



locum tenens
permanent placement

TELECARDIOLOGY TIMESHEET
6767 Old Madison Pike Suite 690 Huntsville, AL 35806
Office: 1-800-955-1919 Fax: 1-256-382-6482

Provider #: _____

Job ID #: _____

Assign. #: _____

Timesheet #: _____

Provider Name: _____

Week Ending: _____

(payroll weeks end on Sunday)

Worksite: _____

Type of Read	Number of Reads
Echo	
EKG/ECG	
Holter Monitor	

Total hours spent reading scans: _____

PLEASE SIGN (Physician and client representative are required):

***Client approved timesheets are due by noon each Monday.** Submit your expense receipts along with your D&Y expense form for any auto rental, airline, lodging and approved miscellaneous expenses for reimbursement.*

• **If personal auto was used, mileage incurred** _____

*****THE FOLLOWING SIGNATURES ARE MANDATORY*****

Locum Tenens Provider

Client Representative Approval

If you have any questions or concerns regarding this timesheet, please contact:

Shona Smith at 1-800-955-1919 Extension 5428

Please fax timesheet to 256-382-6482 OR

DYtimesheet_1@dystaffing.com