

Sample Two: Letter of Intent

PHYSICIAN NAME AND ADDRESS

Re: PHYSICIAN SPECIALTY

Dear Dr. :

We are very excited about the potential collaboration between you and HOSPITAL NAME to provide services to patients within NAME COUNTIES IN SERVICE AREA service area. Hopefully, you have become aware of the outstanding programs offered at HOSPITAL NAME and the quality care that patients receive. I am convinced that with your involvement, we will continue to be recognized as one of the best healthcare systems not only in this region, but in the country.

Your credentials and abilities will be a good fit with our medical staff as we not only stress quality care, but healing of the mind, body and spirit of the patient. I truly believe that with you working with our capable clinical staff and administrations, we will be able to offer new modalities of treatment that will benefit the patients of our community.

By way of this Letter of Intent, I am extending you an offer to affiliate with HOSPITAL NAME, as NAME OF JOB OFFERED. While this is a non-binding Letter of Intent, it will assist in formalizing the terms of our discussion and will be a springboard for generating the final documents. The following is a summary of what I believe to be the terms of our impending relationship.

HOSPITAL NAME would enter into a Physician Recruitment Agreement with you. The Physician Recruitment Agreement would be for a one (1) year period and in an amount not to exceed \$_____. It would be renewable for a second year at your discretion in an amount not to exceed \$_____. Upon signing the Physician Recruitment Agreement, you will receive a one time, lump sum payment ("Transition Payment") in the amount of \$_____. The full amount of the Transition Payment would have to be repaid to HOSPITAL NAME if you did not commence practice on the date agreed upon in the Physician Recruitment Agreement.

If you are in agreement that these terms are an accurate representation of our discussions, and you wish to continue the process and begin generating final documents, please indicate your intent by signing on the line provided below. Any final documents are subject to Board approval and you successfully receiving and maintaining Active membership status on DATE. Should you have any questions about the content of this Letter of Intent or wish to discuss any of the terms in greater detail, please feel free to call me. Once again, it has been a pleasure speaking with you these past several days and I look forward to working with you as we collaborate to provide excellent care for our patients.

Very truly yours,

HOSPITAL REPRESENTATIVE

I agree that this non-binding Letter of Intent clearly represents the terms of our discussion and I wish to continue the process in order to develop and execute final documents.

PHYSICIAN NAME