

PHYSICIANS COMPENSATION & BENEFITS STATEMENT WORKSHEET

Employment Offer _____

Facility _____

TYPE OF BENEFIT	EMPLOYEE COST	EMPLOYER COST	TERMS
ANNUAL BASE SALARY			
PERFORMANCE INCENTIVE POTENTIAL			
HEALTH			
VISION			
DENTAL			
LIFE INSURANCE			
SHORT TERM DISABILITY			
LONG TERM DISABILITY			
PROFIT SHARING / 401K			
VACATION / PTO			
CME			
MALPRACTICE INSURANCE			
MIDLEVEL SUPERVISION			
STUDENT LOAN REIMBURSEMENT/FOREGIVNESS			
PHYSICIAN COST			
EMPLOYER COST			