



Project Access NOW  
Connecting people to health care. Today.

PARTICIPATION AGREEMENT FOR VOLUNTEERS

Group Name (Please attach a separate list of practitioners w/license #s)

Address (street, city, state, zip)

Office Phone

Fax

Contact Email

Specialty Areas

Office Manager (Project Access Contact)

Manager's Phone

Manager's Email

Tax ID Number (other billing information if appropriate)

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.

Annual Group Commitment \_\_\_\_\_

Special Skills (languages, focus, etc.):

Exclusions/Comments:

Hospital Privileges are available at:

Referred to Project Access NOW by: (allow us to say thank you!) \_\_\_\_\_

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_