

PERIOD REPORTED: _____ to _____
(Ongoing sites must report a recent 12-month period of service; new sites should report projections for a 12-month period)

PATIENT POPULATION SERVED				
Payor Mix	MEDICAL		DENTAL	
	# Patients	# Visits	# Patients	# Visits
Medicare				
Medicaid (Includes Medicaid-managed care)				
Self Pay/ Uninsured (sliding fee scale)				
Commercial Insurance				
Other (Specify):				
TOTAL:				

PATIENT VISITS BY SPECIALTY	
Type of Visits	Total Number of Visits by Specialty
Internal Medicine	
Obstetrics/Gynecology	
Pediatric	
Family Practice	
Other:	
Dental	
Total # of Visits	

STAFFING												
Specialty	Full-Time	Part-Time*				# of Hours worked for each Part-Time Staff				% FTE for each Part-Time Staff		
Internal Medicine												
Family Practice												
Obstetrics/Gynecology												
General Pediatrics												
Total:												
General Dentists												
Pedodontist												
Total:												
Nurse Practitioners												
▪ Family N.P												
▪ Primary Ambulatory Care N.P.												
▪ Primary Healthcare Adult N.P.												
▪ Pediatric N.P.												
▪ Ob/Gyn N.P.												
Total:												
Physician Assistants:												
Certified Nurse												
Midwives												
Other Staff: (Specify)												

*Part-time staff: Be sure to list the actual number of hours each staff is assigned to work at the location. If you indicate % of FTE, be sure to list for each part-time staff

SUPPORTING DOCUMENTS

(Please include the following documents with the placement site application)

- Copies of all signed Medicaid Managed Care contracts verifying participation. (The NJLRP does not need a full copy of each contract; a copy of the front and signed last pages of each contract is sufficient.)

- A copy of the current Sliding Fee Schedule on company letterhead to include an effective date. (If the practice does not have a Sliding Fee Schedule, one should be established in order to qualify as a NJLRP site. Please contact the NJLRP office to obtain a Sliding Fee Schedule guide).

Mail Application and documents to:
Higher Education Student Assistance Authority
Primary Care Practitioner Loan Redemption Program
4 Quakerbridge Plaza
P.O. Box 544
Trenton, NJ 08625-0544