CONNECTING TO CARE
3340 Providence Dr Ste A370 • Anchorage, AK 99508
Phone: (907) 743-6600 • Fax: (907) 646-0542 • AnchorageProjectAccess.org

MEDICAL PROVIDER PARTICIPATION FORM

INSTRUCTIONS: Please complete this form to join Anchorage Project Access (APA) and our network of volunteer providers or to update your current pledge. Fax completed forms to (907) 646-0542 or email Provider@AnchorageProjectAccess.org

Practice/Group Name:_____

Name of Provider(s): 1._____ 2._____

3._____ 4._____

5._____ 6._____

7._____ 8._____

Scope of Practice/Specialty:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ Fax:_____ Email:_____

Office Contact:_____ Office Contact Title:_____

Office Contact Phone:_____ Office Contact Email:_____

Languages Spoken in Office:_____ Do you have interpreter services?: ☐ Yes ☐ No

Preferred Lab Services:_____

Note: Please send labs to patients' primary care facility if available.
APA patients may receive donated lab services through Quest Diagnostics and LabCorp.

Participation Pledge: A pledge consists of a completed treatment plan for each patient. There may be multiple follow-up appointments and services related to the completion of each treatment plan.

Please indicate the number/frequency of pledges you are willing to accept:

_____ APA referral(s) per month **or** _____ APA referral(s) per year

Are you willing to see more than one APA patient at a time?: ☐ Yes ☐ No

Please include any special instructions or notes that would be helpful for our Care Coordinators:

_____
_____
_____
_____

Alaska Statute 09.65.300 provides immunity for licensed health care providers who provide free health care services within their scope of practice. Donating providers are not liable for civil damages resulting from an act or omission in providing this care. I understand that services provided to APA patients are always free of charge and based on my best clinical judgment.

_____ _____ _____
Name Signature Date