



**To complete this questionnaire in Excel, go to [www.hhcsinc.com](http://www.hhcsinc.com).**

1. What type of facility are you?    Hospital       Group Practice       HMO       PPO
2. Check the category that applies to your Facility:    Medical School       Medical School Affiliation       Nonteaching
3. Annual Gross Revenue \$ \_\_\_\_\_      4. Number of Beds: \_\_\_\_\_
5. What control type is your Facility?       Governmental       Nongovernmental (Not-for-profit)       Nongovernmental (For-Profit)
6. If you are reporting for (check one) a  Group Practice or  HMO/PPO please indicate the following:      Number of Physicians: \_\_\_\_\_
7. What actual **Percent Increase in Pay** was **GRANTED** between 1/1/09 and 12/31/09?      \_\_\_\_\_ %
8. What **Percent Increase in Pay** are you **PLANNING** between 1/1/10 and 12/31/10?      \_\_\_\_\_ %
9. What percent of physicians are eligible for bonuses?      \_\_\_\_\_ %
10. What is the basis for incentive bonuses?       Discretionary       Individual performance       Total organization performance

Primary Specialty	FTEs	Annual Salary as of 1/1/2010 (To nearest \$100)	Annual Bonus	Total Compensation	On-Call Rate	Contract Hourly Rate	Hours Worked Annually	Total # of Patient Visits per Week	<input type="checkbox"/> Staff Physician	<input type="checkbox"/> Director	Subspecialty or Remarks
01. Chief of Staff											
02. Allergist/Immunologist											
03. Anesthesiologist											
04. Cardiologist (Invasive)											
05. Cardiologist (Non-Invasive)											
06. Dentist											
07. Dermatologist											
08. Emergency Physician											
09. Endocrinologist (Metabolic)											
10. Endocrinologist (Reproductive)											
11. Family Practice Physician											

*Physician Survey 2010*

1. Report only the base salary for each full-time physician on the payroll exclusive of fees, bonuses, and special arrangements. If a position has more than one incumbent and each works the same number of hours, show the weighted salary and number of incumbents for the position.
2. Use the remarks portion for reporting positions with more than one incumbent with differing hours and salaries.

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12. Gastroenterologist											
13. General Practice											
14. Geriatrics											
15. Hematologist/Oncology											
16. Hospitalist											
17. Infectious Diseases											
18. Internal Medicine											
19. Neonatologist											
20. Nephrologist											
21. Neurologist											
22. OB/Gynecologist											
23. Occupational Medicine											
24. Ophthalmologist											
25. Orthopedic Surgeon											
26. Orthopedic Surgeon/Sports Medicine											
27. Otorhinolaryngologist											
28. Pathologist											

Physician Survey 2010

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29. Pediatrician											
30. Physician Assistant											
31. Psychiatrist											
32. Pulmonary Medicine											
33. Radiation Oncology											
34. Radiologist (Diagnostic)											
35. Radiologist (Therapeutic)											
36. Rehabilitation Medicine/Physiatry											
37. Rheumatologist											
38. Surgeon (General)											
39. Surgeon (Neuro)											
40. Surgeon (Oral)											
41. Surgeon (Plastic)											
42. Surgeon (Thoracic & Cardiovascular)											
43. Surgeon (Vascular)											
44. Urgent Care											
45. Urologist											

Physician Survey 2010

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## Fringe Benefits

*Please answer the following questions pertaining to Fringe Benefits provided to your full time Physician employees.*

### I. CAFETERIA PLAN

Does the Facility offer a Cafeteria Plan for funding employee benefits?  YES  NO

### II. VACATION TIME or PAID TIME OFF (PTO) BANK SYSTEM *(Paid Time Off is the combined compensated time for all Paid Holidays, Excused Paid Absences, Personal Days, Vacation Time and Sick Leave.)*

