

PHYSICIAN COMPENSATION AND BENEFITS WORKSHEET

What is base pay?	\$ _____	Does it meet my range?	Yes	No	
If not at the high end of your range, what are compensating factors? _____ _____					
If it is at the high end of your range, are there expenses you will assume, e.g., health care coverage, parking, professional dues?					
Is there a signing bonus?	Yes	No	Is there an annual bonus?	Yes	No
How is the annual bonus determined?					
When is it paid?					
What is the partnership potential?					
May you accept other income from speaking engagements, authorships, etc?				Yes	No
Which sources?					
Is there a restrictive covenant?	Yes	No			
Length of time?			Geographic area?		

What benefits are included?	Yes	No
• FICA/Medicare paid		
• Health Insurance		
Policy/Company _____		
Coverage (single/family) _____		
Cost per month \$ _____		
Out of pocket max. \$ _____		
• Life Insurance		
Policy/Company _____		
Face Value _____		
Optional for dependents?		
• Dental Insurance		
Policy/Company _____		
Coverage (single/family) _____		
Cost per month \$ _____		
• Short-term Disability		
Benefits begin _____		
% of pay _____		
Continues for (# days or weeks)		
• Long-term Disability		
Benefits begin _____		
% of pay _____		
Continues for (# days or weeks)		

• Pension Plan		
Defined benefit _____		
Defined Contribution _____		
Vesting schedule # of years to 100%		

What benefits are included?	Yes	No
• 401(k) or other Retirement Savings		
Maximum Percentage Contribution _____		
Before Tax ____ After Tax _____		
Vesting schedule: # of years to 100% _____		
Company match Percentage? _____		
• Profit Sharing		
• Payment of Student Loans		
Percentage or Dollar Amount _____		
• Professional Dues and Licensing		
List Organizations and Dues: _____		

• CME Allowance		
• Auto Allowance		
• Auto Insurance		
• Cellular Phone Expenses		
• Malpractice Insurance		
Policy _____		
Occurrence/Claims Made _____		
Coverage Limitations _____		
\$_____ individual		
\$_____ Aggregate		
Annual Premium \$_____		
• Tail Coverage		
Previous Carrier _____		
• Non-financial Benefits		
Vacation Pay in Days _____ # of days		
Sick Pay in Days _____ # of days		
CME/Prof. Dev. Days _____ # of days		
Family Leave _____ # of days		
• Office Physical Environment		
Attractive _____		
Adequate for Service _____		
More than Adequate _____		

<ul style="list-style-type: none"> Practice Culture <ul style="list-style-type: none"> Values: Quality? Integrity? Cooperation? With Other Physicians - _____ Easy _____ Challenging _____ Difficult With Staff - _____ Easy _____ Challenging _____ Difficult 		
<ul style="list-style-type: none"> Relationship with Admitting Hospitals <ul style="list-style-type: none"> Which ones? _____ _____ _____ _____ 		