

Pledge to CARE Form

Use this form to pledge your support to Northland CARE/MetroCARE.

(Please Print)

Group Name: _____ Physician Name(s): _____

My/our practice is: Primary Care OR Specialty Care (specialties): _____

Practice Address: _____

City/State/Zip: _____

FAX: _____ Email: _____ Phone: _____

Please contact me with more information on Northland CARE/MetroCARE.

YES! I would like to pledge for: myself OR my group (please check one).

I/we pledge to accept _____ eligible patients per year (12 per year recommended).

(# of patients)

Comments: _____

Hospital Affiliations/Preferences: Please indicate your hospital affiliation/preference(s).

Every attempt will be made to manage referrals within your hospital preference(s).

- | | | |
|--|---|---|
| <input type="checkbox"/> St. Mary's Hospital of Blue Springs | <input type="checkbox"/> Children's Mercy Hospitals and Clinics | <input type="checkbox"/> Centerpoint |
| <input type="checkbox"/> Lee's Summit Hospital | <input type="checkbox"/> Liberty Hospital | <input type="checkbox"/> North Kansas City Hospital |
| <input type="checkbox"/> Research Medical Center | <input type="checkbox"/> St. Joseph Medical Center | <input type="checkbox"/> Truman Medical Center |
| <input type="checkbox"/> St. Luke's Hospital System | <input type="checkbox"/> Truman Lakewood | <input type="checkbox"/> No hospital preference |
| <input type="checkbox"/> Main <input type="checkbox"/> East <input type="checkbox"/> Northland | | |

I will consider seeing patients at my imaging/surgery center. Center: _____

Which lab do you use? _____ What Pathology do you use? _____

Marketing Materials Opt-Out: Northland CARE/MetroCARE recognizes groups/practices in various marketing materials (annual reports, website, etc.). If you **do not want to be listed**, please check box.

Signature: _____ Date: _____

We will be contacting your office manager/administrator to schedule a training session. Our goal is to provide an organized, efficient system of care for the patient and the **Northland CARE/MetroCARE** volunteer physician.

Office Mgr./Administrator's Name: _____ Phone Number: _____

Special Requests: _____

Please return your completed pledge form via fax to 816-531-8438 or mail to:

Northland CARE/MetroCARE

315 Nichols Road, Suite 250, Kansas City MO 64112

Pledge to CARE Form

Additional Information

Who We Are:

Northland CARE/MetroCARE is a charitable health program for residents of Jackson, Clay and Platte Counties. It is operated in partnership by the **Metropolitan Medical Society** and **Northland Health Care Access**. **Blue Cross Blue Shield of Greater Kansas City** provides a non-payable electronic claims system that assesses medical costs for the medical services provided.

As a caring professional, you can be part of this growing network of community-minded medical providers by completing this **Pledge to CARE Form**. Sign up today, and encourage your colleagues to do the same.

What to Expect:

When you agree to participate in **Northland CARE/MetroCARE**, you are agreeing to be part of a network of volunteers who commit to provide medical care at no charge to the patients that you accept.

Northland CARE/MetroCARE works with safety-net and health department clinics in the Kansas City metro area to ensure that patients, who are uninsured and have limited income, commit to following through with their care and treatment.

By volunteering you can expect:

- To see only the number of patients that you agree to see (12-24 patients per year suggested; any number accepted);
- To see patients in your own office;
- To have adequate clinical information about the patients that you see;
- To have assistance from the referring clinics for diagnostic testing, medication and follow-up care (as feasible);
- To provide health care to low-income individuals without private health insurance who are not eligible for Medicaid/Medicare.

To Join the Network:

Please return your completed pledge/participation form via FAX to: 816-531-8432.

Or mail to:

Northland CARE/MetroCARE

315 Nichols Road, Suite 250

Kansas City MO 64112

Phone: 816-531-8432 x206

Fax: 816-531-8438

E-mail: care@metromedkc.org

www.carekc.org