PROJECT ACCESS NASHVILLE SPECIALTY CARE

MEDICAL FOUNDATION OF NASHVILLE

SPECIALIST PHYSICIAN PARTICIPATION AGREEMENT

Whereas the Nashville Academy of Medicine and its physician members desire to provide physician services to low-income, uninsured residents of Nashville who cannot qualify for public health insurance and cannot afford private health insurance; and

Whereas the Project Access Nashville Specialty Care program has a referral system, in place since 2005, for equitably distributing uninsured, low-income patients enrolled in the PANSC program to physicians who agree to serve these patients free of charge;

Now therefore, **I agree to participate in the Project Access Nashville Specialty Care program and agree to do the following as a participating physician:**

- Accept up to my designated number per month, as resources allow, new patients who are low-income and uninsured persons referred by Project Access Nashville Specialty Care (The Nashville Academy of Medicine).

- My office will send a HCFA 1500 claim to the PANSC office at the Nashville Academy of Medicine (NAM) reporting the services and charges for each Project Access patient visit.

I understand that the Nashville Academy of Medicine make the following commitments to me regarding my participation in the program:

- The Nashville Academy of Medicine will remain registered with the department of health as a sponsoring organization. Given that the provision of health care services by the participating physician is without charge to the recipient of the services or to a third party, the participating healthcare providers:

    1. May satisfy one (1) hour of continuing education per one (1) hour of voluntary provision of healthcare services up to eight (8) hours.

    2. Shall not be liable for any civil damages for any act or omission resulting from the rendering of such services, unless the act or omission was the result of such person's gross negligence or willful misconduct. Additionally, no contract of professional liability insurance covering a health care provider in this state, issued or renewed on or after May 26, 1995, shall exclude coverage to any provider who engages in the voluntary provision of health care services; provided, that the sponsoring organization and the health care provider comply with the requirements of this part.

- All patients referred by the Project Access Nashville Specialty Care office (NAM) will have been previously treated by a primary care provider who has determined that a referral to a specialist is needed.

- All patients referred by the Project Access Nashville Specialty Care office (NAM) will have been pre-screened for insurance coverage and found uninsured and ineligible for public insurance (TennCare).

- All patients referred by the Project Access Nashville Specialty Care office (NAM) will have documented their family income, and only those whose family income is at or below 200% of the federal poverty level will be eligible for referral to a participating physician.

- All patients referred by the Project Access Nashville Specialty Care office (NAM) will receive a PAN Specialty Care identification card that they will present when seeking services.

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- The first appointment for each participant in Project Access Nashville will be scheduled by the Project Access Nashville Specialty Care office (NAM).
- The Project Access Nashville Specialty Care office (NAM) will send a letter to the physician's office confirming the appointment date and time and including information about the patient.
- Project Access Nashville Specialty Care patients will be referred to the next available participating physician on a rotating basis so that patients are distributed on an equitable basis.

PLEASE COMPLETE THE FOLLOWING AND RETURN BOTH PAGES OF THIS AGREEMENT TO:
Project Access Nashville Specialty Care
c/o Nashville Academy of Medicine
28 White Bridge Rd, Ste 400
Nashville, TN 37205
or fax to (615) 712-6247

Option 1:
I agree to see _____ (Patient Name) through the Project Access Nashville Specialty Care Program.

Option 2:
I agree to see up to _____ new patients per year through the Project Access Nashville Specialty Care Program.

Physician Information

Name: _____

Specialty: _____

Address (Primary Location): _____

Office Phone: _____ **Office Fax:** _____

E-Mail: _____

Preferred Hospital: _____

Preferred Pathology Group (if applicable): _____

Preferred Anesthesia group (if applicable): _____

NPI Number: _____

Provider Signature: _____ **Date:** _____