



1102 S. Hillside / Wichita, KS 67211
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www.ProviDRsCare.Net

WPPA, Inc.
DECLARATION OF AGREEMENT

Provider: _____

Date of Birth _____ License #: _____

The Provider named above and any Group the WPPA Board of Directors has approved hereby mutually agree to participate in the preferred provider program of WPPA, Inc. (WPPA). These Parties further adopt and agree to be bound by all the terms and conditions of the WPPA’s Physician Provider Agreement now in effect, a copy of which are incorporated herein by references, and any amendments thereto.

The Provider named above empowers the WPPA, its officers and employees, to execute and deliver on behalf of the Provider a Declaration of Agreement to be made with any additional Group that the WPPA board of directors agrees may participate in the WPPA program.

This agreement shall be effective upon approval by the WPPA Membership and Peer Review Committee for the remainder of the calendar year in which it is approved, and from year to year thereafter, unless and until it is terminated by written notice under the terms of the Physician Provider Agreement.

The Provider named above understands that during at least the first year, this Agreement may be terminated with written notice by the WPPA without cause.

PROVIDER:

Provider signature required

Date: _____

WPPA, Inc.

Secretary, WPPA Board of Directors

Date: _____