

Date: [Insert Date]

[Provider Name]
[Provider Address]
[City, State, Zip Code]

Subject: Renewal of Locum Tenens Assignment and Rate Adjustment

Dear [Provider Name],

We would like to formally extend your current locum tenens contract at [Facility Name]. Your current assignment is scheduled to conclude on [Current End Date]. We are pleased to offer a renewal of this contract for an additional term.

Renewal Terms:

- **New End Date:** [New End Date]
- **Revised Daily/Hourly Rate:** \$[New Rate]
- **Effective Date of New Rate:** [Date]

All other terms and conditions specified in your original agreement dated [Original Contract Date] will remain in full force and effect.

To confirm your acceptance of this extension and the adjusted rate, please sign and return this letter by [Deadline Date].

We appreciate your continued service and the quality of care you provide to our patients.

Sincerely,

[Your Name]
[Your Title]
[Facility/Agency Name]

Acceptance:

I, [Provider Name], accept the contract renewal and the adjusted rate as outlined above.

Signature: _____ Date: _____