staff in accordance with all applicable laws and regulations and annual performance review.								
	Supervision includes: General supervision. Direct supervision and Personal supervision as defined in Section 410.32(b) of the Code of Federal Regulations (CFR). See notes below (1)								
	III - ADMINISTRATION (Clinics and Hospital)								
	Time used in utilizing review and coordination of care, assistance and support in implementing patient care policies and procedures for performance improvement and proper standards.								
	Time used in research and development of training materials required for teaching.								
Ļ	IV - OTHER ( Please describe below) "Do not count call time"								
	SUB-TOTAL OF A (ABOVE) "Do not count call time"								
в.	DIRECT MEDICAL & SURGICAL SERVICES TO INDIVIDUAL PATIENTS								
C.	NON-COVERED ACTIVITIES								
	TOTAL HOURS (SUM OF A+B+C)								
PR	EPARED BY: (SIGNATURE)			e hours provid spent in the H					
DA	TE SIGNED:		% spent in	Hospital:		% spent i	n Ambulatory	Care:	

"I certify that this lime study reflects a true and accurate record of my time, as spend at the facility identified above, during the period Indicated. To ensure accuracy, the time study was completed on a daily basis during the specified period above."

Notes:
1) (a) General Supervision-means the procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure. Under the general supervision
(a) General Supervision-means the procedure is furnished under the dispositio procedure and the maintenance of the necessary equipment and supplies are the continuing responsibility of the physician. The training of the nonphysical personnel who actually performs the diagnostic procedure and the maintenance of the necessary equipment and supplies are the continuing responsibility of the physicial (b) Direct Supervision-in the office setting means the physician must be present in the office suite and immediately evailable to furnish assistance and direction throughout the performance of the procedure (c) Personal Supervision-means a physician must be in attendance in the room during the performance of the procedure.

## PHYSICIAN NAME:

FOR THE ONE WEEK PERIOD ENDING :

SUNDAY : 8/20/2017

DATES>>>	l							
	PLEASE FILL	THE NUMBER	OF HOURS PR	ROVIDED FOR	EACH SERVIO	CES BELOW:		
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTA
I - TEACHING, EVALUATION AND MANAGEMENT SERVICES:	MONDAY	TUESDAT	WEDNESDAT	THURSDAT	FRIDAT	SATURDAT	SUNDAT	101A
Time used for the presence and participation of teaching in the evaluation and management of patient care services and time used for documenting the requirements for evaluation of patient's medical history, examination performed, and/or the complexity of the decision making.								
Time used of the teaching physician (without physical presence ) to review with resident during or immediately after each visit of the patients medical history, physical examination, diagnosis and record of test and theraples.								
Time used in management responsibilities for those patients seen by residents to ensure that the patient's services furnished are appropriate.								
Coordinate of care furnished by other physicians and providers.								
II - SUPERVISION (Clinics and Hospitals)			· · · · · · · · · · · · · · · · · · ·			· · · · · ·		
Time used in the supervision for physicians, assistants, nurses and other staff in accordance with all applicable laws and regulations and annual performance review.								
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III - ADMINISTRATION (Clinics and Hospital)			ř—————					
Time used in utilizing review and coordination of care, assistance and support in implementing patient care policies and procedures for performance improvement and proper standards.								
Time used in research and development of training materials required for teaching.								
IV - OTHER ( Please describe below) "Do not count call time"								
SUB-TOTAL OF A (ABOVE) "Do not count call time"								
DIRECT MEDICAL & SURGICAL SERVICES TO INDIVIDUAL PATIENTS								
NON-COVERED ACTIVITIES								
TOTAL HOURS (SUM OF A+B+C)								

% spent in Hospital: \_

of that time spent in the Hospital and in Ambulatory Care.

% spent in Ambulatory Care:

DATE SIGNED:

"I certify that this time study reflects a true and accurate record of my time, as spend at the facility identified above, during the period indicated. To ensure accuracy, the time study was completed on a daily basis during the specified period above."

