**Disclaimer:**

**The Newfoundland and Labrador Medical Association and the Family Practice Renewal Committee is not liable for the use of this template. This does not constitute legal advice. Physicians must obtain independent legal advice prior to entering into an agreement relying on this document, to ensure the application of this to your personal circumstances is fully considered.**

**LOCUM Agreement**

**THIS AGREEMENT AND ASSOCIATED APPENDICES** is dated this <> day of <>, <>.

BETWEEN:

<>,a corporation incorporated under the laws of Newfoundland and Labrador (“**Physician Corp A**”) <**OR if no prof. corp.**> <>,an individual residing in the City/Town of <>, in the Province of Newfoundland and Labrador (the “**Hiring Physician**”)

- and –

<>,a corporation incorporated under the laws of Newfoundland and Labrador (“**Physician Corp B**”) <**OR if no prof. corp.**> <>,an individual residing in the City/Town of <>, in the Province of Newfoundland and Labrador (the “**Locum Physician**”)

The Locum Physician will work in the Hiring Physician’s medical practice from:

\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

day month year day month year

**CONTEXT**

1. The Hiring Physician forms part of a Blended Capitation Group providing care under the Blended Capitation Model, the eligibility requirements of which have been confirmed as being met by the Family Practice Renewal Committee (“FPRC”) and the constitution of the Blended Capitation Group having been confirmed by the FPRC. The Blended Capitation Group has agreed to be bound by the terms of Schedule R to the Memorandum of Agreement among the Newfoundland and Labrador Medical Association (NLMA) and the Government of Newfoundland and Labrador dated May 3, 2022, which may be renegotiated or amended from time to time (the “**MOA**”).
2. The Capitation Rate (as defined in Schedule R to the MOA) accounts for the cost of the Hiring Physician hiring a locum for two weeks of practice coverage annually.
3. The **MCP Newsletter: Procedure for Having Locum Physicians at a Blended Capitation Practice**, dated July 9, 2024, sets out the billing rules for locums providing practice coverage at a Blended Capitation practice.
4. The Hiring Physician and the Locum Physician may wish to set out their responsibilities, financial terms, and payment obligations.

**NOW THEREFORE**, for good and valuable consideration, the sufficiency of which is hereby acknowledged, the Parties agree as follows:

