

## Arizona Chapter

INCORPORATED IN ARIZONA

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



The Arizona Chapter of the American Pediatrics presents



### Provider Participation Agreement

(Please complete the entire form)

**Questions?** Contact MSP staff at [mzp@azaap.org](mailto:mzp@azaap.org) or 602-532-0137 x421

Provider Name																	
Clinic/Practice Name																	
Office Contact																	
Address																	
City																	
Zip/Postal Code																	
Phone																	
Email																	
Services Offered <i>Check all that apply</i>	<table><tr><td>Audiology</td><td>Dermatology</td><td>Dental</td><td>ENT</td></tr><tr><td>Gastroenterology</td><td>Mental/Behavioral</td><td>Lab Services</td><td>Endocrinology</td></tr><tr><td>Optometry</td><td>Orthopedics</td><td>Ophthalmology</td><td>Neurology</td></tr><tr><td>Pulmonology</td><td>Primary Care</td><td>Other</td><td>Radiology</td></tr></table>	Audiology	Dermatology	Dental	ENT	Gastroenterology	Mental/Behavioral	Lab Services	Endocrinology	Optometry	Orthopedics	Ophthalmology	Neurology	Pulmonology	Primary Care	Other	Radiology
Audiology	Dermatology	Dental	ENT														
Gastroenterology	Mental/Behavioral	Lab Services	Endocrinology														
Optometry	Orthopedics	Ophthalmology	Neurology														
Pulmonology	Primary Care	Other	Radiology														
Special Instructions for MSP staff when processing referrals																	
In-Kind Value	(Enter your fee schedule here)																
Billing Cycle <i>Check your billing frequency</i>	<table><tr><td>Each patient</td><td>Weekly</td><td>Monthly</td><td>Quarterly</td></tr></table> <p><i>Invoices will only be paid for services within the current school year.</i></p>	Each patient	Weekly	Monthly	Quarterly												
Each patient	Weekly	Monthly	Quarterly														

**Thank you for your generosity. We appreciate your support!**

#### What is the Medical Services Project?

Implemented in 1993 by the Arizona Chapter of the American Academy of Pediatrics (AZAAP), the Medical Services Project (MSP) is a grant-funded, community-service project. The project was designed to connect Arizona's uninsured and underinsured disadvantaged children to necessary primary and specialty care. This is accomplished through a network of referral sources and health care professionals. During the 2024-2025 school year, the Medical Services Project processed 1,189 referrals which accounted for services of 556 children across the state. Children served through this program receive the vital care they need to avoid accessing care through emergency rooms. Your generosity and dedication to community service is immensely valued, but we want you to know that MSP is devoted in assisting providers with the fiscal burden of connecting these children with quality care amid rising healthcare costs. **MSP can cover up to \$500 worth of services per child per school year.**

MSP Service Fee per office visit: \$5.00 – Primary Care visits \$10.00 – Specialty Care visits

- ☐ I am willing to allocate appointments for Medical Services Project referrals and agree to accept the above program-determined fee(s) as payment-in-full for services received during the office visit(s) *by the patient*. MSP will incur the remaining cost up to \$500/child per school year. Services delivered by other providers may affect the compensation amount for services rendered on your behalf.

Provider Signature \_\_\_\_\_

Date \_\_\_\_\_

*By checking the box above, typing your name in the 'Provider' line and dating this form, you are signing this agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this form. Furthermore, your electronic signature indicates your certification that all information provided on the agreement is true and correct to the best of your knowledge it is recommended that you print a copy of this document for your records. Understand your participation is non-binding and can be canceled at any time by notifying the Manager of Poverty and Child Health in writing, via mail, fax, or email.*

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## INSTRUCTIONS: Provider Participation Agreement

**Questions?** Contact MSP staff at [mssp@azaap.org](mailto:mssp@azaap.org) or 602-532-0137 x421

Provider Name	Enter the name of the health care provider(s) who will deliver MSP services
Clinic/Practice Name	Enter the clinic/organization name or private practice name
Office Contact	Enter the name and contact information of the person(s) who will handle MSP referrals, including the scheduling of patients
Address	Enter the address of your location(s) that will accept referrals
City	Enter the city of your location(s); (can also include 'Arizona')
Zip/Postal Code	Enter the zip code of your location
Phone	Enter the contact(s) phone number(s) who will handle MSP referrals
Email	Contact email is required
Services offered <i>Check all that apply</i>	Check the primary or specialty services your practice offers
Special Instructions for MSP staff when processing referrals	<b>Please be detailed in this section:</b> Explain your demands for accepting MSP patients (limited volume, age limit, etc.) You may also expand on your ability to accept urgent referrals or only routine exams. Highlight the types of services you are willing to provide.
In-Kind Value	Please include a fee schedule or an average cost for the services. For example, glasses range in price; please estimate what an average cost would be. This allows MSP to report the "in-kind" savings of healthcare costs to our grantor and to budget for services.
Billing Cycle <i>Check your billing frequency</i>	Check the frequency option in which you plan to bill MSP

**Thank you for your generosity. We appreciate your support!**