

HIGHER EDUCATION STUDENT ASSISTANCE AUTHORITY

Primary Care Practitioner Loan Redemption Program of New Jersey

PLACEMENT SITE APPLICATION

Date of Application:

The purpose of the Primary Care Practitioner Loan Redemption Program of New Jersey (NJLRP) is to increase the provision of primary care services to medically underserved patients by encouraging providers to serve in such underserved areas as designated by the Commissioner of New Jersey Department of Health and/or Federally designated health professional shortage areas (HPSAs) throughout New Jersey. A list of underserved areas [New Jersey Medically Underserved Index] eligible to recruit and place applicants through this program is enclosed. If your facility is located in such an area, can satisfy the requisite criteria, and has employment opportunities for primary care providers through this program, please complete this application and return it with the requested supporting documents to the address provided. If your facility is not located in such an area, the site must demonstrate that it provides services to an underserved population by completing a Patient Origin Study.

SITE LOCATION										
Site Name	e	Contact Persor Title:	n Name:		Telephor	ne				
Street Address		City	State	Zip Code	Email Add	dress:				
Medicaid	#:	Medicaid Mana	Medicaid Managed Care Program Names:							
Medicaid Managed Care Program Names:										
SCOPE OF SERVICES										
AMBULA	TORY CARE Hours: M: Tu: W:	: Th	1:	F:	Sa:	Su:				
EMERGE	NCY ON CALL AVAILABLE Hours: M: Tu: W:	□Yes : Th):;	No F:	Sa:	Su:				
ADDITIO	NAL OFFICES (Satellite)	□ No : Th	1:	F:	Sa:	Su:				
	Locations:(specify address)									
	DESC	RIPTION OF P	RACTICE							
1.	Indicate type of practice: Private CH	HC/FQHC	Hospita	al Satellite	Clinic [Other				
2.	Is practice a group or solo?				Group	Solo				
3.	Practice new or ongoing? If new, date practice established				New [Ongoing				
4.	Does practice accept Medicaid Managed Care patier	nts?			Yes [No				
5.	Does practice accept Medicare patients?	🗌 Yes	No No							
6.	Does practice have a Sliding Fee Schedule?	🗌 Yes	🗌 No							
 7. Does the practice currently have vacancies for primary care/psychiatric providers who might be placed through the LRP? Yes No If yes, please check your selection Family Practice Obstetrics/Gynecology Pediatrics Internal Medicine General Dentistry Pediatric Dentistry Certified Nurse Midwife Physician Assistant Nurse Practitioner 										
8.	. Does the practice have a provider seeking to participate in the LRP through this site? If yes, list provider's name and specialty/discipline:									
9.	9. Is the practice located in an underserved area on the New Jersey Medically Underserved Index (NJMUI)? Yes No									

PATIENT POPULATION SERVED												
Payor Mix				MEDICAL DENTAL								
	# Patie	atients # Visits		#	# Patients # \		# Visi	ts				
Medicare												
Medicaid (Includes Medic												
Self Pay/ Uninsured (slid												
Commercial Insurance												
Other (Specify):												
TOTAL:												
	IT VISITS BY SF											
		Total Number of Visits by Specialty										
Internal Medicine	Type of Visits											
Obstetrics/Gynecology												
Pediatric												
Family Practice												
Other:												
Dental												
Psychiatry												
Total # of Visits												
		-	STAFFING	-			-					
Specialty	Full-Time	Part-1	ſime*	# of Hou Pa		% FTE for each Part-Time Staff						
Internal Medicine												
Family Practice												
Obstetrics/Gynecology												
General Pediatrics												
Psychiatry												
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)												
									I			

*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