SAINT PETER'S HEALTHCARE SYSTEM
254 Easton Avenue
New Brunswick, NJ 08901
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Medical Staff Affairs Department
Main Telephone Number 732-745-8600 ext. 8577
Main Fax Number 732-545-7010
Department Hours of Operation Monday to Friday 8:00am-4:30pm

PHYSICIAN COVERAGE ATTESTATION FORM

I, Dr. _____
agree to provide patient care coverage for Dr. _____
at Saint Peter's University Hospital as requested.

My primary contact information is:

FIRST NAME, LAST NAME, TITLE	
PRIMARY EMAIL ADDRESS	
MOBILE TELEPHONE NUMBER	
PRACTICE NAME	
PRIMARY OFFICE ADDRESS	
PRIMARY OFFICE TELEPHONE NUMBER	
PRIMARY OFFICE FAX NUMBER	

Signature: _____ Date: _____

Revised Date 05/24/23
Approved Date 05/25/23