

Agreement for Support for After-Hours Coverage

Date: _____

Agreement Between: (Clinic Name) and (ER / Urgent Care Facility)

This letter is intended to document an agreement between the medical staff at the (Clinic Name and Address) and the (ER/Urgent-Care Facility and Address) to provide support for after-hours medical services for urgent or emergency health problems for patients of the above named clinic.

The physicians at the (Clinic Name) will inform patients of the after-hours medical care services available at the (ER/Urgent-Care Facility) as an option for receiving after-hours care for urgent or emergency medical problems.

Signed:

Dr. _____

Signature _____

Date _____

Representing the Physicians at the (Clinic Name)

Dr. _____

Signature _____

Date _____

Medical/Administrative Lead for the (ER/Urgent-Care Facility)