{INSERT ORGANIZATION}

Interventional Cardiologist

Coverage Policy

It is the policy of {Insert Organization}, that all assigned employees follow the correct procedure for scheduling cardiologists for interventional coverage.

Procedures

Scheduling interventional cardiologists as coverage for non-interventional cardiologists our policy is as follows:

1. Mondays: Dr. {Insert Names} will provide interventional coverage {Insert length of time}. Contact cell number is {Insert cell phone number}.

2. Tuesdays: Dr. {Insert Names} will provide interventional coverage {Insert length of time}.

Contact cell number is {Insert cell phone number}.

3. Wednesdays: Dr. {Insert Names} will provide interventional coverage {Insert length of time}. Contact cell number is {Insert cell phone number}.

4. Wednesdays: Dr. {Insert Names} will provide interventional coverage {Insert length of time}. Contact cell number is {Insert cell phone number}.

1. Fridays: Dr. {Insert Names} will provide interventional coverage {Insert length of time}. Contact cell number is {Insert cell phone number}.
2. When Dr. {Insert Names} is on vacation, Dr. {Insert Names} will provide interventional coverage. Contact cell number is {Insert cell phone number}.
3. {Insert Organization} does procedures at the following hospitals:
   1. {Insert List of participating hospitals, cath lab managers and phone numbers for each}.

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| --- | --- | --- |
|  | **Policy and Procedure Manual** | |
| **{Insert Organization}** |
|  | **Original Date:** | **Revised Date:** |
| **Policy Number:** | **Subject:** | **Approved By:** |
| **Interventional Cardiologist Coverage** |  |
|  | **Date Approved:** |