

EXHIBIT 1

Allocation of Physician
Compensation: Hours

Provider Name: _____
CCN: _____
Department: _____
Physician Name: _____

Cost Reporting Year: Beginning: _____ Ending: _____

Basis of Allocation: Time Study / / Other / / Describe: _____

<u>Services</u>	<u>Total Hours</u>
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- 1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions. _____
- 1A. Provider Services - Teaching and Supervision of Allied Health Students _____
- 1B. Provider Services - Non Teaching Reimbursable Activities such as Departmental Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc. _____
- 1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.) _____
- 1D. Subtotal - Provider Administrative Services (Lines 1, 1A, 1B, 1C). _____
- 2. Physician Services: Medical and Surgical Services to Individual Patients _____
- 3. Nonreimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc. _____
- 4. Total Hours: (Lines 1D, 2, and 3) _____
- 5. Professional Component Percentage (Line 2 / Line 4) _____
- 6. Provider Component Percentage - (Line 1D / Line 4) _____

Signature: Physician or Physician Department Head

Date