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 (b) Direct Supervision-inte office setting means the physician must be present in the office suit and immediately available to furnish assistance and direction throughout the performance of the procedure.
 (c) Personal Supervision-means a physician must be in attendance in the room during the performance of the procedure.

# PHYSICIAN NAME:

FOR THE ONE WEEK PERIOD ENDING :

SUNDAY 9/24/2017

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	DATES>>>								
		PLEASE FILL	THE NUMBER	OF HOURS PR	ROVIDED FOR	EACH SERVIO	CES BELOW:		
Α.	PROVIDER SERVICES	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL
5		MONDAT	TOLODAT	WEDNESDAT	moksbar	FRIDAT	SATORDAT	JUNDAT	TOTAL
	Time used for the presence and participation of teaching in the evaluation and management of patient care services and time used for documenting the requirements for evaluation of patient's medical history, examination performed, and/or the complexity of the decision making.								
	Time used of the teaching physiclan (without physical presence ) to review with resident during or immediately after each visit of the patients medical history, physical examination, diagnosis and record of test and therapies.								
	Time used in management responsibilities for those patients seen by residents to ensure that the patient's services furnished are appropriate.								
	Coordinate of care furnished by other physicians and providers.								
11	II - SUPERVISION (Clinics and Hospitals)								
	Time used in the supervision for physicians, assistants, nurses and other staff in accordance with all applicable laws and regulations and annual performance review.								
	Supervision includes: General supervision. Direct supervision and Personal supervision as defined in Section 410.32(b) of the Code of Federal Regulations (CFR). See notes below (1)								
11	III - ADMINISTRATION (Clinics and Hospital)								
	Time used in utilizing review and coordination of care, assistance and support in implementing patient care policies and procedures for performance improvement and proper standards.								
	Time used in research and development of training materials required for teaching.								
ļ	IV - OTHER (Please describe below) "Do not count call time"								
Ê.	SUB-TOTAL OF A (ABOVE) "Do not count call time"								
В.	DIRECT MEDICAL & SURGICAL SERVICES TO INDIVIDUAL PATIENTS								
C.	NON-COVERED ACTIVITIES								
	TOTAL HOURS (SUM OF A+B+C)								
9==									
PR	EPARED BY: (SIGNATURE)			e hours provid spent in the H					
DA	TE SIGNED	-	% spent in	Hospital:		% spent i	n Ambulatory	Care:	

"I certify that this time study reflects a true and accurate record of my time, as spend at the facility identified above, during the period indicated. To ensure accuracy, the time study was completed on a daily basis during the specified period above."

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 (c) Personal Supervision-means a physician must be in attendance in the room during the performance of the procedure.

## **PHYSICIAN NAME:**

FOR THE ONE WEEK PERIOD ENDING :

SUNDAY 10/22/2017

DATES>>	FARE FUL	THE AUMADED						K
DESCRIPTION OF SERVICES: PI PROVIDER SERVICES PI	LEASE FILL	THE NUMBER	OF HOURS PR	COVIDED FOR	EACH SERVIC	JES BELOW:		
I - TEACHING, EVALUATION AND MANAGEMENT SERVICES:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTA
Time used for the presence and participation of teaching in the evaluation and management of patient care services and time used for documenting the requirements for evaluation of patient's medical history, examination performed, and/or the complexity of the decision making.								
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Time used In management responsibilities for those patients seen by residents to ensure that the patient's services furnished are appropriate.								
Coordinate of care furnished by other physicians and providers.								
II - SUPERVISION (Clinics and Hospitals)								
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III - ADMINISTRATION (Clinics and Hospital)						r		
Time used in utilizing review and coordination of care, assistance and support in implementing patient care policies and procedures for performance improvement and proper standards.								
Time used in research and development of training materials required for teaching.		*						
IV - OTHER ( Please describe below) "Do not count call time"								
SUB-TOTAL OF A (ABOVE) "Do not count call time"								
DIRECT MEDICAL & SURGICAL SERVICES TO INDIVIDUAL PATIENTS								
NON-COVERED ACTIVITIES								
TOTAL HOURS (SUM OF A+B+C)								
PARED BY: (SIGNATURE)			hours provid	ed above plea ospital and in				

"I certify that this time study reflects a true and accurate record of my time, as spend at the facility identified above, during the period indicated. To ensure accuracy, the time study was completed on a daily basis during the specified period above." Notes:

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 (c) Personal Supervision-means a physician must be in attendance in the room during the performance of the procedure.