1. Which of the following does the Facility offer?  PTO  Vacation Time

2. How many days off are given after the number of years shown are worked?

1 Year	5 Years	10 Years	15 Years	20 Years
_____ DAYS	_____ DAYS	_____ DAYS	_____ DAYS	_____ DAYS

### III. PAID HOLIDAYS *(If PTO, skip to question IV.)*

1. How many holidays (including Christmas and excluding other religious holidays) are paid though not worked? \_\_\_\_\_

2. How many religious holidays (excluding Christmas) are paid though not worked? \_\_\_\_\_

### IV. EXCUSED PAID ABSENCES *(If PTO, skip to question V.)*

1. How many days with pay are granted annually for personal leave? \_\_\_\_\_

2. How many days with pay are granted annually for sick leave? \_\_\_\_\_

3. What is the maximum number of days of excused paid absences that can be used or banked? \_\_\_\_\_

### V. CONTINUING MEDICAL EDUCATION

1. Does the Facility pay for Continuing Medical Education (CME)?  YES  NO

2. What percent of CME is paid by the Facility? \_\_\_\_\_ % or \$ \_\_\_\_\_

### VI. TUITION ASSISTANCE

1. Does the Facility provide Tuition Assistance?  YES  NO

2. What percent of Tuition is paid by the Facility? \_\_\_\_\_ %

### VII. LIFE INSURANCE

1. Does the Facility carry Life Insurance for Employees?  YES  NO

2. How much Insurance is provided:  1x Salary  1.5x Salary  2x Salary  Other: \_\_\_\_\_

3. What is the average annual premium per Employee (single) paid by the Facility? \$ \_\_\_\_\_ or \$0.\_\_\_\_/\$1,000

4. What is the average percent of premium paid by the Facility? \_\_\_\_\_ %

### VIII. ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

1. Does the Facility carry AD&D coverage for Employees?  YES  NO

2. How much AD&D is provided:  1x Salary  1.5x Salary  2x Salary  Other: \_\_\_\_\_

### IX. LONG-TERM DISABILITY INSURANCE

1. Does the Facility have a Long-Term Disability Insurance Program?  YES  NO

### X. MEDICAL INSURANCE

1. Does the Facility have a Medical Insurance Program for Employees?  YES  NO

2. What is the average annual premium per Employee (single) paid by the Facility? \$ \_\_\_\_\_ or  Self-Funded

3. What is the average percent of premium paid by the Facility for Employees? \_\_\_\_\_ %

4. Are Dependents covered under the Medical Insurance Plan?  YES  NO

5. What is the average percent of premium paid for by the Facility for Dependents? \_\_\_\_\_ %

**XI. DENTAL INSURANCE PLAN**

- 1. Does the Facility have a Dental Insurance Plan for Employees?  YES  NO
- 2. What is the average annual premium per Employee (single) paid by the Facility? \$\_\_\_\_\_ or  Self-Funded
- 3. What is the average percent of premium paid by the Facility for Employees? \_\_\_\_\_ %
- 4. Are Dependents covered under the Dental Insurance Plan?  YES  NO
- 5. What is the average percent of premium paid by the Facility for Dependents? \_\_\_\_\_ %

**XII. VISION CARE PLAN**

- 1. Does the Facility have a Vision Care Plan for Employees?  YES  NO
- 2. What is the average annual premium per Employee (single) paid by the Facility? \$\_\_\_\_\_ or  Self-Funded
- 3. What is the average percent of premium paid by the Facility for Employees? \_\_\_\_\_ %
- 4. Are Dependents covered under the Vision Care Plan?  YES  NO
- 5. What is the average percent of premium paid by the Facility for Dependents? \_\_\_\_\_ %

**XIII. CHILD CARE ASSISTANCE**

- 1. Does the Facility offer Child Care Assistance?  YES  NO
- 2. Which of the following does the Facility offer?  On-site facility  Off-site support
- 3. What percent of Child Care Assistance does the Facility contribute? \_\_\_\_\_ %

**XIV. PROFIT SHARING PLAN**

- 1. Does the Facility have a Profit Sharing Plan?  YES  NO
- 2. Facility contributes what percent of salary? \_\_\_\_\_ %

**XV. 401(k)/403(b) PLAN**

- 1. Does the Facility have a 401(k) or 403(b) Plan?  YES  NO
- 2. Employee contributes what average percent of salary? \_\_\_\_\_ %
- 3. Does the Facility match employees' contributions?  YES  NO  
If yes, the employer matches, what is the amount?
  - A. \_\_\_\_\_% of salary.
  - B. \_\_\_\_\_cents per \$1.00 of employee contribution, up to \_\_\_\_\_% of salary or \$\_\_\_\_\_.
- 4. What is the eligibility period for enrollment?  Upon Employment or \_\_\_\_\_months/\_\_\_\_\_hours
- 5. Vesting - number of months until fully vested.  Immediate or \_\_\_\_\_months

**XVI. FLEX SPENDING ACCOUNT**

- 1. Does the Facility offer a Flex Spending or Medical Savings Account?  YES  NO

**XVII. PROFESSIONAL ASSOCIATION DUES**

- 1. Does the Facility pay the cost of Professional Association Membership Dues?  YES  NO