



MONTHLY RESPONSIBILITIES and ACTIVITY REPORT
MEDICAL DIRECTOR/ASSOCIATE MEDICAL DIRECTOR

PRINT - Physician Name	Program Name		Month of Service	Team #	Team DCS
Responsibilities and Activities	Date	Travel Time	Activity Time	Notes	
IDT Meetings (Include Meeting Census)					
Meeting 1:					
Meeting 2:					
Meeting 3:					
Meeting 4:					
QAPI/PIP Initiatives					
Meeting 1:					
Meeting 2:					
Medical Staff Meetings					
Semimonthly Team Meeting:					
Semimonthly Team Meeting:					
Quarterly MD/AMD Meeting:					
Other/Regional/Company:					
Training & Education (Colleagues & Community)					
Meeting 1:					
Meeting 2:					
Meeting 3:					
Meeting 4:					

For Management Use Only - To Be Completed By The Director of Clinical S (Average the IDT meeting census for the month to determine the appropriate team census below).

Medical Administrative Calls & Support**			
Team Census 0 - 30 ADC: 4 hrs			
Team Census 31 - 60 ADC: 6 hrs			
Team Census 61 - 100 ADC: 8 hrs			

Total Hours _____

By signing this document, I am certifying that all the information on this timesheet is true and accurate.

MEDICAL DIRECTOR'S SIGNATURE: _____ **Date** _____

DIRECTOR OF CLINICAL SERVICES SIGNATURE: _____ **Date** _____

The Medical Director had On-Call responsibilities for the month and fulfilled those duties satisfactorily.

_____ **DCS Initials** _____ **Date** _____

***These hours are only an estimate and are for internal use only. The Director of Clinical Services is responsible for allocating Medical Administrative Calls & Support time for teams with more than one Medical Director*