



2016 Project Access® Pledge Form (Return form by fax to 274-1825 by Friday, Dec. 7th)

Please help us keep our records current by printing the practice & physician information below along with making pledges for 2016. Pledges can be made per physician or for the practice as a whole.

Practice Contact Information

Practice Name:

Practice Mgr:

Address:

(Please print the best phone & fax numbers for Project Access® staff to communicate with you)

Phone:

Fax:

Pledge Information

The suggested annual pledge amount is:

- 10 new patients for primary care physicians
- 20 new patients for specialists

NPI Number	Physician Name	2016 Pledge	Signature

Or

Our entire practice will pledge to see _____ patients through 2016

Check here if your practice will not participate with Project Access® in 2016

Some practices may elect to have the practice manager sign on behalf of their physicians. If that is the case with your practice, please enter the contact information and fill in pledge amounts then have the manager print and sign their name below.

Printed Name

Signature

Date

The Project Access® team is deeply appreciative of the overwhelming generosity that our Buncombe County physicians display on a daily basis. We are here to assist you with any program questions and to help you with patient enrollments. We may be reached at 274-6989.