

Sample One: Letter of Intent

PHYSICIAN NAME AND ADDRESS

Dear PHYSICIAN NAME:

I wanted to let you know how much we enjoyed meeting you and your family last week. Everyone who met you felt you would be an excellent addition to our medical staff and community. I believe you have an excellent opportunity to build a busy and successful practice in

As a result I would like to make the following offer on behalf of :

1. We will prepare a two-year Physician Recruitment Agreement for your review and signature.
2. An income guarantee of \$/month for a 24-four months.
3. Practice operating costs of up to \$/month for a period of 24 months.
4. We will provide you with a \$ _____ sign-on bonus payable at the time the Physician Recruitment Agreement is fully executed.
5. It is understood that you will reside in Hospital's county service area. We will assume your relocation costs for up to _____. It is understood you will request and submit three (3) bids from qualified moving companies for transporting your household and medical office goods from your current addresses to a yet undetermined location within HOSPITAL NAME'S service area.
6. We will reimburse you for actual rent for temporary housing (if needed) for you and your family for the first 90 days of residence, not to exceed a total cost of \$ _____
7. All monies paid to you will be considered an interest-bearing loan, evidenced by a promissory note signed by you. The interest rate on the loan will be fixed at 1 percent (1%) above prime.
8. The principal and interest on said loan will be forgiven incrementally over a _____ month period based upon your continued practice in the community. The period of forgiveness will begin at the end of the 24th month of the Agreement.

If these general terms are acceptable, I would ask you to acknowledge by signing and returning one of the two originals of this letter to me. I'll look forward to hearing from you.

Sincerely,

HOSPITAL REPRESENTATIVE

I have reviewed the Hospital's recruitment offer and accept the general provisions. It is my intention to relocate to HOSPITAL NAME's service area and to begin an practice. I understand that my signature on this letter is non binding, and that my relocation is dependent upon the execution of a mutually acceptable written Physician Recruitment Agreement between HOSPITAL NAME and myself. I understand that HOSPITAL NAME will provide me with a Physician Recruitment Agreement for review the week of DATE.

PHYSICIAN NAME

Date