



# PROJECT ACCESS

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Orange Flag Bldg, 104 S. Freya, Suite 114, Spokane, WA 99202 • (509) 532-8877 • Fax (509) 532-1375

## PROJECT ACCESS HEALTH CARE PROVIDER PARTICIPATION FORM

NAME OF PROVIDER: \_\_\_\_\_

GROUP NAME: \_\_\_\_\_

CONTACT PERSON (MANAGER): \_\_\_\_\_

PHONE: \_\_\_\_\_

YES! I'll do my part to make Spokane County Medical Society Foundation's Project Access a success. **I agree to accept one (1) patient per month (per provider) from the Project Access program.**

\_\_\_\_\_  
(Print Name of Provider or Group)

\_\_\_\_\_  
(Signature) Date:    /    /

**PLEASE RETURN TO:  
PROJECT ACCESS, TAPIO OFFICE CENTER  
104 S. FREYA, SUITE 114  
SPOKANE, WA 99202  
FAX: (509) 532-1375**