



Kentucky State Loan Repayment Program Site Application



This application must be completed by the Executive Director/CEO of the practice site or its parent organization, or a legal representative.

Name of Applicant

PRACTICE SITE INFORMATION				
Name of Practice Site				
Practice Site Physical Address				
<div style="display: flex; justify-content: space-between;"> City State County Zip Code </div>				
Practice Site Mailing Address (If different from above)				
City	State	County	Zip Code	
Name of Practice Site Contact			Title	
			Phone Number for Practice Site Contact	
E-mail Address for Practice Site			Type of Site	
Number of Years/Months Applicant Employed at Site				
Name of Parent Organization (If applicable)				
Parent Organization Address				
City	State		Zip Code	
Name of Executive Director/CEO			Executive Director/CEO Phone Number	
Executive Director/CEO E-mail Address			Executive Director/CEO Fax Number	

PRACTICE SITE PATIENT DATA (Based on a recent 12-month reporting period)

Total Number of Patients	Total Number of Patient Visits	
Percentage of Patients Covered Under:	Medicare	_____
	Medicaid	_____
	Private Insurance	_____
	Other Insurance	_____
	Sliding Fee Schedule	_____
	Self-Pay	_____

ASSURANCES

The Executive Director/CEO of the practice site or its parent organization (or a legal representative) should indicate applicable assurances by typing his/her initials at each prompt below.

Site must charge for professional services all the usual and customary prevailing rates in the area in which such services are provided, except that if a person is unable to pay such charge such person shall be charged at a reduced rate (i.e. discounted sliding fee scale as defined by federal poverty guidelines with copy attached, or not charged a fee).

Site must provide primary care health services to any individual seeking care, SLRP participants must agree not to discriminate on the basis of a patient's ability to pay for such care or on the basis that payment for such care will be made pursuant to Medicare (established in Title XVII of the Social Security Act), or Medicaid (Title XIX of such Act), or the State Children's Health Insurance (Title XXI of such Act).

Site must agree to:

- A. Accept assignment under Medicare (section 1842(b)(3)(B)(ii) of the Social Security Act) for all services for which payment may be made under Part B of Title XVIII;
- B. Enter into appropriate agreement with the State agency that administers the State plan for medical assistance under Title XIX to provide services to individuals entitled to medical assistance under the plan; and
- C. Enter into an appropriate agreement with the State Children's Health Insurance Program to provide service to children under Title XXI.

Site must assure that the salaries for health professionals participating in the SLRP are based on prevailing rates in the area and that the SLRP contracts are not being used as a salary offset.

SPONSORSHIP

Does your organization intend to act as the sponsor for the health care provider applying to the Kentucky State Loan Repayment Program? Yes No

If Yes, what is the organization's Total Financial Commitment as sponsor?
(Annual Commitment x Number of Years of KSLRP Contract)

WRITTEN RESPONSE

Respond to the following prompt in 200-300 words:

How might participation in the Kentucky State Loan Repayment Program benefit the clinic and community in each of the following areas?

- (1) Recruitment and retention of providers*
- (2) Barriers for patient access to care*
- (3) Health disparities of patient population*
- (4) Poor patient health outcomes*

EXECUTIVE DIRECTOR/CEO (OR LEGAL REPRESENTATIVE) SIGNATURE

Name

Title

Signature

Date