# PHYSICIAN NAME:

FOR THE ONE WEEK PERIOD ENDING :

SUNDAY 11/19/2017

% spent in Ambulatory Care: \_

SCRIPTION OF SERVICES:								
OVIDER SERVICES	PLEASE FILL	THE NOWBER	OF HOURS PF	COVIDED FOR	EAGH SERVIN	ES DELOW.		
TEACHING, EVALUATION AND MANAGEMENT SERVICES:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL
Time used for the presence and participation of teaching in the evaluation and management of patient care services and time used for documenting the requirements for evaluation of patient's medica history, examination performed, and/or the complexity of the decision making.								
Time used of the teaching physician (without physical presence ) to review with resident during or immediately after each visit of the patients medical history, physical examination, diagnosis and record of test and therapies.								
Time used in management responsibilities for those patients seen by residents to ensure that the patient's services furnished are appropriate.								
Coordinate of care furnished by other physicians and providers.								
SUPERVISION (Clinics and Hospitals)								
Time used in the supervision for physicians, assistants, nurses and other staff in accordance with all applicable laws and regulations an annual performance review.	ł							
Supervision includes: General supervision. Direct supervision and Personal supervision as defined in Section 410.32(b) of the Code of Federal Regulations (CFR). See notes below (1)								
ADMINISTRATION (Clinics and Hospital)	1	r	1 1			r r		1
Time used in utilizing review and coordination of care, assistance and support in implementing patient care policies and procedures for performance improvement and proper standards.	r:							
Time used In research and development of training materials required for teaching.								
OTHER ( Please describe below) "Do not count call time"								
SUB-TOTAL OF A (ABOVE) "Do not count call time"								
DIRECT MEDICAL & SURGICAL SERVICES TO INDIVIDUAL PATIENTS								
N-COVERED ACTIVITIES								
TOTAL HOURS (SUM OF A+B+C)								

% spent in Hospital: \_

DATE SIGNED:

"I certify that this time study reflects a true and accurate record of my time, as spend at the facility identified above, during the period indicated. To ensure accuracy, the time study was completed on a daily basis during the specified period above."

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## PHYSICIAN NAME:

FOR THE ONE WEEK PERIOD ENDING

SUNDAY\_12/17/2017

DATES>>>								
PROVIDER SERVICES	PLEASE FILL	THE NUMBER	OF HOURS PR	ROVIDED FOR	EACH SERVI	CES BELOW:		
I - TEACHING, EVALUATION AND MANAGEMENT SERVICES:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL
Time used for the presence and participation of teaching in the evaluation and management of patient care services and time used for documenting the requirements for evaluation of patient's medical history, examination performed, and/or the complexity of the decision making.								
Time used of the teaching physician (without physical presence) to review with resident during or immediately after each visit of the patients medical history, physical examination, diagnosis and record of test and therapies.								
Time used in management responsibilities for those patients seen by residents to ensure that the patient's services furnished are appropriate.								
Coordinate of care furnished by other physicians and providers.								
II - SUPERVISION (Clinics and Hospitals)			11			<u>l</u>		
Time used in the supervision for physicians, assistants, nurses and other staff in accordance with all applicable laws and regulations and annual performance review.								
Supervision includes: General supervision. Direct supervision and Personal supervision as defined in Section 410.32(b) of the Code of Federal Regulations (CFR). See notes below (1) III - ADMINISTRATION (Clinics and Hospital)								
Time used in utilizing review and coordination of care, assistance and support in Implementing patient care policies and procedures for performance improvement and proper standards.								
Time used in research and development of training materials required for teaching.								
IV - OTHER ( Please describe below) "Do not count call time"								
SUB-TOTAL OF A (ABOVE) "Do not count call time"								
DIRECT MEDICAL & SURGICAL SERVICES TO INDIVIDUAL PATIENTS								
NON-COVERED ACTIVITIES								
TOTAL HOURS (SUM OF A+B+C)								
EPARED BY: (SIGNATURE)			e hours provid spent in the H					
TE SIGNED:		% spent in	Hospital:		% spent i	n Ambulatory	Care:	-

"I certify that this time study reflects a true and accurate record of my time, as spend at the facility identified above, during the period indicated.

