



2612 Commons Boulevard • Augusta, Georgia 30909 • Phone 706-733-5177 • Fax 706-736-8055

**RCMS PROJECT ACCESS
2009 PHYSICIAN PLEDGE FORM**

NAME: _____ (please print)

PRACTICE: _____

SPECIALTY: _____ (list specialty)

DEA #: _____

ADDRESS: _____

PHONE: _____

FAX: _____

OFFICE CONTACT: _____

EMAIL: _____

YES! I'll do my part to make RCMS Project Access a success. Here's my pledge:

During January 1 to December 31, 2009, I will:

Agree to accept _____ (**number**) RCMS Project Access **patient referrals** for ongoing or short term care needs. (The referrals will be assigned quarterly).

_____ Please contact me. I have additional questions regarding my role in RCMS Project Access.

I understand I can resign my pledge at any time by contacting the RCMS Project Access headquarters. I understand that my pledge will automatically be renewed at year-end unless I contact the RCMS Project Access office.

Please return this form via fax to Stacie McGahee with RCMS Project Access at 736-8055

Project Access will advertise quarterly, thanking participating physicians and providers. If you **do not** wish to be recognized, please indicate so by signing: I **do not** wish to be recognized for my volunteer efforts on behalf of Project Access _____.