

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 the Program Manager at zhen@azaap.org or 602.532.0137 Ext.421

Provider Name				
Clinic/Practice Name				
Office Contact				
Address				
City				
ZIP/Postal Code				
Phone				
Email				
Services offered Check all that apply	Audiology Gastroenterology Optometry Pulmonology	Dermatology Mental/Behavioral Orthopedics Primary Care	Dental Lab Services Ophthalmology Other	ENT Endocrinology Neurology Radiology
Special instructions for MSP staff when processing referral				
In-Kind Value	(Enter your fee schedule here)			
Billing cycle Check your billing frequency	After every patient <i>Invoices will only be paid for services within the current school year.</i>	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 2021-22 school year, the Medical Services Project processed 649 referrals which accounted for services of 470 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 cancelled 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

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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 the 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 or locations that will accept referrals
City	City (Phoenix, Glendale, Tempe, etc.) You can also include "Arizona"
ZIP/Postal Code	You MUST enter the zip code
Phone	Enter the contact or contacts phone numbers who will handle MSP Referrals
Email	YOU MUST ENTER A CONTACT EMAIL
Services offered Check all that apply	Check the primary or specialty services your practice offers
Description Special instructions for MSP staff when processing referral	PLEASE BE VERY DETAILED IN THIS SECTION. Explain your demands for accepting MSP patients (limited volume, age limits, etc.). You may also expand on your ability to accept urgent referrals or only routine examinations. 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 so please estimate what an average cost would be. This allows MSP to report the "in-kind" savings of health care costs to our grantor and to budget for services.
Billing cycle Check your billing frequency	Check the frequency option in which you will bill MSP

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