





## Association of XYZ Managers 2007 Survey of Employee Benefits and Salary

August 2007

### 10. Salary Information

Please fill in the average hourly wage for each position as it applies to your staff. If one person on staff fulfills more than one role listed, please list the person's salary only once for the category that most closely matches the majority of their duties. If you have a unique role that does not generally fit into the categories described, please use the Other boxes and write in the role and tasks (use additional paper if necessary).

| <b>Medical</b>                  |                  | <b>Administrative</b>                   |                  | <b>Business Office</b>        |                  |
|---------------------------------|------------------|---|------------------|-------------------------------|------------------|
| Role                            | Avg. Hourly Wage | Role                                    | Avg. Hourly Wage | Role                          | Avg. Hourly Wage |
| Registered Nurse                |                  | Clinic / Practice Admin.                |                  | Book-keeper                   |                  |
| Licensed Practical Nurse        |                  | Clinic or Practice Manager              |                  | Billing/ Insurance Supervisor |                  |
| Histotech / Pathology Assistant |                  | Administrative / Clinic Secretary       |                  | Collections Representative    |                  |
| Certified Medical Assistant     |                  | Front Offc. Assistant / Scheduler       |                  | (Claims Representative)       |                  |
| Medical Assistant               |                  | Clinic supervisor/ Front Office Manager |                  | Other:<br>_____               |                  |
| Esthetician/Cosmetic Assistant  |                  | File Clerk                              |                  | Other:<br>_____               |                  |
| Surgical Technician             |                  | Transcriptionist                        |                  | Other:<br>_____               |                  |
| Laser Technician                |                  | Med.Sect'y                              |                  | Other:<br>_____               |                  |
| Back Office Manager             |                  | Other:<br>_____                         |                  | Other:<br>_____               |                  |
| Physician's Assistant           |                  | Other:<br>_____                         |                  | Other:<br>_____               |                  |
| Nurse Practitioner              |                  | Other:<br>_____                         |                  | Other:<br>_____               |                  |

## Association of Dermatology Administrators/Managers 2007 Survey of Dermatology Employee Benefits and Salary

August 2007

| <b>Retirement and Other Benefits</b>   |   |   |
|--|---|---|
| Some practices offer additional benefits to their employees, while others do not. Please indicate by circling the number to the left of your response which, if any, of these types of plans applies to any of your offices. |   |   |
| 11   | Do you have a 401(k) Retirement or similar plan?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| 12   | If yes, is there an "employer match"?   | <input type="checkbox"/> Yes →  __ __ __ %<br><input type="checkbox"/> No   |
| 13   | Do you have a Profit Sharing Plan?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| 14   | If yes, what are the terms and percentage for profit sharing?   | (open field)  |
| 15   | Do you offer full or partial reimbursement for Continuing Education and Conference Participation for non-physician staff? | Full reimbursement: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Partial reimbursement: <input type="checkbox"/> Yes <input type="checkbox"/> No     |
| 16   | If yes, what are the terms?   | (open field)  |
| 17   | Do you have a Cafeteria Plan or HAS?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| 18   | If yes, what is the limit?  | \$ __ __ __   |
| 19   | Do you have bonuses or a similar incentive plan?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| 20   | If yes, what are the terms or conditions for bonuses?   | (open field)  |
| 21   | Do you have product sales incentives?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| 22   | If yes, which positions receive these incentives?   | <input type="checkbox"/> Office Staff<br><input type="checkbox"/> Mid-level providers<br><input type="checkbox"/> Estheticians<br><input type="checkbox"/> Managers |
| 23   | What are the terms or conditions of product sales incentives?   | (open field)  |
| 24   | Do you offer commissions?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| 25   | If yes, which positions receive these incentives?   | <input type="checkbox"/> Office Staff<br><input type="checkbox"/> Mid-level providers<br><input type="checkbox"/> Estheticians<br><input type="checkbox"/> Managers |
| 26   | What are the terms or conditions of commissions   | (open field)  |
| 27   | Do you offer a clothing/uniform allowance for full-time staff?  | <input type="checkbox"/> Yes → What is the dollar amount per year? \$ __ __ __ <br><input type="checkbox"/> No  |
| 28   | Do you offer a clothing/uniform allowance for part-time staff?  | <input type="checkbox"/> Yes → What is the dollar amount per year? \$ __ __ __ <br><input type="checkbox"/> No  |

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| Holiday, Vacation and Sick Leave Benefits |   |
|---|---|
| 29  | How many paid holidays does your office typically observe per year? <span style="float: right;"> _ _  days</span>   |
| 30  | Please select:<br><input type="checkbox"/> Vacation and sick leave are calculated separately.<br><input type="checkbox"/> Our office combines vacation and sick leave into one category of PTO.   |
| 31  | Please report the amount of annual vacation and/or sick leave provided to both your full- and part-time employees for the years of service indicated. Use decimal fractions if necessary. Please also write the maximum accruable days for category of years of service, if it applies.<br><br>Note: if your office combines vacation and sick leave into a single category of "Personal Time Off," or PTO, please only fill in the "Vacation" columns. |

|                           | FULL-TIME Employees |                   |                    |                   | PART-TIME Employees |                   |                    |                   |
|---------------------------|---------------------|-------------------|--------------------|-------------------|---------------------|-------------------|--------------------|-------------------|
|                           | Vacation            |                   | Sick Leave         |                   | Vacation            |                   | Sick Leave         |                   |
|                           | # of Days Annually  | Maximum Accruable | # of Days Annually | Maximum Accruable | # of Days Annually  | Maximum Accruable | # of Days Annually | Maximum Accruable |
| <b>Length of Service</b>  |                     |                   |                    |                   |                     |                   |                    |                   |
| Immediately when employed |                     |                   |                    |                   |                     |                   |                    |                   |
| 1 to 2 Years              |                     |                   |                    |                   |                     |                   |                    |                   |
| 3 to 5 Years              |                     |                   |                    |                   |                     |                   |                    |                   |
| 6 to 9 Years              |                     |                   |                    |                   |                     |                   |                    |                   |
| 10 + Years                |                     |                   |                    |                   |                     |                   |                    |                   |

Thank you for participating in this online survey of employee benefits and salary. A copy of the results will be sent to you upon completion of the tallying of the data if you request below. This survey is conducted by Perception Solutions, Inc. No information will ever be linked to a specific practice. Information will only be reported in aggregate form. Please complete by September 30, 2007. If you have difficulties with the online survey, you may request a PDF copy of the survey. You may mail/fax your completed survey to Perception Solutions, 2472 Wentworth Lane., Aurora, IL 60502 Fax (630) 692-1428.

As a membership benefit, current XYZ members completing the survey will receive the Benefits & Salary Survey Results at no charge. Non-members completing the survey will receive the results at a reduced fee of \$30 to cover shipping and handling charges. Please make sure to let us know if you prefer a paper or PDF summary of survey results when asked about it towards the end of the survey. Those not participating in the survey that wish to buy a copy of the results will pay \$150 as an XYZ member and \$250 as a non-member.

To receive a summary of survey results provide your name and address below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_ Zip \_\_\_\_\_

Summary report format preferred:  Paper  Electronic (PDF) please provide e-mail: \_\_\_\_\_