	Emp	loyee Name (P			O PRACTIC			se Last Rev				
	•	Lease:					Lease %:					
		Direct Patient Care					Indirect Patient Care			Administrative Work Total Hours		
	Day of the Week	Location	Date	Independent Face-to-Face Patient Interaction (Direct Professional Billing under NP/PA, including documentation)	Shared Face-to-Face Patient Interaction with Physician (Shared Service Professional Billing under Physician, including documentation)	Surgical services as 1st Assist in OR or procedures	Ancillary Testing	Authorizations	Communications	Quality & Outcomes	Other Administrative Work	Total All Columns
Examples	Tuesday Global	UH	1/2/2020	1.5 hours	1 hour	o hour	0.5 hour	0.5 hour	0.5 hour	1 hour	o hour	5 hours
Exan	Tuesday Non- Global	UH	1/2/2020	1 hour	o hour	o hour	0.5 hour	0.5 hour	o.5 hour	o hour	1 hour	3.5 hours
MONDAY	Global											
	Non-Global											
TUESDAY	Global											
	Non-Global											
WEDNESDAY	Global											
	Non-Global											
DAY	Global											
FRIDAY THURSDAY	Non-Global											
	Global											
	Non-Global											
SATURDAY	Global											
	Non-Global											
SUNDAY	Global											
SUN	Non-Global											
Office Use	Total											
	% Global % Non-Glob			Global Total								
	% Non-Glob			Non-Global Total								
	Please re	eturn form to Al	exis Yack	el, Administrative As	sistant for Advanced I	Practice Ser	vices, Room	UH623. Ema	il: YackelAl@u	pstate.edu	or fax: 315/	464-1977
Please return form to Alexis Yackel, Administrative Assistant for Advanced Practice Services, Room UH623. Email: YackelAl@upstate.edu or fax: 315/464-1977  Provider Name (Signature):  Date:												404 19//