

**PHYSICIANS CONTRACTING ORGANIZATION OF
TEXAS (PCOT)**

**1310 Doctors Drive, Suite B
Tyler, TX 75701
(903) 526-3268
(903) 526-2320 (Fax)**

GENERAL ELECTION TO REPRESENT

_____ Yes, I elect to have the PCOT negotiate on my behalf all contracts for my healthcare services, which have been accepted by the Board for PCOT consideration. I understand that I then will have the option to participate or not participate in any contracts so negotiated.

_____ No, I do not elect to have the PCOT represent me by negotiating on my behalf.

Name: _____ Please Print

Signature: _____

Date: _____