

FMV Professional Services Request Form

- 1. Department Administrators complete Sections 1 – 3. Use the tab key or your mouse to navigate in the form.
- 2. Save the document as **FMV Request – Physician/s Name – Specialty** (ex: FMV Request-John Doe, MD-Surgery).
- 3. Email the completed form to Beth Dennis at bdennis@tulane.edu in the TUMG Financial Accounting Department.
- 4. Upon receiving the **completed FMV Analysis** from Beth, submit it to the OGC with a **completed Tulane School of Medicine/TUMG Contract Review Questionnaire**. Thank you.

Date Requested (mm/dd/yy): _____	Revenue Type: _____
Clinical Depart: _____	Additional Clinical Depart Info: _____
Department Administrator: _____	

Section 1 – Physician/s Information

- 1. Name of Physician/s or Clinician/s Providing Services: _____
- 2. Services Provided: _____ If Other, please specify: _____
- 3. Specialty: _____
- 4. The Service Provider is: Board Certified Board Eligible Neither
- 5. Years of Experience: _____

Section 2 – Contracting Partner Information

- 1. Legal Name of Contracting Entity: _____
- 2. Address **where services** will be provided:

Add 1:
Add 2:
City:
State:
Zip:

Section 3 – Compensation Information

- 1. Proposed rate (if available):
 - hourly rate: \$ _____
 - daily rate: \$ _____ per _____ hour day
 - as a _____ % of \$ _____ annual salary or
- 2. Maximum number of hours of Services provided: _____ per week month year
- 3. Maximum amount of compensation per year: \$ _____
- 4. Does compensation cover (check all that apply):
 - provider's professional services cost of overhead travel expenses malpractice/PCF insurance
- 5. **Please provide any other relevant compensation information, if applicable. If your FMV determination is different from the TUMG FMV analysis (below), please provide reasoning:** _____

Section 4 - FMV Analysis (to be completed by the TUMG Financial Accounting Department)

Analysis prepared by: [Beth Dennis](#)

Date prepared (mm/dd/yy): _____

Survey Used*	Specialty/Region	25 th percentile	50 th percentile	75 th percentile	100 percentile
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

* Acceptable surveys include Medical Group Management Association or Association of American Medical Colleges.

Comments: