

Date: [Date]

To: [Physician Name]

Address: [Physician Address]

Email: [Physician Email]

RE: Assignment Confirmation

Dear Dr. [Physician Last Name],

This letter serves to confirm your upcoming Locum Tenens assignment. Please review the details below:

Facility Name: [Facility Name]

Department/Specialty: [Specialty]

Location: [City, State]

Assignment Dates: [Start Date] to [End Date]

Shift Schedule: [e.g., 8:00 AM - 5:00 PM / 24-hour Call]

Expected Patient Volume: [Approximate Number]

Compensation and Benefits:

- **Daily/Hourly Rate:** \$[Amount]
- **Overtime Rate:** \$[Amount] per hour
- **On-Call Rate:** \$[Amount] per shift
- **Travel:** [e.g., Flight/Mileage reimbursed]
- **Lodging:** [e.g., Hotel provided/Stipend]
- **Malpractice Insurance:** [Provided/Not Provided]

Required Documentation:

Prior to your start date, please ensure all credentialing documents, state licenses, and DEA registrations are updated and on file.

On-Site Contact:

Name: [Contact Name]

Phone: [Contact Phone Number]

Please sign and return a copy of this letter to confirm your acceptance of these terms.

Sincerely,

[Your Name]

[Your Title]

[Organization Name]

Physician Acceptance:

Signature: _____ Date: _____