



FAX or EMAIL COMPLETED TIME SHEETS TO: 713-583-3343
timesheets@mintphysicians.com

Physician:	Client:
	Specialty:
	Invoice Period:

Physician Signature: Print below signature	Client Signature: Print below signature
By signing above I acknowledge that I have verified the hours recorded on this Provider Time Sheet.	
By signing above I acknowledge that I agree with the amount of hours recorded on this Provider Time Sheet and authorize billing based on the terms of our contract with Mint.	

Day	Date DD/MM/YY	Time In/Out If Needed			Reg Hours	Prem Hours	Hldy	Call Back	Week Nt Call	Week End Call	Patient Contact Hours	Comments
		In	Lunch (mins)	Out								
				Totals:								

Agreed upon reimbursable expenses
(please provide applicable receipts)

Item	Quantity	
Mileage		Total miles driven
Tolls/Fees		In dollars
Fuel		In dollars

Any time sheet turned in 30 days after the assignment ended will NOT be paid by Mint Physician Staffing.

This area for office use only

		Hours	Prem	Hldy	WN	WE	Bonus	Total Hrs
	C							
	P							
		Bill T&L to Client: Y / N						
		REC						
ADMIN	AM							

Time sheets are due on Monday at 9:00AM CST in order to be processed and paid within the same payroll week.