



Amtrak Police Lodge #189 Labor Committee

262 Orchard Avenue, Maple Shade, New Jersey 08052 (856) 297-9685

AGREEMENT

TO: Fund Administrator, Police Surgeons Program
Fraternal Order of Police - Amtrak Police Department Lodge # 189

I hereby apply to become a participating surgeon with the Fraternal Order of Police / Amtrak Police Department Lodge # 189, Police Surgeon Panel. Each practice location will be identified in this agreement and assigned a separate number. Each treating Physician will sign this agreement. I will accept the fees listed in the members schedules as full payment for services to the active or retired member, spouse and eligible children. In the event that I choose to terminate my panel membership, I agree to notify your office in writing at least 30 days prior to the effective date of the decision. I understand that the organization reserves the right to terminate my participation in the Surgeon Panel. I understand that if either the panel or I decide to terminate this agreement, I will return all materials (shield, ID & Placard) pertaining to the organization.

I agree to provide the highest quality of medical care to the member I see. I will adhere to any correspondence I receive from the organization. In the event that I wish to advertise my status as a Participating Surgeon to the media, I agree to submit such advertisement for approval to the Executive Board. The Executive Board or their representatives may conduct on-site visits and will investigate any grievance or complaint. You will be listed in the nationwide directory that will be distributed to the Fraternal Order of Police / Amtrak Police Department Lodge # 189 members.

I understand that this agreement does not infringe upon my freedom of choice to accept a patient, nor does it put any constraints or limitations on my best clinical judgment in treatment.

My signature on this application indicates my agreement to accept all the provisions set forth in this application package.

DATE

SIGNATURE



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PROCEDURE:

Please follow the following directions to complete your application.

1. All materials should be sent to the address listed on the last page of this application.
2. After signing this agreement, please provide the following:
 - **COPY OF YOUR STATE LICENSE TO PRACTICE MEDICINE**
 - **A CURRENT RESUME**
3. Provide * ***TWO*** Passport pictures.
4. Provide a check for \$250.00 to cover the application fee and first years' dues. This will also cover the cost of the badge, Wallet, Placard and processing of the application. A current parking Placard will be supplied each year after annual dues of \$150.00 is paid. The annual dues are to be paid every year on or before January 31st.
 - The check should be made payable to: FOP/Amtrak Police Lodge # 189

GENERAL INFORMATION:

Please provide answers to the following questions so that we can complete your application processing. To avoid delays, please print legibly or type your response.

Name _____ Degree _____

Medical
Specialty _____

Home Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____



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Cell Phone _____

Pager _____

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Answering Service _____

Office Address _____

City _____ State _____ Zip _____

Office Phone Number(s) _____

Office Fax Number(s) _____

E-Mail Address _____

To register your placard, please provide the following Vehicle Information:

Year _____ Make _____ Model _____

Color _____ Doors _____

License Plate Number _____ State _____

To complete your ID card, please complete the following:**

Date of Birth _____ Height _____ Inches _____ Weight _____

Eye Color _____ Hair Color _____ Blood Type _____



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If there are any other Physicians in your practice that you would recommend for membership in the panel? If so, please make a copy of this form and have them fill it out and mail to the address below.

PLEASE ENSURE THAT YOUR APPLICATION IS COMPLETE TO AVOID UNNECESSARY DELAYS.

* = The pictures will be kept in our files and when we have a new elicited FOP President the bottom part of the two part ID Card will be updated.

**= This information will be posted on the back of the top portion of your ID card.

All Personal Information will be kept strictly confidential.

Thank you and welcome to the Fraternal Order of Police / Amtrak Police Lodge # 189 Police Surgeon Program.

Please send all materials, including check (payable to FOP/Amtrak Police Lodge# 189) to:

DR. Sheldon H. Werner
Deputy Chief Surgeon – FOP/Amtrak Police Department Lodge # 189
308 Maloney Road
Wappingers Falls, New York 12590
info@amtrakpolicesurgeon.com

Check List

1. Complete the application, Sign & Date
2. Copy of State License to Practice Medicine
3. Copy of Resume
4. Two passport pictures
5. Check for \$250.00 made out to FOP/Amtrak Police Lodge # 189