

RED FLAG CHECKLIST · ANESTHESIOLOGY

15 contract provisions that quietly cost you.

Data. Leverage. Fair pay.

Built for anesthesiologists and pain physicians · 2026

The 15 provisions below are the ones most likely to cost anesthesiologists money, mobility, or leverage. Anesthesia contracts pivot on ASA unit economics, medical-direction ratios, and call structure — read each item against your contract and mark whether it is present, missing, or unclear. A single CRITICAL finding warrants careful review before signing.

THE 15 RED FLAGS

6 CRITICAL · 7 HIGH · 2 MODERATE

01 | ■ CRITICAL

ASA unit conversion factor with no benchmark

A flat dollar-per-ASA-unit rate with no reference to 2025 national benchmarks gives the employer full discretion over future adjustments and obscures whether you are at, above, or below market.

02 | ■ CRITICAL

Medical direction ratio above 1:4

Supervising more than four concurrent rooms breaks federal medical-direction billing rules and shifts the rooms to medical supervision rates — losing roughly 50% of the unit-based revenue.

03 | ■ CRITICAL

Claims-made malpractice, no tail commitment

Silence leaves who pays unresolved. Ask for employer-paid tail in writing for resignation, termination and nonrenewal; confirm the policy terms.

04 | ■ CRITICAL

No minimum case volume or hours guarantee

Without a floor on case volume, hours, or call commitment, the employer controls your income by controlling room assignments and the OR schedule.

05 | ■ CRITICAL

Termination without cause under 90 days

Hospital and surgery-center credentialing runs 90–120 days. A 30- or 60-day without-cause window leaves no time to credential, relocate, or replace income.

06 | ■ CRITICAL

Stipend or hospital subsidy assignable to employer

If the hospital subsidy or coverage stipend flows to the group rather than to physician comp, your effective rate can be cut without renegotiation when subsidy terms change.

07 | ■ HIGH

Call burden uncapped or undefined

Specify the number of call shifts per month, weekend/holiday rotation, in-house vs. home call, and per-call rate. Uncapped call language is one of the largest unpaid-work exposures in anesthesia.

08 | ■ HIGH

CRNA supervision differential missing

When supervising CRNAs in a care-team model, you carry medicolegal risk and billing responsibility. The contract should state your supervision differential or per-room credit explicitly.

09 | ■ HIGH

Non-compete over 15 miles or 2 years

Anesthesia coverage contracts consolidate at the hospital and surgery-center level. An aggressive radius can shut you out of an entire metro area for the restriction period.

10 | ■ HIGH

Bonus threshold not tested against your workload

Use the contract's stated units, case mix and credit rules to test the threshold. Model low, expected and high-production payouts for your schedule.

11 | ■ HIGH

Unilateral schedule and assignment rights

Employer-discretion language over case mix, site assignment, and call sequence strips your control over working life and concentrates undesirable rotations on junior physicians.

12 | ■ HIGH

No rate escalation clause

Without annual increases tied to inflation or a benchmark percentile, real compensation declines every year you remain. A flat multi-year ASA unit rate is a multi-year pay cut.

13 | ■ HIGH

No written stipend pass-through

If the hospital subsidy is not specifically allocated to physician compensation in writing, the group can absorb it as overhead. Demand a written pass-through formula.

14 | ■ MODERATE

Sign-on clawback with no pro-rata

Full repayment regardless of tenure treats the bonus as a leash rather than compensation. Negotiate pro-rata over 24 months and a waiver on without-cause termination.

15 | ■ MODERATE

Restrictive moonlighting clause

Broad bans on outside clinical work or locum coverage cap earning potential and remove income diversification. Restrict only true conflicts — same hospital, same surgery center.

NEXT STEP

Found a CRITICAL flag?

Run your contract through the Analyzer. Benchmark every term. Get a prioritized list.

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