VENTURA COUNTY MEDICAL CENTER
PHYSICIAN TIME LOG

FISCAL YEAR ENDING JUNE, 2016

PHYSICIAN NAME:______________________________________

FOR THE ONE WEEK PERIOD ENDING : SUNDAY 7/26/2015

	DATES --->>>								
A.	**DESCRIPTION OF SERVICES:** **PROVIDER SERVICES**	**PLEASE FILL THE NUMBER OF HOURS PROVIDED FOR EACH SERVICES 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)								
	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"								
B.	DIRECT MEDICAL & SURGICAL SERVICES TO INDIVIDUAL PATIENTS								
C.	NON-COVERED ACTIVITIES								
	TOTAL HOURS (SUM OF A+B+C)								

PREPARED BY: (SIGNATURE) ______________________________________

DATE SIGNED: ____

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: ______

"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:

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 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 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.

Ventura County Health Care Agency
2323 Knoll Dr. Ste. 219
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(805) 677-5308
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VENTURA COUNTY MEDICAL CENTER
PHYSICIAN TIME LOG

FISCAL YEAR ENDING JUNE, 2016

PHYSICIAN NAME:____

FOR THE ONE WEEK PERIOD ENDING : SUNDAY 8/16/2015

	DATES --->>>								
	DESCRIPTION OF SERVICES:	**PLEASE FILL THE NUMBER OF HOURS PROVIDED FOR EACH SERVICES BELOW:**							
A.	**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.								
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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.								
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	Time used in research and development of training materials required for teaching.								
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	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)								

PREPARED BY: (SIGNATURE) ____________________________________

DATE SIGNED: ____

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

% spent in Hospital: _______ % spent in Ambulatory Care: ______

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VENTURA COUNTY MEDICAL CENTER
PHYSICIAN TIME LOG

FISCAL YEAR ENDING JUNE, 2016 **PHYSICIAN NAME:**_______________________________________

FOR THE ONE WEEK PERIOD ENDING : SUNDAY 9/20/2015

	DATES --->>>								
	DESCRIPTION OF SERVICES:	**PLEASE FILL THE NUMBER OF HOURS PROVIDED FOR EACH SERVICES BELOW:**							
A.	**PROVIDER SERVICES**								
	I - TEACHING, EVALUATION AND MANAGEMENT SERVICES:	**MONDAY**	**TUESDAY**	**WEDNESDAY**	**THURSDAY**	**FRIDAY**	**SATURDAY**	**SUNDAY**	**TOTAL**
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	IV - OTHER (Please describe below) "Do not count call time"								
	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)								

PREPARED BY: (SIGNATURE) _____________________________________

DATE SIGNED: ____

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: ______

"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.
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VENTURA COUNTY MEDICAL CENTER
PHYSICIAN TIME LOG

FISCAL YEAR ENDING JUNE, 2016 **PHYSICIAN NAME:**____

FOR THE ONE WEEK PERIOD ENDING : **SUNDAY 10/11/2015**

	DATES --->>>								
	DESCRIPTION OF SERVICES:	**PLEASE FILL THE NUMBER OF HOURS PROVIDED FOR EACH SERVICES BELOW:**							
A.	**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"								
	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)								

PREPARED BY: (SIGNATURE) ______________________________________

DATE SIGNED: ____

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: ______

"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.
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VENTURA COUNTY MEDICAL CENTER
PHYSICIAN TIME LOG

FISCAL YEAR ENDING JUNE, 2016 **PHYSICIAN NAME:**___________________________

FOR THE ONE WEEK PERIOD ENDING : SUNDAY 11/08/2015

	DATES --->>>								
	DESCRIPTION OF SERVICES:	**PLEASE FILL THE NUMBER OF HOURS PROVIDED FOR EACH SERVICES BELOW:**							
A.	**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.								
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	Coordinate of care furnished by other physicians and providers.								
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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"								
B.	DIRECT MEDICAL & SURGICAL SERVICES TO INDIVIDUAL PATIENTS								
C.	NON-COVERED ACTIVITIES								
	TOTAL HOURS (SUM OF A+B+C)								

PREPARED BY: (SIGNATURE) ______________________________

DATE SIGNED: ______________________________

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: ______

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VENTURA COUNTY MEDICAL CENTER
PHYSICIAN TIME LOG

FISCAL YEAR ENDING JUNE, 2016 **PHYSICIAN NAME:**____

FOR THE ONE WEEK PERIOD ENDING : **SUNDAY 12/13/2015**

	DATES --->>>								
	DESCRIPTION OF SERVICES:	**PLEASE FILL THE NUMBER OF HOURS PROVIDED FOR EACH SERVICES BELOW:**							
A.	**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.								
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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.								
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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"								
B.	DIRECT MEDICAL & SURGICAL SERVICES TO INDIVIDUAL PATIENTS								
C.	NON-COVERED ACTIVITIES								
	TOTAL HOURS (SUM OF A+B+C)								

