

[Company Name/Hospital Logo Name]
[Department Name]
[Address]
[City, State, Zip Code]
[Date]

[Consultant Full Name]
[Professional Title/Medical Degree]
[Address]
[City, State, Zip Code]

Subject: Confirmation of Medical Consultant Contract

Dear [Consultant Name],

We are pleased to formally confirm your appointment as a Medical Consultant for [Facility/Organization Name]. This letter serves as official confirmation that your consultancy agreement has been executed and is effective as of [Start Date].

Scope of Work:

Your duties will include [Briefly list primary responsibilities, e.g., clinical advisory, patient consultations, or surgical oversight] as outlined in the signed agreement dated [Date of Contract Signing].

Contract Terms:

- **Term:** From [Start Date] to [End Date/Renewal Date].
- **Compensation:** [Amount] per [Hour/Month/Case].
- **Reporting To:** [Name/Title of Supervisor].

Onboarding Requirements:

Please ensure that copies of your current medical license, board certifications, and professional liability insurance (Malpractice Insurance) are updated in our credentialing system by [Deadline Date].

We look forward to your professional contribution to our medical team. If you have any questions regarding your administrative setup, please contact [Name/Department] at [Phone/Email].

Sincerely,

[Signature]
[Printed Name]
[Title]
[Organization Name]