		500 TUE		EI DEDIG	D ENDIN	_		7/00/0045	
		FOR THE	ONE WE	EK PERIC	D ENDIN	G:	SUNDAY	7/26/2015	<u> </u>
	DATES>>>								
	DESCRIPTION OF SERVICES:	PLEASE FILL	THE NUMBER	OF HOURS PE	ROVIDED FOR	EACH SERVIO	CES BELOW:		
Α.	PROVIDER SERVICES								
	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)								

Based on the hours provided above please allocate a percentage of that time spent in the Hospital and in Ambulatory Care.

% spent in Hospital:

% spent in Ambulatory Care:

PHYSICIAN NAME:

"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."

Ventura County Health Care Agency 2323 Knoll Dr. Ste. 219 Ventura Ca, 93003 (805) 677-5308 (805) 677-5304 ♦ FAX

PREPARED BY: (SIGNATURE) _

DATE SIGNED:

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

% spent in Hospital: _

% spent in Ambulatory Care: _

CLINIDAY 0/46/204E

FOR THE ONE WEEK DEDIOD ENDING.

		FOR THE	CONE WE	LK FLKIO	D LIADIIA	J .	SUNDAI	0/10/2013	<u>, </u>
ı	DATES>>>	İ		'	l'		'	ĺ'	l
۱ ۸.	DESCRIPTION OF SERVICES: PROVIDER SERVICES	PLEASE FILL	THE NUMBER	R OF HOURS PR	ROVIDED FOR	EACH SERVIO	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.								
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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.	1		'					
	II - SUPERVISION (Clinics and Hospitals)			<u>. </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.								
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	III - ADMINISTRATION (Clinics and Hospital)	т—			т	Т	_	Т	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"			1					
3.	DIRECT MEDICAL & SURGICAL SERVICES TO INDIVIDUAL PATIENTS								
ا .	NON-COVERED ACTIVITIES						<u> </u>		
_	TOTAL HOURS (SUM OF A+B+C)								
	DEDARED DV. (CICNATURE)								

Ventura County Health Care Agency 2323 Knoll Dr. Ste. 219 Ventura Ca, 93003 (805) 677-5308 (805) 677-5304 ♦ FAX

DATE SIGNED: _

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VENTURA COUNTY MEDICAL CENTER PHYSICIAN TIME LOG **FISCAL YEAR ENDING JUNE, 2016**

		FOR THE	ONE WE	EK PERIC	D ENDIN	G :	SUNDAY	9/20/2015	
- 1	DATES>>> DESCRIPTION OF SERVICES: PROVIDER SERVICES	PLEASE FILL	THE NUMBER	OF HOURS PE	ROVIDED FOR	EACH SERVIO	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.								
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	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)		I				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"								
В.	DIRECT MEDICAL & SURGICAL SERVICES TO INDIVIDUAL PATIENTS								-
C.	NON-COVERED ACTIVITIES								
	TOTAL HOURS (SUM OF A+B+C)								

% spent in Hospital: _

Based on the hours provided above please allocate a percentage of that time spent in the Hospital and in Ambulatory Care.

% spent in Ambulatory Care: _

PHYSICIAN NAME:

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

Ventura County Health Care Agency 2323 Knoll Dr. Ste. 219 Ventura Ca, 93003 (805) 677-5308 (805) 677-5304 + FAX

PREPARED BY: (SIGNATURE) ____

DATE SIGNED: _

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PHYSICIAN NAME:	

		FOR THE	ONE WE	EK PERIC	DD ENDIN	G:	SUNDAY	10/11/201	5
	DATES>>>								
Α.	DESCRIPTION OF SERVICES: PROVIDER SERVICES		THE NUMBER	OF HOURS PE	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.								
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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.								
l	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)								
	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.								
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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	REPARED BY: (SIGNATURE)	_		e hours provid spent in the H					

% spent in Hospital: _

% spent in Ambulatory Care: _

"I cortify that this time atual	reflects a true and accurate re	soord of my time on anond	at the facility identified above	during the period indicated
i ceruiv mai mis mie siuuv	vienecis a nue anu accurate re	coru or my ume, as spenu	at the facility identified above.	duffid the belieu fidicated.

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ISCAL YEAR ENDING JUNE, 2016	PHYSICIAN NAME:								
	FOR THE	ONE WE	EK PERIC	D ENDIN	G :	SUNDAY	11/08/201	5	
DATES>>> DESCRIPTION OF SERVICES:		. THE NUMBER	R OF HOURS PE	ROVIDED FOR	EACH SERVI	CES BELOW:			
PROVIDER SERVICES	MONDAY	THEODAY	WEDNESDAY	THURSDAY	FRIDAY	L CATURDAY	OLINDAY	TOTAL	
I - TEACHING, EVALUATION AND MANAGEMENT SERVICES: 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.		TUESDAY	WEDNESDAY	THURSDAT	FRIDAY	SATURDAY	SUNDAY	TOTAL	
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.	1								
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.	r								
Time used in research and development of training materials required for teaching.									
IV - OTHER (Please describe below) "Do not count call time"								<u> </u>	
SUB-TOTAL OF A (ABOVE) "Do not count call time"									

,	Based on the hours provided above please allocate a percentage of that time spent in the Hospital and in Ambulatory Care.				
DATE SIGNED:	% spent in Hospital:	% spent in Ambulatory Care:			

DIRECT MEDICAL & SURGICAL SERVICES TO INDIVIDUAL

В.

C.

PAT<u>IENTS</u>

NON-COVERED ACTIVITIES

TOTAL HOURS (SUM OF A+B+C)

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PHYSICIAN NAME:	

SUNDAY 12/13/2015

FOR THE ONE WEEK PERIOD ENDING:

_	DATES>>>			T'					
		PLEASE FILL	THE NUMBER	R OF HOURS PE	ROVIDED FOR	EACH SERVI	CES BELOW:		1
۸. ۱	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)			<u>+</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.			<u> </u>					
↓ '	IV - OTHER (Please describe below) "Do not count call time"	l		<u> </u>	l'	<u> </u>	<u></u> '	l'	
`	SUB-TOTAL OF A (ABOVE) "Do not count call time"		Γ		'		'		
В.									
C.	NON-COVERED ACTIVITIES			['	ſ <u></u> '		<u>'</u>	ſ <u></u> '	
	TOTAL HOURS (SUM OF A+B+C)						<u> </u>		
_									
PRI	REPARED BY: (SIGNATURE)	_	of that time	ne hours provid		n Ambulatory	y Care.	_	
	ATE CIONED.		% spent in	Hospital:		% spent i	in Ambulatory	y Care:	

DATE SIGNED:

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% spent in Hospital: _

% spent in Ambulatory Care: _

		FOR THE	ONE WE	EK PERIC	DD ENDIN	G :	SUNDAY	01/31/201	6
	DATES>>>								
Α.	DESCRIPTION OF SERVICES: PROVIDER SERVICES	PLEASE FILL	THE NUMBER	R OF HOURS PE	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.								
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	II - SUPERVISION (Clinics and Hospitals)		l	1	l .				
	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)			1	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.								
I↓	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								
L	TOTAL HOURS (SUM OF A+B+C)								
PF	REPARED BY: (SIGNATURE)		Based on the	e hours provid	led above plea	ase allocate	a percentage		

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

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% spent in Ambulatory Care: _

% spent in Hospital: _

		FOR THE ONE WEEK PERIOD ENDING :			SUNDAY 02/07/2016				
_	т							-	
	DATES>>>						'	'	
	DESCRIPTION OF SERVICES:	PLEASE FILL	THE NUMBER	R OF HOURS PE	ROVIDED FOR	EACH SERV	ICES BELOW:		
A.									
l '	I - TEACHING, EVALUATION AND MANAGEMENT SERVICES:	MONDAY	TUESDAY	WEDNESDAY	Y 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.								
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	Coordinate of care furnished by other physicians and providers.				<u> </u>		<u></u> '	'	
	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)							т	т
	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.			'	<u> </u>				
↓	IV - OTHER (Please describe below) "Do not count call time"		<u></u>	'	<u> </u>	l	·	l'	
	SUB-TOTAL OF A (ABOVE) "Do not count call time"				,		1		
В.	DIDECT MEDICAL A CURCION OFFICIORO TO INDIVIDUA								
C.	NON-COVERED ACTIVITIES			<u> </u>	<u> </u>	<u> </u>	!	<u> </u>	
<u> </u>	TOTAL HOURS (SUM OF A+B+C)								
PR	REPARED BY: (SIGNATURE)		Based on th	ne hours provid	ded above ple	ease allocate	a percentage		

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PHYSICIAN NAME:	
-----------------	--

% spent in Ambulatory Care: _

% spent in Hospital: _

		FOR THE	ONE WE	EK PERIC	D ENDIN	G :	SUNDAY	03/20/201	6
7									
- 1	DATES								
					T				
ļ	I - TEACHING, EVALUATION AND MANAGEMENT SERVICES:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL
	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								
	review with resident during or immediately after each visit of the patients medical history, physical examination, diagnosis and record of test and therapies.								
	by residents to ensure that the patient's services furnished are								
	Coordinate of care furnished by other physicians and providers.								
, !	` ' '								
	other staff in accordance with all applicable laws and regulations and								
	Personal supervision as defined in Section 410.32(b) of the Code of Federal Regulations (CFR). See notes below (1)								
١	III - ADMINISTRATION (Clinics and Hospital)	т	т		т	т			т
	and support in implementing patient care policies and procedures for								
۱,	IV - OTHER (Please describe below) "Do not count call time"								
ļ	SUB-TOTAL OF A (ABOVE) "Do not count call time"			T'	!	Γ		!	Ī
3.	DIRECT MEDICAL & SURGICAL SERVICES TO INDIVIDUAL PATIENTS								
ا .ز	NON-COVERED ACTIVITIES							<u> </u>	
_	TOTAL HOURS (SUM OF A+B+C)								
חם	EPAPEN RY: (SIGNATURE)		Based on th	ne hours provid	ded above ble	ase allocate	a nercentage		

