

**CHILDREN’S COMMUNITY PHYSICIANS ASSOCIATION**

**PHYSICIAN MASTER AGREEMENT**  
**EXECUTION PAGE**

In consideration of the mutual covenants and promises stated herein and other good and valuable consideration, the undersigned has agreed to be bound by the CCPA Physician Master Agreement and any Product Description indicated below, as of the date set by CCPA as the effective date (hereinafter “**the Effective Date**”).

<u>Product Description:</u> Fee-For-Service Products
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**PHYSICIAN**

**CHILDREN’S COMMUNITY**  
**PHYSICIANS ASSOCIATION**

\_\_\_\_\_  
(Signature)

By: \_\_\_\_\_  
Kena Norris

\_\_\_\_\_  
(Print Name)

Title: Executive Director, CCPA

\_\_\_\_\_  
(Date)

Date: \_\_\_\_\_

\_\_\_\_\_  
Physician’s Social Security Number

Effective Date: \_\_\_\_\_

\_\_\_\_\_  
Practice’s Tax ID Number

Office Address:

Office Address(es):  
\_\_\_\_\_  
\_\_\_\_\_

CCPA Executive Director  
225 East Chicago Avenue, Box 113  
Chicago, IL 60611