



**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) to my usual medical practice *or*
- I pledge to accept \_\_\_\_\_ Project Access patients a year.

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!**