

MCP Locum Documentation/Declaration

Terms of Reference

1. A physician, before undertaking a locum tenens, will supply in writing to MCP, the name and practice address of the physician(s) being replaced, along with the start and finish dates for the period of replacement.
2. Unless directed otherwise, the provider number of the physician(s) being replaced will be inactivated and claims will not be accepted during the time of the locum replacement. Physicians planning to submit claims anytime during the period of locum replacement must indicate so in the Comments section below.

To be completed, signed and returned to MCP before commencement of the locum arrangement

Name of **Practice** Physician: _____
(Please Print)

MCP Provider Number: _____

Practice Address: _____

Name of **Locum** Physician: _____
(Please Print)

MCP Provider Number: _____

Locum Start Date: _____

Locum Finish Date: _____

Signature of **Practice** Physician

Date

Signature of **Locum** Physician

Date

COMMENTS