1. **DEFINITIONS** 
   1. **“Attached”** means that there is a formalized, continuous relationship between a patient and a Blended Capitation family practice. Attachment is formalized through discussion and documentation in accordance with section 3.4 of Schedule R of the MOA.
   2. “**Basket of Services**” means the set of core, insured services provided by participant physicians for attached patients and reflects the typical activities of a family physician (non-specialized) in an office-based setting. The Basket of Services is set out in Appendix B to Schedule R of the MOA. The Basket of Services may be provided in-person or virtually, as determined appropriate by the provider.
   3. **“Blended Capitation Model (Model)”** means the payment model for physicians licensed to practice family medicine in Newfoundland and Labrador that provides a capitation payment for providing a Basket of Services to each Attached patient, and a partial fee-for-service payment for each service provided within the MCP Medical Payment Schedule to an Attached patient, in accordance with Schedule R.
   4. **“Blended Capitation Group (Group)”** means a group of three or more physicians who enroll in the Model and are working together to provide their patients comprehensive access to quality primary health care services.
   5. **“Capitation Payment”** means the payment made annually to a physician for the care of an Attached patient. The capitation payment for an individual Attached patient is the base Capitation Rate set out in section 3.8 of Schedule R adjusted in accordance with the Complexity Modifier set out in the table in Appendix A.
2. **LOCUM PHYSICIAN RESPONSIBILITIES**
   1. The Locum Physician agrees:
      1. to provide medical services to the patients of the Hiring Physician during the term of this Agreement noted above and further detailed in Appendix A;
      2. to comply with the usual office procedures of the Hiring Physician including procedures with respect to billing and accounting practices that are consistent with the professional and ethical standards set out by the College of Physicians and Surgeons of Newfoundland and Labrador (CPSNL), the Medical Services Plan of Newfoundland and Labrador (MCP), and Schedule R of the MOA;
      3. to ensure any new patients to the Hiring Physician’s medical practice who are non-residents of Canada sign the *Governing Law and Jurisdiction Agreement* form provided by the Canadian Medical Protective Association (CMPA).
   2. The Locum Physician confirms that it is now and will remain during the term of this Agreement:
      1. to be a licensed and registered physician lawfully entitled to practice family medicine in the Province of Newfoundland and Labrador with no restrictions imposed by the CPSNL and
      2. to be a member in good standing in the CMPA.
3. **HIRING PHYSICIAN RESPONSIBILITIES**
   1. The Hiring Physician agrees that the Locum Physician may use the medical offices and related facilities of the Hiring Physician located at the agreed upon address(es) as stated in Appendix A.
   2. The Hiring Physician will arrange with the Locum Physician a pre-assignment meeting in which it (or a designate) will provide an orientation if required, including office processes, billing procedures, on-call obligations if any, and clinical duties expected as outlined in Appendix A.
   3. During the term of this Agreement, the Hiring Physician agrees to provide:
      1. the usual equipment, materials, examination rooms and drugs to provide care to the patients of the Hiring Physician;
      2. the services of reception and office staff at the levels normally available to the Hiring Physician;
      3. access to patient records and related information for the patients of the Hiring Physician; and
      4. daily billing record sheet at the end of each day to the Locum Physician.
   4. At the end of the Agreement, the Hiring Physician agrees to assume responsibility or make arrangements for the follow-up of all patient care generated by the Locum Physician during the term of this Agreement.
   5. The Hiring Physician agrees:
      1. to maintain and keep in force an insurance policy (or policies) respecting liability for personal injury or property loss and the name of the Locum Physician as an additional named insured on such policy during the term of this Agreement. However, that the policy shall not include coverage with respect to medical malpractice which insurance must be maintained by the Locum Physician; and
      2. that all patients who are non-residents of Canada have signed the *Governing Law and Jurisdiction Agreement* form provided by the Canadian Medical Protective Association.
4. **FINANCIAL RESPONSIBILITIES**
   1. The Hiring Physician shall provide all the services and facilities described above at its own cost and expense. In particular, the Hiring Physician warrants that all rents and charges payable with respect to the medical offices, medical equipment, materials and supplies are fully paid for, or if leased, such leases are in good standing. With respect to office and other staff, the Hiring Physician represents and warrants that the employees are those of the Hiring Physician and all costs of such staff shall be paid by the Hiring Physician including wages, benefits, statutory deductions or income tax, Canada Pension, Workers Compensation, employer health tax and all similar costs and expenses. It is acknowledged and agreed that the Locum Physician is not responsible for any such amounts and that the Hiring Physician will indemnify and save harmless the Locum Physician from any claims, costs or damages which may be claimed against or incurred by the Locum Physician.
   2. The Locum Physician shall submit all billings for services according to the process set out in the **MCP Newsletter: Procedure for Having Locum Physicians at a Blended Capitation Practice**, dated July 9, 2024,available at: <https://www.gov.nl.ca/hcs/files/PROCEDURE-FOR-HAVING-LOCUM-PHYSICIANS-AT-A-BLENDED-CAPITATION-PRACTICE.pdf>.
   3. The Hiring Physician agrees to pay the Locum Physician for the coverage period, as defined in Appendix A, Section 1.0, as follows:

[Hiring Physician inserts payment terms, may be defined as $xxx.xx per full e.g., 7-8 hour day, $xxxx.xx per week, etc.

One option for the Hiring Physician to set appropriate payment terms is to estimate their average income for the coverage period, subtract 30% overhead, and calculate a daily or weekly rate.]

* 1. Specify if any other remuneration (e.g., accommodations, transportation) for the Locum Physician has been agreed upon:

|  |
| --- |
|  |

* + 1. The Parties are entering into this Agreement on their mutual understanding that no Harmonized Sales Tax (HST) is payable with respect to any aspect of the arrangement between them. If HST is payable by either of the Parties, they agree to cooperate with each other to establish the minimum amount payable. Each agrees to remit to the other or to the Excise Tax Branch, Revenue Canada such reports, calculations and moneys as may be determined to be payable. Each agrees to indemnify the other with respect to any obligations either may incur with respect to such payments to the extent such obligations are the responsibility of the other. Such amounts may be dealt with as a billing adjustment.
  1. Payments owed to the Locum Physician will be paid by the Hiring Physician every month or within 14 days of the completion of this Agreement. Outstanding payments owed to the Locum Physician will be subject to interest charges of 2% per month. Cheques to the Locum Physician will be made payable and mailed to:

|  |  |  |
| --- | --- | --- |
| **Payable to:** | First Name, Last Name, or Name of Professional Medical Corporation |  |
| **Mailed to:** | Suite, Number, Street |  |
| City |  |
| Province |  |
| Postal Code |  |

