



Provider Work Log

Provider Name: (PLEASE PRINT)	Week Ending Date: (Sunday)
Worksite Name (Hospital):	Worksite City, State

REPORT HOURS WORKED IN 0.25 HOUR INCREMENTS

	DATE WORKED (MM/DD)	HOURLY START TIME: (EX: 7 A.M.)	HOURLY END TIME (EX: 7 P.M.)	TOTAL REGULAR HOURS	HOLIDAY/PREMIUM HOURS	ON CALL SHIFT (Y OR N)	CALL START TIME: (EX: 7AM)	CALL END TIME: (EX: 7AM)	ROUNDING HOURS	CALLBACK HOURS
MON										
TUE										
WED										
THU										
FRI										
SAT										
SUN										
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 be signed by an authorized client representative. Unsigned work logs and/or dates more than 60 days old will not be processed for payment.

Client Representative Signature

Provider Signature

Expenses:

Please use Interim Physicians expense reimbursement form.

RETURN TO:

Interim Physicians, LLC
 (800) 865-3564 (FAX)
worklogs@interimphysicians.com (EMAIL)
 ATTACHMENTS ONLY - NO PHOTOS ARE ACCEPTED

Hourly Start/End Time = the actual start and end times of a shift (even if the shift is paid at a flat rate we need the hours spent on-site)
Total Regular Hours = the total # of hours
Holiday/Premium Hours = any hours worked during a holiday, and/or hours that should be paid at a premium rate
On Call Shift = Put Y if on call or N if not on call
Call Start/End Time = the actual start and end times of a call shift
Rounding Hours = the total # of hours rounding
CallBack Hours = Total # of hours called back to hospital during a call shift