

[Date]

[Medical Director/Facility Administrator Name]

[Facility Name]

[Department]

[Facility Address]

Subject: Notification of Short-Term Locum Tenens Coverage Pending Credentialing Renewal

Dear [Recipient Name],

This letter is to formally notify you that I will be utilizing locum tenens coverage for my practice/department effective [Start Date] through [End Date]. This temporary arrangement is necessary while the administrative process for my hospital credentialing renewal is being finalized.

The following qualified practitioner will be providing coverage during this period:

Locum Tenens Provider Name: [Provider Full Name]

Specialty: [Specialty]

NPI Number: [NPI Number]

The locum tenens provider has been fully vetted, holds an active state license, and possesses the necessary professional liability insurance. All patient care, documentation, and billing will be conducted in accordance with [Facility Name] protocols and regulatory guidelines regarding "substitute physician" billing (CMS Q6 modifier or equivalent).

I am working closely with the Medical Staff Office to complete the final requirements for my renewal and expect to resume full clinical privileges by [Expected Date].

Thank you for your assistance in ensuring the continuity of patient care during this brief transition. Please contact me or my office manager at [Phone Number] if you require further documentation.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title/NPI]