



Non Profit 501c3
1640 Fort St. Suite E
Trenton, MI 48193
Fax:810-458-4187
Phone313-815-8767
www.ziadhealthcare.org

Dear Physician and OFFICE STAFF:

Thank you for agreeing to participate in Z.I.A.D. Healthcare for the Underserved, Inc. In accepting to provide service under this new 501c3 non-profit organization, you have agreed to assist many individuals who may have not otherwise obtained any kind of health care because they have little or no health care coverage. Please use the following protocol for seeing a Z.I.A.D. participant:

- Use the sliding scale attached as an EXAMPLE only. Base % charged on your actual fees.**Minimum \$20.00** fee should be collected on all visits.
- Serve the member based on the intake form attached. Following the participant's 1st visit, they should be directed to their nearest Department of Human Services (DHS) to apply for any benefits they might qualify for.
- **If the participant returns without proof of non-eligibility from the DHS they should be informed that they might be charged full price for any services you provide on their second and subsequent visits until they have provided sufficient documentation from the DHS.**
- **COMPLETE** THE ATTACHED Z.I.A.D. ENCOUNTER FORM FOR EVERY VISIT AND EVERY SERVICE PROVIDED. MAIL THE COMPLETED ENCOUNTERS TO 15530 KING ROAD, RIVERVIEW, MI 48193 or fax MONTHLY. IT IS IMPERATIVE THAT YOU PROVIDE THE ENCOUNTER DATA SO WE MAY TRACK USAGE AT EACH OFFICE.

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Please contact me if you have ANY questions or concerns at **313-815-8767**. Your signature below indicates acceptance of service to under/uninsured participants under Z.I.A.D. Healthcare for the Underserved, Inc. Again, thank you for your participation in this very worthwhile service.

With Greatest Respect and Appreciation,

Z.I.A.D. Healthcare for the Underserved, Inc.

Ibrahim Ahmed PhD RN Executive
Director

Attachments

Physician Signature

Date

Physician Name (please print)

Address

Telephone & **Fax** Numbers please

8/17/2008