



Kentucky State Loan Repayment Program

Site Application

This application must be completed by the Executive Director/CEO or a legal representative.

Final signature must be hand written, initials under the Assurances section must be typed.

If the Employer intends to serve as the provider's Sponsor, the "Sponsorship" section of this application must be completed.

Site Information (Where Applicant Will Provide Full-Time Direct Clinical Care)

Name of Practice

Street Address

City

State

Zip

Phone Number

Fax

E-mail

Congressional District

Type of Organization (for-profits not eligible)

Public

Private

CHC

FQHC

CAH

RHC

Other

Assurances (*Executive Director/CEO or legal representative must indicate applicable assurances by initialing below.*)

Site must charge for professional services at 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 they shall be charged at a reduced rate (i.e. discounted sliding fee scale 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 KSLRP?

Yes No

If so, please complete the following:

Name of Organization

Street Address

City

State

Zip

Executive Director/CEO Name

Phone Number

Fax

E-mail

The above organization agrees to sponsor the Applicant, named below, for the total amount of loan repayment as indicated.

Name of Applicant

Total Sponsorship

Legal Representative Information

Signature of Executive Director/CEO or legal representative

Name

Title

Signature

Date