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DATE SIGNED:

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		FOR THE	E ONE WE	EEK PERIO	D ENDING	G :	SUNDAY	04/24/201	<u> 16</u>
_	Τ		T	T					
	DATES>>>				'	1		<u> </u>	1
		PLEASE FILL	_ THE NUMBER	R OF HOURS PE	ROVIDED FOR	EACH SERVI	CES BELOW:		
A.			TUEODAY		: "!BODAY	TRIDAY	CATURDAY	CURIDAY	TOTAL
	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.								
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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.				<u> </u>			<u> </u>	
	II - SUPERVISION (Clinics and Hospitals)						<u> </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)	<u></u>						<u> </u>	
	III - ADMINISTRATION (Clinics and Hospital)	т			т	т		т	т
	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.						<u>'</u>		
ļ	IV - OTHER (Please describe below) "Do not count call time"			<u> </u> '	<u> </u> '	<u> </u>	<u> </u>	_	
	SUB-TOTAL OF A (ABOVE) "Do not count call time"	1			l'			1	
В.	DIRECT MEDICAL & SURGICAL SERVICES TO INDIVIDUAL PATIENTS						'		
C.	NON-COVERED ACTIVITIES	<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u> '	<u> </u>	<u> </u>
_	TOTAL HOURS (SUM OF A+B+C)	<u></u>		<u> </u>	<u> </u> '	<u> </u>	'	<u> </u>	<u> </u>
PR	REPARED BY: (SIGNATURE)	_		ne hours provid e spent in the H	•				

% spent in Hospital: _

% spent in Ambulatory Care: _

"I certify that this time study reflects a true and accurate record of my tin	e, 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."

DATE SIGNED:

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.

The training of the nonphysicial 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-the office setting means the physician 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:	
PRIOLAN NAME:	

SUNDAY 05/08/2016

FOR THE ONE WEEK PERIOD ENDING:

			1			1		Υ
DATES>>>								
DESCRIPTION OF SERVICES: PLEASE FILL THE NUMBER OF HOURS PROVIDED FOR EACH SERVICES BELOW:								
PROVIDER SERVICES								
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.					-			
IV - OTHER (Please describe below) "Do not count call time"								

,	Based on the hours provided above plea of that time spent in the Hospital and in	
DATE SIGNED:	% spent in Hospital:	% spent in Ambulatory Care:

Ventura County Health Care Agency 2323 Knoll Dr. Ste. 219 Ventura Ca, 93003 (805) 677-5308 (805) 677-5304 ♦ FAX

SUB-TOTAL OF A (ABOVE) "Do not count call time"

DIRECT MEDICAL & SURGICAL SERVICES TO INDIVIDUAL

В.

C.

PATIENTS

NON-COVERED ACTIVITIES

TOTAL HOURS (SUM OF A+B+C)

[&]quot;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 nonphysicial 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 suite 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.

% spent in Hospital: _

% spent in Ambulatory Care: _

		FOR THE	FOR THE ONE WEEK PERIOD ENDING:					SUNDAY 06/12/2016		
	1	T	T	T	T		\top			
	DATES>>> DESCRIPTION OF SERVICES:		THE NUMBER	R OF HOURS PE	POVIDED FOR	EACH SERV	ICES BELOW:		<u> </u>	
Α.	PROVIDER SERVICES:	PLEASE FILL	I TE NUNDEN	TOP HOURS FI	KONIDED FOR	EACH SERVI	CES BELOV.			
	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.			'	1		!			
	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.	1		!						
	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)								T	
	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"						T .			
В.	DIDECT MEDICAL A CUDOLOM CEDIMORO TO MIDINARIA									
C.	NON-COVERED ACTIVITIES			<u> </u>						
	TOTAL HOURS (SUM OF A+B+C)									
PF	REPARED BY: (SIGNATURE)		Based on the hours provided above please allocate a percentage							

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

Ventura County Health Care Agency 2323 Knoll Dr. Ste. 219 Ventura Ca, 93003 (805) 677-5308 (805) 677-5304 + FAX

DATE SIGNED:

[&]quot;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.

^{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.

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