

Yes, sign me up!
I support Project Access,
the Medical Society of Sedgwick County's
coordinated effort to help low-income,
uninsured people
access donated
medical care.



- I pledge to accept 10 Project Access patients a year (20 if a specialist) into my usual medical practice *and/or*
- I pledge to volunteer at least 24 hours a year at an area safety net clinic of my choice.

Participating in Project Access requires physicians have an active Kansas medical license. I hold a current Kansas medical license. Yes No

Name *(please print)* _____

Signature _____

Group Name _____

- Primary Care
- Specialist *(specialty)* _____

Please sign this card and the Kansas Charitable Health Care Provider Form and return to:

Project Access
1102 S. Hillside
Wichita, KS 67211

thank you!