

# Project Access Spokane

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

## Project Access Medical Provider Participation Pledge Form

We / I pledge to provide donated medical services to Project Access patients who are low-income citizens of Spokane County with no medical insurance and no other access to medical care.

Provider Organization Name: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

This agreement may be revoked or changed with 30 days notice to Project Access. Please contact Project Access, at the phone number below, to communicate changes to your pledge.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

Return Completed Forms to:

**Project Access**

**Tapio Office Center**

**104 S. Freya Street, Suite 114**

**Spokane, WA 99202**

**509 532 8877**

**Fax: 509 532 1375**