

GRMC LOCUMS PATIENT CONTACT TIMESHEET

PROVIDER: _____ WORKSITE: GRMC SPECIALTY: _____

Please email or fax timesheet

Email timesheet to: rebekka.vanness@gmipa.com Fax # 575 388 -1436 Phone# 575 538-2355

DATE on Locums duty	Called in to GRMC Patient contact time in	Patient contact time out	Patients V code (required)	Patient contact location at GRMC (ER, Adm In)	Hours of patient contact	<u>TO BE COMPLETED BY IPA</u> Total patient contact hrs this date	<u>TO BE COMPLETED BY IPA</u> Total hours patient contact to be paid this date

I hereby certify that the above is a true and accurate representation of patient contact hours.

PROVIDER SIGNATURE (REQUIRED)

Print Name