Project Access
Multnomah County
Connecting people to health care. Today.

in partnership with Project Access NOW
a regional collaborative effort in Clark, Multnomah,
Washington and Clackamas Counties

PARTICIPATION AGREEMENT FOR VOLUNTEERS

☐ **New Volunteer** ☐ *Updating Current Information*

The undersigned physician hereby volunteers to provide care to patients of safety net clinics participating with Project Access, at no charge, as follows:

Physician Name | Suffix | Physician's Email

Address (street, city, state, zip) | (if multiple or alternate clinic sites, please indicate)

Office Phone | Office Fax | Website URL (http://www.)

Sub Specialty or **Focus of Practice** | Bus Line #s

Office Manager (PAMC Contact) | Manager's Phone | Manager's Email

Primary Referral Coordinator/Scheduling Contact | Referral Phone | Referral Email

Annual Commitment

It is understood that we are accepting "cases" or 'patients' and will provide these patients with medical care, procedures, treatments or surgery *that are medically necessary*. If a particular patient requires a great deal of time and resources, we will request PAMC to modify our commitment level.

Project Access patients will be screened and pre-approved for hospital services (inpatient & outpatient) have an ID card, access to ancillary services such as labs, imaging, pharmacy, and specialty referrals.

I will accept this number of patients (cases) per year: ☐ **12** (suggested) ☐ **6** ☐ **Other** _____

The average contribution is 12 cases per year - per participating specialist and 6 per participating primary care physician

Hospital Privileges at: _____

Special Restrictions? _____

Referred to PAMC by: _____ (allow us to say thank you!)

Participation in the PAMC program is voluntary and may be terminated by either party, at any time, for any reason, upon written notice to the other.

Please direct inquiries to:

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