PREPARED BY: (SIGNATURE) ______________________________________

DATE SIGNED: ____

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: ______

"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.
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VENTURA COUNTY MEDICAL CENTER
PHYSICIAN TIME LOG

FISCAL YEAR ENDING JUNE, 2016 **PHYSICIAN NAME:**_______________________________________

FOR THE ONE WEEK PERIOD ENDING : SUNDAY 01/31/2016

	DATES --->>>								
A.	**DESCRIPTION OF SERVICES:** **PROVIDER SERVICES**	**PLEASE FILL THE NUMBER OF HOURS PROVIDED FOR EACH SERVICES 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.								
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	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)								

PREPARED BY: (SIGNATURE) ______________________________________

DATE SIGNED: ____

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: ______

"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.
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VENTURA COUNTY MEDICAL CENTER
PHYSICIAN TIME LOG

FISCAL YEAR ENDING JUNE, 2016

PHYSICIAN NAME:____

FOR THE ONE WEEK PERIOD ENDING : SUNDAY 02/07/2016

	DATES --->>>								
A.	**DESCRIPTION OF SERVICES:** **PROVIDER SERVICES**	**PLEASE FILL THE NUMBER OF HOURS PROVIDED FOR EACH SERVICES 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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	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)								

PREPARED BY: (SIGNATURE) ______________________________________

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% spent in Hospital: _______ % spent in Ambulatory Care: ______

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VENTURA COUNTY MEDICAL CENTER
PHYSICIAN TIME LOG

FISCAL YEAR ENDING JUNE, 2016

PHYSICIAN NAME:_______________________________________

FOR THE ONE WEEK PERIOD ENDING : SUNDAY 03/20/2016

	DATES --->>>								
	DESCRIPTION OF SERVICES:	**PLEASE FILL THE NUMBER OF HOURS PROVIDED FOR EACH SERVICES BELOW:**							
A.	**PROVIDER SERVICES**								
	I - TEACHING, EVALUATION AND MANAGEMENT SERVICES:	**MONDAY**	**TUESDAY**	**WEDNESDAY**	**THURSDAY**	**FRIDAY**	**SATURDAY**	**SUNDAY**	**TOTAL**
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B.	DIRECT MEDICAL & SURGICAL SERVICES TO INDIVIDUAL PATIENTS								
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	TOTAL HOURS (SUM OF A+B+C)								

PREPARED BY: (SIGNATURE) ______________________________

DATE SIGNED: ______________________________________

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VENTURA COUNTY MEDICAL CENTER
PHYSICIAN TIME LOG

FISCAL YEAR ENDING JUNE, 2016 **PHYSICIAN NAME:**____

FOR THE ONE WEEK PERIOD ENDING : **SUNDAY 04/24/2016**

	DATES --->>>								
	DESCRIPTION OF SERVICES:	**PLEASE FILL THE NUMBER OF HOURS PROVIDED FOR EACH SERVICES BELOW:**							
A.	**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"								
	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)								

PREPARED BY: (SIGNATURE) ______________________________________

DATE SIGNED: ____

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: ______

"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:

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 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 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.

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

VENTURA COUNTY MEDICAL CENTER
PHYSICIAN TIME LOG

FISCAL YEAR ENDING JUNE, 2016

PHYSICIAN NAME:_______________________________________

FOR THE ONE WEEK PERIOD ENDING : SUNDAY 05/08/2016

	DATES --->>>								
	DESCRIPTION OF SERVICES:	**PLEASE FILL THE NUMBER OF HOURS PROVIDED FOR EACH SERVICES BELOW:**							
A.	**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.								
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B.	DIRECT MEDICAL & SURGICAL SERVICES TO INDIVIDUAL PATIENTS								
C.	NON-COVERED ACTIVITIES								
	TOTAL HOURS (SUM OF A+B+C)								

PREPARED BY: (SIGNATURE) ______________________________

DATE SIGNED: ______________________________________

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: ______

"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.
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VENTURA COUNTY MEDICAL CENTER
PHYSICIAN TIME LOG

FISCAL YEAR ENDING JUNE, 2016 **PHYSICIAN NAME:**____

FOR THE ONE WEEK PERIOD ENDING : SUNDAY 06/12/2016

	DATES --->>>								
	DESCRIPTION OF SERVICES:	**PLEASE FILL THE NUMBER OF HOURS PROVIDED FOR EACH SERVICES BELOW:**							
A.	**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.								
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	TOTAL HOURS (SUM OF A+B+C)								

PREPARED BY: (SIGNATURE) ______________________________________

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