



## After-Hours Access Attestation

*After-hours access is defined as **either one** of the following:*

- (a) Any office hours on Saturday or Sunday (anytime) ...**or...**
- (b) Any additional office hour(s) on weekdays (Monday through Friday) before 8 AM or after 6 PM.

I, \_\_\_\_\_ attest that our practice \_\_\_\_\_ has after-hour access as stated in the table below.

Day of Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Office Hours							

☐ We are **only** available on-call in an emergency.

☐ Our practice does not have any after-hours options available for our patients.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Please return **completed** and **signed** form to [MaCastano@mhs.net](mailto:MaCastano@mhs.net)