

## Project Access Physician Participation

A physician participating in Project Access agrees to either see patients in their office or volunteer at a community clinic.

I will volunteer my time to Project Access as a:

**Primary Care Physician (FP, GP, PD, IM)**

Over a 12 month period I pledge to accept up to the following number of patients:

10                       Other \_\_\_\_\_

**Specialty Care Physician**

Over a 12 month period I pledge to accept up to the following number of patients:

10                       Other \_\_\_\_\_

Or

**I will volunteer at a Community Clinic**

Over a 12 month period I pledge to volunteer the following number of hours:

24 hours               Other \_\_\_\_\_

Please contact me. I have additional questions regarding my role in Project Access.

I am not interested in volunteering for Project Access at this time.

Office Contact Name (please print): \_\_\_\_\_

Physician name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Fax this card to 206-1135 or mail to PO Box 4679, Austin, TX 78765

For more information, contact Cliff Ames at 206-1165.