

Medical Director Monthly Service Log

INSTRUCTIONS:

1. Complete the service log below, accounting for all time spent providing services during the month pursuant to a written agreement with the hospital (if “none” please indicate such). Do not submit services for payment from SJHMC that you also are submitting to a third party payer. *Sign the completed service log.*
2. Return the completed service log to your SJHMC sponsor or SJHMC department Director/Manager for their approval and submission for payment.

“Practitioner” Name: _____ Pursuant to the Agreement, the following services were provided by **Practitioner** during the month of _____ (month and year).

Services provided pursuant to the Agreement (Please list *specific activities performed, date of service, and hours of service if applicable.* Use as many sheets as necessary to fully document the contracted service performed during the calendar month indicated above.)

	Date	Hours
<p>1. Administrative and Medical Management Activities, (examples include clinic/department medical activities oversight, financial and business practice reviews/meetings, medical staff activities, preparation of reports to SJHMC, business development, practice/work flow training, process improvements, SJHMC and CHW committee participation, participation in CHW/SJHMC initiatives, etc.)</p>		
<p>2. Quality Improvement Activities (list participation in SJHMC Quality committees, description of quality initiatives and time consumed, quality presentations, Sentinel event reviews, etc.)</p>		
<p>3. Clinical Supervision (examples include clinical supervision provided for residents, NPs/PAs, or medical staff members, e.g., supervision needed for newly credentialed medical staff member, identify any clinical supervision of staff necessary for new techniques, practice improvement, safety initiatives, etc.)</p>		
<p>4. Community Education (identify the meeting/function/activity of SJHMC community outreach, presentation or promotion, SJHMC sponsored community health screening activities, public/media presentations for SJHMC on disease identification and treatment, etc.)</p>		

5. Education and Training (identify specific training topics for SJHMC staff and physicians, hours associated with training prep, purpose of training, identify specific SJHMC CME activities, SJHMC CME presentations, topics, etc.)		
6. Research Activities (document services performed in support of SJHMC sponsored research activities/initiatives/clinical trials and CHW/SJHMC R&D development. Do not claim service funded directly by corporate sponsors.)		
7. Other, if applicable (list other services performed pursuant to the written agreement that do not fall into one of the categories above.)		

Total Hours: _____

I affirm this service log presents accurately and completely my activities and hours performed in accordance with the requirements of my Medical/Program Agreement (“Agreement”). I affirm these activities do not constitute the provision of professional services to individual patients and have not been billed to the patient or any third party payor. I confirm that these activities were reasonable and necessary for the legitimate and commercially reasonable purposes of the Program and/or hospital. I confirm that no compensation has been solicited, offered or received for the referral of any patient or the ordering of any good or service in connection with these activities. I confirm this service log does not include any activities excluded from compensation under the Agreement.

Physician Certification

Signature Date

