



## Date of Application: \_\_\_\_\_

## SITE LOCATION

## SCOPE OF SERVICES

Hours: M: \_\_\_\_\_ Tu: \_\_\_\_\_ W: \_\_\_\_\_ Th: \_\_\_\_\_ F: \_\_\_\_\_ Sa: \_\_\_\_\_ Su: \_\_\_\_\_

☐ Yes

Hours: M: \_\_\_\_\_ Tu: \_\_\_\_\_ W: \_\_\_\_\_ Th: \_\_\_\_\_ F: \_\_\_\_\_ Sa: \_\_\_\_\_ Su: \_\_\_\_\_

☐ Yes

Hours: M: \_\_\_\_\_ Tu: \_\_\_\_\_ W: \_\_\_\_\_ Th: \_\_\_\_\_ F: \_\_\_\_\_ Sa: \_\_\_\_\_ Su: \_\_\_\_\_

Locations:(specify address)\_\_\_\_\_

## DESCRIPTION OF PRACTICE

1. Indicate type of practice: ☐ Private ☐ CHC/FQHC ☐ Hospital Satellite ☐ Clinic ☐ Other \_\_\_\_\_
2. Is practice a group or solo? ☐ Group ☐ Solo
3. Practice new or ongoing? ☐ New ☐ Ongoing  
If new, date practice established \_\_\_\_\_
4. Does practice accept Medicaid Managed Care patients? ☐ Yes ☐ No
5. Does practice accept Medicare patients? ☐ Yes ☐ 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 ☐ Psychiatrist
8. Does the practice have a provider seeking to participate in the LRP through this site? ☐ Yes ☐ No  
If yes, list provider's name and specialty/discipline: \_\_\_\_\_
9. Is the practice located in an underserved area on the New Jersey Medically Underserved Index (NJMUI)? ☐ Yes ☐ No  
If no, practice must contact the LRP office to obtain a Patient Origin Study for completion.

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													
Psychiatry													
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													
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)													

\*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