1. **CANCELLATION** 
   1. If a physician cancels the Agreement after it is signed and finalized, there is a penalty due from the physician initiating cancellation. The amounts of the penalty are:

|  |  |
| --- | --- |
| **Cancellation From Start Date** | **Penalty Amount** |
| **6 months or more** | **No penalty** |
| **2 to 6 months** | **$100.00** |
| **3 weeks to 2 months** | **$500.00** |
| **3 weeks or less** | **$700.00** |

* 1. Penalty may be waived or renegotiated if the cancellation was due to sudden illness or serious family emergencies, or if a replacement locum is found.

1. **RELATIONSHIP OF THE HIRING AND LOCUM PHYSICIANS**
   1. The Parties acknowledge that this Agreement does not constitute a partnership arrangement or joint venture and that neither has the right to contract in the name of the other and that liabilities incurred by one shall not be assumed by the other.
   2. The Locum Physician agrees that it is not an employee of the Hiring Physician and that it is an independent contractor for the purposes of the services provided on behalf of the Hiring Physician.
2. **SIGNATURES**
   1. The terms of this Agreement and as specified in the attached Appendices are agreed to by:

**Locum Physician:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Locum Physician**

|  |  |
| --- | --- |
| **NL Medical License #** |  |
| **MCP Billing #** |  |
| **CMPA #** |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Locum Physician day month year day month year

**Hiring Physician:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Hiring Physician**

|  |  |
| --- | --- |
| **NL Medical License #** |  |
| **MCP Billing #** |  |
| **CMPA #** |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Hiring Physician day month year day month year

**Appendix A – Practice Coverage Expectations**

Note: It is recommended that the Locum Physician and Hiring Physician discuss and document in detail the practice coverage expectations to reach clear understanding and agreement. Appendix A provides a comprehensive outline of possible details on the work schedule, office procedures and medical services that you may wish to discuss and note. Not all details may be relevant to your practice.

1. **TERM AND LOCATION(S) OF AGREEMENT**

The Locum Physician will work in the Hiring Physician’s medical practice from:

\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

day month year day month year

at the following work location(s):

|  |  |  |
| --- | --- | --- |
|  | **Location #1** | **Location #2** |
| Name of Office/Clinic |  |  |
| Phone Number |  |  |
| Suite, Number, Street |  |  |
| City |  |  |
| Practice Focus |  |  |

**2.0 TYPICAL WORK SCHEDULE**

Specify which days, times (in hours) and location the Locum Physician is typically expected to provide coverage for the Hiring Physician. The Hiring Physician understands and agrees that actual work hours may vary, and that the Locum Physician has flexibility in arranging their work schedule.

|  |  |  |  |
| --- | --- | --- | --- |
| **Days** | **Work Times** | **Break Times** | **Location** |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |
| Sunday |  |  |  |

# **3.0 PRACTICE COVERAGE EXPECTATIONS**

**On-call** - Specify which days and times the Locum Physician is expected to provide on-call coverage for the Hiring Physician. Discuss the on-call expectations, whether it is telephone only or on-site (e.g., location, contact number, call group details).

|  |  |  |  |
| --- | --- | --- | --- |
| **Days** | **On-Call Times** | **On-Call Details (Telephone only, On-Site)** | **Location** |
| **Monday** |  |  |  |
| **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |
| **Thursday** |  |  |  |
| **Friday** |  |  |  |
| **Saturday** |  |  |  |
| **Sunday** |  |  |  |

**Hospital Work –** Specify which duties the Locum Physician is expected to provide:

ER Work  Surgical Assists  Hospitalist Shifts

Attach or discuss any additional information as required, including:

* List of admitted patients: Yes/No/N/A
* Contact for Privileges: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Prenatal –** The Locum Physician is expected to provide prenatal care up to \_\_\_\_ weeks.

