



**Central Oregon Independent
Practice Association**

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**COVERAGE ARRANGEMENT SHARE/ IN-PATIENT
COVERAGE STATEMENT**

COIPA's Participating Practitioner Agreement states: "Physician/ Associate agrees to make prior arrangements for other Participating Physician(s) to provide coverage for Members on a 24-hour a day, 7-day a week basis when Physician/Associate is unavailable. The same terms and conditions as agreed to by Physician/Associate shall be in effect and primary coverage may not be through a hospital emergency room or urgent care center."

I, (printed name of practitioner) _____, attest that the individual practitioner(s) or practice group as indicated below are available to take my patient's calls when I am unavailable 24 hours a day, seven days a week. I understand that the practitioner(s) who take call(s) for me must have a similar specialty (defined as like kind) to care for my patients.

The following practitioner(s) or practice group has agreed to provide my out-patient coverage arrangement while I am unavailable to take my own call:

Admit Plan: The following practitioner(s) or practice group has agreed to provide continuous coverage while I am unavailable to admit or make rounds on my own patients:

Practitioner Name (please print): _____ Specialty: _____

Signature: _____ Date: _____