

[ORGANIZATION NAME]

EXHIBIT A

PHYSICIAN: «FirstName» «LastName», «Title» MEDICAL DIRECTOR OF: «JobTitle»

PAY PERIOD

For a complete listing of duties please reference the Medical Director Agreement.

Please indicate time in half hour increments.

DUTIES	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
A. Provide program assistance, guidance, and recommendations.																																
B. Provide medical guidance and direction.																																
C. Provide educational inservices and/or conferences.																																
D. Administrative duties.																																
E. Be available to discuss and review treatment.																																
F. Be a physician liaison.																																
G. Meet regularly with Clinic staff. Attend meetings as requested.																																
H. Other																																

GRAND TOTAL: _____

«FirstName» «LastName», «Title»

Date

Approved by: _____

* In addition to the above, please generally describe the services performed this month.

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Street

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