

Avesis Locum Tenens Notification Form:

Locum Tenens is a Latin phrase that means: Holding the Place. Locum Tenens arrangements are arrangements between providers wherein one provider replaces the other for a period of time. After Avesis receives notification of a Locum Tenens situation, the Participating Provider may submit a claim under his/her name and provider number and receive payment for covered benefits for services provided by the locum tenens provider.

Contracted Provider Name and Office Name:
Tax Identification Number:
Provider Identification Number:
Locum Tenens Provider Name:
Contact person and telephone number:
Locum Tenens Provider's State issued provider number if applicable:
Effective Date for Locum Tenens relationship:
Reason for Locum Tenens relationship:
Expected termination date for Locum Tenens relationship:

The following documentation must accompany this form:

- 1) A written notice from the owner of the facility to Avesis in advance advising of the use of a locum tenens provider. If the use of the locum tenens is due to the incapacitation or death of the Participating Provider then the letter must be signed by the executor of the estate
- 2) Copy of the Locum Tenens provider's license
- 3) Proof of professional liability of one million dollars per occurrence/three million aggregate minimum

These items are to be mailed to the address at the bottom of this form.

In accordance with the Provider Agreement (Section D. (12), the Participating Provider may pay the locum tenens provider for his/her services on a per diem basis or similar fee for time basis. The locum tenens provider may not provide services to members for a period of time in excess of sixty (60) continuous days within a twelve (12) month period.