



## PHYSICIAN COMMITMENT FORM

**NAME:** \_\_\_\_\_

**SPECIALTY:** \_\_\_\_\_

**PRACTICE GROUP NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_; FAX \_\_\_\_\_

Email: \_\_\_\_\_

**HOSPITAL PRIVILEGES:** \_\_\_\_\_

**YES!** I'll do my part to make the Jefferson County Area Project Access a success. Here's my 12-month pledge beginning \_\_\_\_\_. I will:

- Accept (\_\_\_\_) Specialty Care referrals - *please consider 12.*  
Accept (\_\_\_\_) Primary Care referrals – *please consider 6.*  
(insert number)

*\* Please note that Project Access is not designed to provide long term assistance and patients are required to requalify every six months to remain in the Project Access program.*

- Please contact me, I have questions about the Jefferson County Area Project Access.
- I am not interested in volunteering for Project Access at this time, but keep me posted as the program develops.

### **Questions? Contact**

- ~ Irby Ferguson, Director Project Access at 271-6820, for more information or
- ~ Martha Wise, Executive Director Jefferson County Medical Society at 205-933-8601

### **Please return to Project Access at the Medical Society office:**

By FAX – 930-5696 or 939-0680

By mail – Project Access, 1801 9<sup>th</sup> Avenue South, Suite #101, Birmingham, AL 35205

By e-mail – [Iferguson@jcmsalabama.org](mailto:Iferguson@jcmsalabama.org) or [Mwise@jcmsalabama.org](mailto:Mwise@jcmsalabama.org)