

Provider Work Log

Provider Name (PLEASE PRINT):	Week Ending Date (FRIDAY):
Worksite Name	Worksite Location

REPORT HOURS WORKED IN 0.25 HOUR INCREMENTS

	DATE WORKED (mm/dd/yr)	# HOURS WORKED	# PREMIUM HOURS	TOTAL HOURS WORKED Ex: (8a-5p)	WEEKDAY ON-CALL/ BEEPER? (Yes/No)	WEEKEND ON-CALL/ BEEPER? (Yes/No)	SURGERY/ DELIVERY (# cases)	CALLBACK HOURS Ex: (8a-5p)
SAT								
SUN								
MON								
TUE								
WED								
THU								
FRI								
TOTALS								

WORK LOG NOTICE

In order to ensure that payment is not delayed, work log and expense forms **must be forwarded no later than Monday by Noon CST**. Work logs **must also be signed by the client representative** that you report to at your assignment. Those that are received after the Monday deadline will be processed the following week. Unsigned work logs will not be processed for payment.

Client Representative Signature

Provider Signature

FAX TO:
Interim Physicians, LLC
(800) 865-3564

EXPENSES

HOTEL:	RENTAL CAR:
MILEAGE:	OTHER:

NO EXPENSES WILL BE REIMBURSED WITHOUT RECEIPTS