



MA Coverage End of Day Report

To be completed by MA providing coverage while primary MA is out of office. Report to be completed and left for primary MA to review upon return. This process will ensure optimal communication and avoid items being missed between changing hands. Thank you for taking the time to do this every time.

MA Name: _____ Date: _____

Provider Name: _____

Coverage I Completed Today:

Responsibility Description	Initials
All voice messages are checked, documented and all calls returned	
All buckets processed	
Provider Mail/Inbox cleared, sorted, and processed documents	
Charts prepped (3 days out) for (insert date prepped) :	
Provider out box cleared, sorted and processed documents	
Referrals completed	
E-scribes completed	
Roomed Patients, Cleaned and stocked rooms	

- Please remember if you are assigned coverage for the day and unable to complete tasks its your responsibility to let the Clinical Coordinator know before end of day so additional help can be assigned if needed.

Additional Notes/ Comments:

I verify that all these signed tasks have been **completed** for the day.

MA Signature

Date