



## 2020 - 2021 Provider Participation Plan

### Community Clinics

Name of Organization: \_\_\_\_\_ (please print)

Physical Address: \_\_\_\_\_ (please print)

Mailing Address: \_\_\_\_\_ (please print)

Office Phone: \_\_\_\_\_ Office Contact: \_\_\_\_\_

Referral/Scheduling Phone: \_\_\_\_\_ Referral/Scheduling Contact: \_\_\_\_\_

Billing Phone: \_\_\_\_\_ Billing Contact: \_\_\_\_\_

Contact Email: \_\_\_\_\_

### **In 2020-2021, I Will Participate in the following manner:**

\_\_\_\_ Partner with Project Access to provide affordable Primary Care services to the uninsured

\_\_\_\_ Refer all qualifying Project Access patients to Project Access for labs, diagnostics, specialty care providers, hospital-based services, not provided in my office

\_\_\_\_ *Other* as defined here: \_\_\_\_\_

**Authorized Signature:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

Please Note: For tracking purposes, which helps us avoid exceeding hospital donation caps and provider commitment levels, Diagnostics AND Initial Specialty Care Appointments MUST be set-up/scheduled by our office. All Diagnostics and Initial Specialty Care Appointments have Authorization Codes.

**Please fax this form to us at (423) 232-6707. Patients cannot apply directly.**

**Contact Brooks Blair, (423) 512-0625 or (423) 232-6700, with any questions or to request a meeting/presentation.**

**Thank you for helping our community in need.**

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