



Instruction Sheet: How to Participate

Thank you for your interest in the Oakwood Accountable Care Organization.

To become a member of the Oakwood ACO, LLC, please:

1. Complete/sign the enclosed Subscription Agreement
2. Complete/sign the enclosed Participation Agreement
3. Attach a copy of most current W-9
4. Complete/sign the enclosed HIPAA Business Associate Agreement (BAA)
5. Include a check for Capital Contribution of \$250 made payable to the Oakwood ACO LLC
6. Provide the following information (please print):

_____ Physician Name

_____ Practice Name

_____ Practice Address

_____ Practice Telephone Number

_____ Physician CAQH Number

7. Mail all items (Subscription Agreement, Participation Agreement, BAA Agreement, W-9, Instruction Sheet, and a check for \$250) to:

**Oakwood Accountable Care Organization
15500 Lundy Parkway
Dearborn, MI 48126**

**For additional information, please call the Oakwood ACO Business Office at
313.253.6058.**