

Date: [Date]

To: [Provider Name]

Address: [Provider Address]

Email: [Provider Email Address]

Subject: Urgent Care Locum Tenens Assignment Confirmation

Dear [Provider Name],

This letter serves as formal confirmation of your locum tenens assignment at the following Urgent Care facility:

Facility Name: [Clinic/Facility Name]

Facility Address: [Full Street Address, City, State, Zip]

Reporting Manager: [Name and Title of Contact]

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

Shift Schedule: [e.g., Monday-Friday, 8:00 AM - 8:00 PM]

Total Expected Hours: [Total Hours]

Compensation and Benefits:

- **Hourly Rate:** \$[Amount] per hour
- **Overtime Rate:** \$[Amount] per hour (applicable after [Number] hours)
- **Holiday Rate:** \$[Amount] per hour
- **Malpractice Insurance:** Provided by [Agency/Facility Name]
- **Travel/Lodging:** [Details regarding reimbursement or arrangements]

Scope of Services:

You will be responsible for providing outpatient urgent care services, including but not limited to: acute illness treatment, minor injury repair (suturing), splinting, and interpretation of basic labs and X-rays.

Required Documentation:

Please ensure all credentialing documents, current state medical license, DEA certificate, and board certifications are uploaded to our portal no later than [Deadline Date].

If you have any questions regarding this assignment, please contact [Consultant Name] at [Phone Number] or [Email].

We look forward to a successful assignment.

Sincerely,

[Your Name]
[Your Title]
[Organization Name]