



238 N. Waco / Wichita, KS 67202
Phone: (800) 801-9772 / Fax: (316) 683-6255
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**DECLARATION OF AGREEMENT
(PROVIDER GROUP)**

Organization: _____

Address: _____

Tax ID #: _____

The Participating 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 Participating 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 on _____, for a term ending on _____, and thereafter year to year, unless terminated 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.

REPRESENTATIVE:

Print Name

Signature required

Date: _____

WPPA, Inc.

Secretary, WPPA Board of Directors

Date: _____