



Participation Agreement for Health Care Provider Volunteers

Please fax or email securely to 503-200-1245 or classic@projectaccessnow.org.

Thank you for your interest! Volunteering to see Project Access NOW clients:

- Strengthens and organizes the charity care provided across provider groups and health systems
- Improves the health of the low-income uninsured in the Portland metro region
- Cultivates collaboration between safety net clinics, specialty providers, and public community resources
- Reduces inappropriate Emergency Room usage
- Lets you determine your capacity to give; there is no minimum requirement

Provider or Group Name:

(Please attach a separate list of providers)

Primary Care or Specialty Areas:

Office Address (street, city, state, zip):

Main Phone:

Main Fax:

Main Email:

Tax ID Number (and/or other billing information, if appropriate):

Clinic Administrator (Contact Person):

Contact Phone

Contact Email

Annual Commitment

It is the intent of the above-named physician, other health care provider or group to provide care to patients enrolled in Project Access NOW on a volunteer, pro bono basis until further notice. It is mutually understood that this commitment is voluntary, revocable, and subject to modification by the clinician or group at any time. Project Access NOW will make a bona fide effort to provide coordination of patient care with other professionals or institutions and balance the efforts of its volunteers. Participation in the Project Access NOW program is voluntary and may be terminated by either party, at any time, for any reason, upon written notice to the other.

Annual Group Commitment:

Special Skills (languages, focus, etc.):

Exclusions/Comments:

Hospital Privileges are available at:

Signature:

Date: