South Dayton Acute Care Consultants

CRITICAL CARE MEDICINE
Shakeel Ahmed, MD
Robert Barker, MD
Crystal Breighner, MD
Daniel Butnariu, MD
Mohamed Mian, MD
Shailendra Sawh, MD

METABOLIC CENTER
Richard Saxen, MD

INFECTIOUS DISEASES
Alpa Desai, MD
Kunal Desai, MD
Kaili Fan, MD
James Galbraith, MD
Richard Groger, MD
Shruti Patel, MD
Jonathan Pope, MD
Satish Sarvepalli, MD

INTERNAL MEDICINE
Valerie Aliu, MD
Malavika Balachandran, MD
Asheesh Bothra, MD
Leesa Comparin, MD
Jyothsna Dasarathula, MD
Sushma Edara, MD
Claire Godsey, MD
Susan Grandhi, MD
Jeyede Harris, MD
Russell Shaen Harvey, MD
Christopher Hendrickson, DO
Ashley Hotz, MD
Katherine House, DO
Benjamin Hummel, MD
Isaac Humphrey, MD
Michael Jarman, MD
Alexander Koehler, MD
Gregory Kuertz, MD
Abhishek Kumar, MD
Christopher Lee, MD
Sravan Kumar Metla, MD
Parminder Modgil, MD
Yousef Mohamed, MD
John Muriithi, MD
Siva Nalluri, MD
Tsering Norbu, MD
Chiamaka Onah, MD
Jane Oosthuizen, DO
Samip Parikh, MD
Sneha Patel, DO
Tarun Patel, DO
Surya Prakash, MD
Indu Rao, MD
Sven Raymond, MD
Asma Riaz, MD
Karlo Rufo, MD
Naveena Sallapudi, MD
Manjula Satyanarayan, MD
Melody Singer, MD
Gnanam Thambi-Pillai, MD
Michael Tuchfarber, MD
Chinedu Ukemenam, MD
Carrie Worley, MD

To:
Company:
Fax Number: 19725329272

From: Carole Webb,
Fax Number:
Phone:

MESSAGE:

Physician Name: _____ Location: _____ Month of Service: _____

Activity Set: _____

*Please indicate the numbe rof hours spent each day on activities listed below. Hours should be listed in quarter-hour increments.

Activities	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

By completing and signing this timesheet, I understand I am making a material representation, which may be used in making a claim for payment under Medicare of Medicaid. False informatin reported on this timesheet may lead to penalties and/or prosecurtion under state and federal law.

Physician Signature & Date _____ _____ Total Hours

Physician Printed Name: _____ KHN Director/VP Authorization: _____