

PHYSICIAN LEADERS DCE

Thank you for your interest in Physician Leaders. This Sign Up document is intended for providers to express your intention to participate in CMS's Direct Contracting Model with Physician Leaders'. You will be asked to acknowledge that you have been provided sufficient information about the Direct Contracting Model and Physician Leaders vision and plan.

There are two sections of this document.

1. Provider Information
2. Letter of Interest

You may complete this form or – if you prefer – the form can be completed electronically at www.pldce.com/signup.

If using this form, please complete, sign and email to info@pldce.com.

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Section 1: Provider Information

Please add the details for each participating provider. If you have more than 5 providers to add, please add them to the listing on the last page of this document.

Practice Name	Name (First and Last)	Zip Code	Email Address	Billing TIN #	Individual NPI #

Section 2: Letter of Interest

Physician Leaders is an organization forming with the intent to participate in the Centers for Medicare and Medicaid Services' (CMS) Innovation Center's Direct Contracting Model beginning January 1, 2022. Our expectation is to participate as a Standard Direct Contracting Entity with the Global risk-sharing payment model.

Physician Leaders connects physicians and other direct care delivery providers committed to transforming the patient and provider experience. In partnership with CMS, Physician Leaders' vision is for a physician-led health care model that pursues the quadruple aim of enhancing the patient experience, improving population health, reducing the cost of care, and enhancing care team well-being.

By way of acceptance of this non-binding Letter of Interest, I (or 'We' if you are submitting on behalf of others) acknowledge that I have been provided with sufficient information about Physician Leaders necessary to understand the Direct Contracting Model and Physician Leaders' vision and plan to express our interest in participating.

As part of this expression of interest, I agree that:

1. I have provided Physician Leaders with a list of providers interested in participating.
2. Physician Leaders may represent my intention to participate in the proposed Direct Contracting Entity to CMS for the purpose of receiving benchmark spend data, unless I subsequently inform Physician Leaders that I am no longer interested in participating.
3. I will remain engaged with Physician Leaders to receive and review updates and other communication, including promptly responding to reasonable requests for additional information and/or completion of required documents, and
4. I will promptly inform Physician Leaders if our intention to participate changes.

My expression of interest in participation and the acceptance of the terms contained in this document is indicated by my signature and date.

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Name:

Signature:

Date:

