



## FORM FOR SOLO-PRACTITIONERS TO DESIGNATE OR CHANGE BACK-UP PHYSICIAN

Name \_\_\_\_\_ Specialty \_\_\_\_\_  
(print full name)

I have listed below the physician who has agreed to provide back-up coverage to attend my patients in my absence.

I understand that as a member of the Medical Staff with admitting privileges (Active or Courtesy staff) and since practicing as a solo-practitioner, it is my responsibility under the Rules and Regulations of the Medical Staff to designate at least one member of the Medical Staff to attend my patients in my absence. I also understand that this alternate Medical Staff member must be of the same discipline and possess equivalent clinical privileges at the Hospital that I have requested coverage for.

I also understand that in the event my designated alternate fails to respond to the patient's emergency, (1) the appropriate department chairperson, (2) the Chief of Staff, or (3) the Hospital President/Administrator shall have the authority to call on another member of the active Medical Staff to treat my patient(s).

My back-up physician is as follows for each facility for which I have privileges:

Name of backup physician	Specialty	Facilities
		Presbyterian Hospital Main/POH
		Presbyterian Hospital Huntersville
		Presbyterian Hospital Matthews
		South Park Surgery Center

**Each of the items below is required and must be checked to indicate your compliance:**

- I have confirmed that each designated back-up physician has appropriate privileges at each of the designated facilities at which I practice.
- I have obtained a written agreement from each named physician for designated back-up coverage. A signed letter from each listed physician **must** be submitted with this form as documentation of such agreement. An update to this form will be required in the event coverage arrangements change in the future.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Fax form to (704) 316-9463 or mail to Lisa Bowers at the following address:**  
Medical Staff Services • 200 Hawthorne Lane • Post Office Box 33549 • Charlotte, NC 28233-3549