



## Thank You for Joining Project Access!

Your participation as a Physician Volunteer makes a difference in the lives of indigent patients every day. We are delighted to include you in our network!

<b>Last Name</b>	<b>First Name</b>	<b>Suffix (i.e., M.D.)</b>	<b>Specialty/Practice Area</b>
<b>Practice/Group Name</b>	<b>Address</b>	<b>City, State, Zip Code</b>	
<b>Phone Number</b>	<b>Fax Number</b>	<b>Physician Email</b>	
<b>I prefer to be contacted by:</b>  Phone    Fax    Email	<b>Office Manager Name</b>	<b>Office Manager Email</b>	
<b>Hospital Affiliation(s)</b>			
<b>Are you a member of the San Diego County Medical Society? (please circle)</b>  Yes                      No    (membership <u>not</u> required to participate)			
<b>If not a member, please provide your California Medical Board License #:</b>			
<b>Primary Care Physicians: How many "medical homes" are you willing to provide per year? (ideal is 2 per year)</b>			
<b>Specialists: How many patients are you willing to see per year? (ideal is 1 per month)</b>			

Project Access San Diego will contact you soon to discuss your participation. Project Access San Diego (PASD), coordinated by the San Diego Medical Society Foundation, is a program that connects eligible, low-income, uninsured patients with physicians who volunteer to provide free care in their office.

**Please Return to:**

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*Thank you for being a Physician Volunteer!*