To ensure accuracy, the time study was completed on a daily basis during the specified period above." Notes:

(vices:
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 (c) Personal Supervision-means a physician must be in attendence in the room during the performance of the procedure.

# PHYSICIAN NAME:\_

FOR THE ONE WEEK PERIOD ENDING :

SUNDAY ( 1/21/2018

DATES>>						(		
DESCRIPTION OF SERVICES: PROVIDER SERVICES	PLEASE FILL	THE NUMBER	OF HOURS PF	ROVIDED FOR	EACH SERVIO	CES BELOW:		
I - TEACHING, EVALUATION AND MANAGEMENT SERVICES:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	ΤΟΤΑ
Time used for the presence and participation of teaching in the evaluation and management of patient care services and time used for documenting the requirements for evaluation of patient's medical history, examination performed, and/or the complexity of the decision making.								
Time used of the teaching physician (without physical presence) to review with resident during or immediately after each visit of the patients medical history, physical examination, diagnosis and record of test and therapies.								
Time used in management responsibilities for those patients seen by residents to ensure that the patient's services furnished are appropriate.								
Coordinate of care furnished by other physicians and providers.								
II - SUPERVISION (Clinics and Hospitals)						11		
Time used in the supervision for physicians, assistants, nurses and other staff in accordance with all applicable laws and regulations and annual performance review.								
Supervision includes: General supervision. Direct supervision and Personal supervision as defined in Section 410.32(b) of the Code of Federal Regulations (CFR). See notes below (1)								1
III - ADMINISTRATION (Clinics and Hospital)		I				11		1
Time used in utilizing review and coordination of care, assistance and support in implementing patient care policies and procedures for performance improvement and proper standards.								
Time used in research and development of training materials required for teaching.								
IV - OTHER ( Please describe below) "Do not count call time"								
SUB-TOTAL OF A (ABOVE) "Do not count call time"								
DIRECT MEDICAL & SURGICAL SERVICES TO INDIVIDUAL PATIENTS					1			
NON-COVERED ACTIVITIES								
TOTAL HOURS (SUM OF A+B+C)								
REPARED BY: (SIGNATURE)			e hours provid spent in the H			. –		
TE SIGNED:		% spent in	Hospital:		% spent i	in Ambulatory	Care:	-

Notes:

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 (c) Personal Supervision-means a physician must be in altendance in the room during the performance of the procedure.

# PHYSICIAN NAME:

FOR THE ONE WEEK PERIOD ENDING :

SUNDAY | 2/18/2018

DATES>>>								
DESCRIPTION OF SERVICES: PROVIDER SERVICES	PLEASE FILL	THE NUMBER	OF HOURS PF	ROVIDED FOR	EACH SERVI	CES BELOW:		
I - TEACHING, EVALUATION AND MANAGEMENT SERVICES:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	ΤΟΤΑΙ
Time used for the presence and participation of teaching in the evaluation and management of patient care services and time used for documenting the requirements for evaluation of patient's medical history, examination performed, and/or the complexity of the decision making.								
Time used of the teaching physician (without physical presence) to review with resident during or immediately after each visit of the patients medical history, physical examination, diagnosis and record of test and therapies.								
Time used in management responsibilities for those patients seen by residents to ensure that the patient's services furnished are appropriate.								
Coordinate of care furnished by other physicians and providers,								
II - SUPERVISION (Clinics and Hospitals)						II		
Time used in the supervision for physicians, assistants, nurses and other staff in accordance with all applicable laws and regulations and annual performance review.								
Supervision includes: General supervision. Direct supervision and Personal supervision as defined in Section 410.32(b) of the Code of Federal Regulations (CFR). See notes below (1)								
III - ADMINISTRATION (Clinics and Hospital)						r r	8	
Time used in utilizing review and coordination of care, assistance and support in implementing patient care policies and procedures for performance improvement and proper standards.								
Time used in research and development of training materials required for teaching.								
IV - OTHER ( Please describe below) "Do not count call time"								
SUB-TOTAL OF A (ABOVE) "Do not count call time"								
DIRECT MEDICAL & SURGICAL SERVICES TO INDIVIDUAL PATIENTS								
NON-COVERED ACTIVITIES								
TOTAL HOURS (SUM OF A+B+C)								
EPARED BY: (SIGNATURE)			e hours provid spent in the H					
		% spent in	Hospital:		% spent i	n Ambulatory	Care:	

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# PHYSICIAN NAME:

FOR THE ONE WEEK PERIOD ENDING :

SUNDAY ( 3/18/2018

	DATES>>>								
		PLEASE FILL	THE NUMBER	OF HOURS PF	ROVIDED FOR	EACH SERVIC	ES BELOW:		
A,	PROVIDER SERVICES I - TEACHING, EVALUATION AND MANAGEMENT SERVICES:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL
2	Time used for the presence and participation of teaching in the evaluation and management of patient care services and time used for documenting the requirements for evaluation of patient's medical history, examination performed, and/or the complexity of the decision making.								
	Time used of the teaching physician (without physical presence ) to review with resident during or immediately after each visit of the patients medical history, physical examination, diagnosis and record of test and therapies.				)				
	Time used in management responsibilities for those patients seen by residents to ensure that the patient's services furnished are appropriate.						15		
	Coordinate of care furnished by other physicians and providers.								
	II - SUPERVISION (Clinics and Hospitals)						II		
	Time used in the supervision for physicians, assistants, nurses and other staff in accordance with all applicable laws and regulations and annual performance review.								
	Supervision includes: General supervision. Direct supervision and Personal supervision as defined in Section 410.32(b) of the Code of Federal Regulations (CFR). See notes below (1)							10	
	III - ADMINISTRATION (Clinics and Hospital)								
	Time used in utilizing review and coordination of care, assistance and support in implementing patient care policies and procedures for performance improvement and proper standards.								
	Time used in research and development of training materials required for teaching.								
ļĻ.	IV - OTHER ( Please describe below) "Do not count call time"					_			
<u> </u>	SUB-TOTAL OF A (ABOVE) "Do not count call time"								
B,	DIRECT MEDICAL & SURGICAL SERVICES TO INDIVIDUAL PATIENTS								
C.	NON-COVERED ACTIVITIES								
	TOTAL HOURS (SUM OF A+B+C)								
PR	EPARED BY: (SIGNATURE)	2		e hours provid spent in the H		Ambulatory		Care:	
-			Pro oponent						-

DATE SIGNED:

"I certify that this time study reflects a true and accurate record of my time, as spend at the facility identified above, during the period indicated. To ensure accuracy, the time study was completed on a daily basis during the specified period above," Noles:

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# PHYSICIAN NAME:

FOR THE ONE WEEK PERIOD ENDING :

SUNDAY 4/22/2018

DATES>>>								l
	PLEASE FILL	THE NUMBER	OF HOURS PR	OVIDED FOR	EACH SERVIC	CES BELOW:		
PROVIDER SERVICES I - TEACHING, EVALUATION AND MANAGEMENT SERVICES:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTA
Time used for the presence and participation of teaching in the evaluation and management of patient care services and time used for documenting the requirements for evaluation of patient's medical history, examination performed, and/or the complexity of the decision making.								
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Coordinate of care furnished by other physicians and providers.								
II - SUPERVISION (Clinics and Hospitals)	· · · · · · · · · · · · · · · · · · ·							
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III - ADMINISTRATION (Clinics and Hospital)			r			rr		
Time used in utilizing review and coordination of care, assistance and support in implementing patient care policies and procedures for performance improvement and proper standards.								
Time used in research and development of training materials required for teaching.								
IV - OTHER ( Please describe below): "Do not count call time"								
SUB-TOTAL OF A (ABOVE) "Do not count call time"								
DIRECT MEDICAL & SURGICAL SERVICES TO INDIVIDUAL PATIENTS								
NON-COVERED ACTIVITIES								
TOTAL HOURS (SUM OF A+B+C)								
TOTAL HOURS (SUM OF A+B+C)								

