



*Opening doors to specialty medical care*

## An Invitation to Participate

Dear Colleague,

King County Project Access would like to invite you to become a volunteer provider in an important health care delivery initiative called King County Project Access (KCPA).

**KCPA will support your participation by providing patient screening** for income eligibility and medical necessity. We work diligently to ensure that there is an equitable distribution of consultations among all participating physicians. We will ensure that your commitment to provide services to a discrete number of KCPA enrollees is not exceeded.

**KCPA patients will receive instructions regarding their patient responsibilities**, and they will be informed that non-compliance will result in being terminated from the program. We will make appointment reminder calls to the patients prior to each visit and review with them any special instructions from your office.

**KCPA physicians will agree to provide care free of charge to a limited number of patients each month.** In addition to your services, KCPA patients receive all hospital, laboratory, x-ray and other diagnostic services, interpreters, medical supplies and rehabilitation services free of charge through this program. This reduces the time your staff would otherwise spend making arrangements for these services. The patient's primary care home agrees to provide them with their pharmacy needs while enrolled with KCPA.

Please consider the benefits to your practice, your profession, your patients and our community. Help your colleagues make this program as effective as possible. We recognize this is not the final solution to our nation's health care problems. However, we feel it does help physicians — who already see many "free" patients — better manage and coordinate the care of these patients.

Thanks for your consideration.

Sincerely,

Sallie Neillie  
Executive Director, KCPA



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## Physician Pledge Form

Physician Name:			
Practice Name:			
Specialty Area:			
Practice Address:			
Office Manager/ Contact person:			
Phone:		Fax:	
E-Mail:			
My Pledge	<input type="checkbox"/> Yes! I will do my part to make King County Project Access a success. I agree to donate <b>consultation and treatment services to Project Access enrollees, and to submit charges for reporting and tracking purposes only.</b> <a href="#">Here is my participation pledge:</a>  <input type="checkbox"/> I will accept _____ Project Access referrals per month. (We suggest two consultations per month.)		
Signature:		Date:	
UPIN or NPI* :			

\* if you have it

Please fax the completed form back to 206-382-3507.  
Thank you!