



## Physician Commitment Form

**Provider Name:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_

**Clinic Name:** \_\_\_\_\_

Patients referred to Project Access specialist providers have been previously seen by a primary care provider who has determined that a referral to a specialist is needed.

Patients enrolled in Project Access have been pre-screened for insurance coverage and found uninsured/ineligible for Cooper Green or Medicaid.

Patients enrolled in Project Access will have documented their household income, and only those with household income at or below 200% of the federal poverty level will be eligible for a referral to a participating physician.

Project Access Specialty Care consults will be referred to participating providers on a rotating basis so that patients are distributed on an equitable basis.

### **YES! I will do my part to make Project Access a success.**

Between today and December 31, 2022, I pledge to:

Accept \_\_\_\_ patients per month  
*For primary care we would be thankful for 1 per month, and 2 per month for specialists.*

I am not interested in volunteering for Project Access at this time, but keep me posted as the program develops.

**Provider Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please return this form to Project Access via fax 205-838-6294.

For questions, please contact the Project Access Team at 205-202-1598