

**RECORD OF SERVICES RENDERED**

Physician: \_\_\_\_\_  
(Please print name)

Record of Hours Worked providing administrative duties as outlined in your Medical Director contract for the Week Ending Saturday: \_\_\_\_\_  
(Please enter date)

<b>Date of Service</b>	<b>Description of Services</b>	<b>Hours Worked</b>

I certify that the above information is true and complete.

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

## **INSTRUCTIONS FOR RECORD OF SERVICES RENDERED**

1. Payment is for administrative services provided by the physician as outlined in their Medical Director contract.
2. Time records must be completed on a weekly basis by the Physician who has provided any services during that week and submitted to SOMC Payroll, Attn: Laura McCoy, Fax #356-6161.
3. Each line should record time for a separate date of service.
4. The description of the services should be reasonably detailed. For example, it should, where possible, identify specific tasks performed.
5. The actual number of hours worked should be recorded in quarter-hour increments, for example, 3.50 hours, 2.75 hours, etc.
6. The Physician must sign and date the form, which will constitute his or her certification that the services were performed as stated.
7. No payment will be made to the Physician until the time record is submitted and approved.
8. Payment will be made only for the hours worked at the hourly rate established each year for the physician specialty using the Medicare reasonable compensation equivalent (RCE) limit.