

PHYSICIANS REACH OUT COMMITMENT FORM

Practice:	Specialty:
Address:	
Phone:	Fax:
Email:	Website:
Is your practice on Facebook? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your practice on Twitter? <input type="checkbox"/> Yes <input type="checkbox"/> No Account:

YES! Our practice will agree to volunteer with Physicians Reach Out.

Each physician will see _____ patients per year for services.

Physicians usually accept an average of one patient/month for family practice/internal medicine or two patients/month for specialists. MLPs may also volunteer in PRO.

Please complete this form and fax to 704-943-3747. If you have any questions, please contact our Provider Liaison at 704-248-3739 or Scameron@CareRingNC.com

(Please Print – Name of Practice Manager/Administrator or Lead Physician)

Signature

Date

Physician/Provider Name	Physician/Provider Name

Where do you have hospital privileges?

- Novant
- Atrium
- Both Novant and Atrium

Number of commitments per physician:

- _____
- Monthly
 - Bi-monthly
 - Quarterly
 - Yearly

PRO Office Use:

Date Received _____

Date Entered _____

Entered by _____

Date Scanned _____

THANK YOU!