Attach/specify any additional information as required, including:

* Usual OB consultant referral list Yes/No/N/A

**Obstetrics**

Attach or discuss any additional information as required, including:

* List of maternity patients: Yes/No/N/A
* Obs on-call group: Yes/No/N/A
* Obs call schedule: Yes/No/N/A
* Hospital delivery information: Yes/No/N/A
* Handover/documentation process discussed: Yes/No/N/A
* Hospital delivery contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Contact for privileges: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Long-Term Care** Attach or discuss any additional information as required, including:

* List of extended care / nursing home patients: Yes/No/N/A
* List of facilities and addresses: Yes/No/N/A
* Usual visitation schedule: Yes/No/N/A
* Handover/documentation process discussed: Yes/No/N/A
* Any on-call requirements discussed: Yes/No/N/A
* Hospital delivery contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Contact for privileges: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Visits**

* Attach list of patients: Yes/No/N/A
* Specify and discuss expectations: Yes/No/N/A

**Walk in Clinic Shifts**

* Schedule and expectations discussed and noted: Yes/No/N/A

**Teaching Obligations –** specify which teaching obligations:

* Medical Students, year(s): Yes/No/N/A
* Residents, year(s): Yes/No/N/A
* Discuss schedule, expectations, remuneration: Yes/No/N/A

**Office procedures**

* Specify and discuss what in-office procedures are performed (e.g. liquid N2, sutures, biopsies, speculum exams, IUD insertion/removal, cosmetic): Yes/No/N/A

Locum Physician is expected to:

* Accept new patients: Yes/No/N/A
* See patients of other physicians in the same office: Yes/No/N/A
* Cover lab and other test reports /

Paperwork of the Hiring Physician only: Yes/No/N/A

* Cover lab and other test reports /

Paperwork of additional physicians, named below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **4.0 TYPICAL PATIENT VOLUME (WHEN IN CLINIC)**

* The typical number of hours per day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* The typical number of patients booked per day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **5.0 TYPICAL APPONTMENT TIME ALLOTMENTS**

Per appointment, specify:

* The time allotted for a regular visit is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* The time allotted for a CPX visits is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* The time allotted for Speculum Exam visits is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **6.0 LANGUAGE**

Languages other than English that are required include: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approximate frequency and number of non-English speaking patients: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For those patients where the same language is not understandable, specify:

* Whether translation is available: Yes/No/N/A

# **7.0 OFFICE ORIENTATION (IF REQUIRED)**

7.1 Contact Information:

* Staff contact information (in case of emergency): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Cell phone numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Contact information / personal email while away: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Security Code to office (note if a key provided instead/both):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* EMR ID/password: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Computer or printer ID/password: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* WIFI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7.2 Location of important office features are:

* Up-to-date in office emergency kit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Procedural equipment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Supply of gloves: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Staff lunch room, fridge, microwave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Parking (note if parking pass is required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7.3 Office and procedures/processes are discussed:

Yes/

* An office orientation was provided by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* An EMR orientation was provided by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No

N/A (Locum physician is already familiar with the office and EMR)

7.4 The Hiring Physician has provided the required additional information, including:

* Preferred consultant referral list: Yes/No/N/A
* List of high-needs or complex patients likely to require additional attention (e.g., narcotics, palliative), including any handover documents to make things easier, and discussion about the plan to prepare patients to be comfortable seeing a locum:

Yes/No/N/A

7.5 The name of the Locum Physician has been added to the Clinic’s personal and property liability insurance policy: Yes/No/N/A

# **8.0 OTHER TERMS AND EXCEPTIONS TO NOTE**

Specify any notes and/or exceptions to the above statements:

|  |
| --- |
|  |

**9.0 CHANGES AND CANCELLATIONS**

Once the Agreement and Appendix are signed, it is recommended that if any changes are to be made by either party, advance communication be sought and agreed upon. Changes may be recorded in Section 11.0. Any changes that result in cancellation of the agreement may result in a penalty outlined in the Locum Agreement Section 5.0.

# **10.0 SIGNATURES**

The terms of this Appendix A are agreed to by:

**Locum Physician:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Locum Physician**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Locum Physician day month year day month year

**Hiring Physician:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Hiring Physician**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Hiring Physician day month year day month year

# **11.0 TERM CHANGES TO NOTE**

11.1 Either party that would like to make changes should communicate them in advance and they should be mutually agreed upon. Specify any changes to the previous terms of agreement:

|  |
| --- |
|  |

The changes of the attached Appendix A are agreed to by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Locum Physician day month year day month year

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Hiring Physician day month year day month year