DATE SIGNED:

time spent in the Hospital and in Ambulatory Care. \_\_\_\_ % spent in Ambulatory Care: \_ % spent in Hospital: \_

"I certify that this time study reflects a true and accurate record of my time, as spend at the facility identified above, during the period indicated. To ensure accuracy, the time study was completed on a daily basis during the specified period above,"

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## PHYSICIAN NAME:

FOR THE ONE WEEK PERIOD ENDING :

SUNDAY - 5/20/2018

DATES>>>								
DESCRIPTION OF SERVICES: PROVIDER SERVICES	PLEASE FILL	THE NUMBER	R OF HOURS P	ROVIDED FOR	EACH SERV	ICES BELOW:		
I - TEACHING, EVALUATION AND MANAGEMENT SERVICES:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTA
Time used for the presence and participation of teaching in the evaluation and management of patient care services and time used for documenting the requirements for evaluation of patient's medical history, examination performed, and/or the complexity of the decision making.								
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Time used in management responsibilities for those patients seen by residents to ensure that the patient's services furnished are appropriate.								
Coordinate of care furnished by other physiclans and providers.								
II - SUPERVISION (Clinics and Hospitals)			<u>ا</u>			JJ		
Time used in the supervision for physicians, assistants, nurses and other staff in accordance with all applicable laws and regulations and annual performance review.								
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Time used in utilizing review and coordination of care, assistance and support in implementing patient care policies and procedures for performance improvement and proper standards.								
Time used in research and development of training materials required for teaching.								
IV - OTHER ( Please describe below) "Do not count call time"								
SUB-TOTAL OF A (ABOVE) "Do not count call time"								
DIRECT MEDICAL & SURGICAL SERVICES TO INDIVIDUAL PATIENTS								
NON-COVERED ACTIVITIES								
TOTAL HOURS (SUM OF A+B+C)								
REPARED BY: (SIGNATURE)	_		e hours provid spent in the H					
			Hospital:			, n Ambulatory (	Care:	

DATE SIGNED:

"I certify that this time study reflects a true and accurate record of my time, as spend at the facility identified above, during the period indicated. To ensure accuracy, the time study was completed on a daily basis during the specified period above."

(a) General Supervision-means the procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure. Under the general supervision. The training of the nonphysical personnel who actually performs the diagnostic procedure and the maintenance of the necessary equipment and supplies are the continuing responsibility of the physician. (b) Direct Supervision-in the office setting means the physican must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure. (c) Personal Supervision-means a physician must be in attendance in the room during the performance of the procedure.

## PHYSICIAN NAME:

FOR THE ONE WEEK PERIOD ENDING :

SUNDAY 6/24/2018

		I			l l		
PLEASE FILL	THE NUMBER	OF HOURS PF	ROVIDED FOR I	EACH SERVI	CES BELOW:		
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAI
		11			1 I		
				_			
		•					
		MONDAY TUESDAY	MONDAY TUESDAY WEDNESDAY WEDNESDAY WEDNESDAY	MONDAY       TUESDAY       WEDNESDAY       THURSDAY         Image: Strategy of the strateg	MONDAY       TUESDAY       WEDNESDAY       THURSDAY       FRIDAY         Image: Imag	PLEASE FILL THE NUMBER OF HOURS PROVIDED FOR EACH SERVICES BELOW: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY AUDITOR AND A ATTRIDAY AUDITOR AND A ATTRIDAY AUDITOR AND A ATTRIDAY AUDITOR AND A ATTRIDAY AUDITOR AU	MONDAY       TUESDAY       WEDNESDAY       THURSDAY       FRIDAY       SATURDAY       SUNDAY         Image: Solution of the stress of the stres

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Notes:

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