

# MARYLAND STATE LOAN REPAYMENT PROGRAM (SLRP)

## PART III

**APPLICATION DEADLINE: October 25, 2013**

### **PART III: SITE ELIGIBILITY APPLICATION**

**PLEASE PRINT OR TYPE**

Part III must be completed by those practices interested in employing a primary care physician who is a candidate for an award from the State Loan Repayment Program (SLRP).

**Practices must submit one Site Eligibility Application for each proposed site where the SLRP candidate will practice. MAKE AS MANY COPIES OF THIS FORM AS NECESSARY FOR EACH PRACTICE SITE.**

**NOTE: Primary care specialists include the following: family medicine, internal medicine, obstetrics/gynecology, pediatrics, and psychiatry.**

1. Name of SLRP Candidate (indicate M.D. or D.O.): \_\_\_\_\_  
SLRP Candidate's Practice Specialty: \_\_\_\_\_
2. Name of the Practice Site: \_\_\_\_\_
3. Street Address **and** County where the SLRP Candidate **will practice:**  
Address: \_\_\_\_\_  
County: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. Please check applicable: FQHC  Group Private Practice  Individual (solo) Private Practice   
Public Health Center  Hospital   
Other (please indicate) \_\_\_\_\_
5. Is this practice site a Public Clinic or a **Non-Profit** clinic (501-C-3 certified)?  Yes  No  
If Non-Profit, include a copy of the non-profit certificate with this completed form. (For-profit practice site is NOT eligible.)
6. Contact Person for this Practice Site: \_\_\_\_\_  
Contact's telephone (include extension): \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact Person's Email: \_\_\_\_\_
7. Does the Practice reduce fees for low-income persons who have limited ability to pay (sliding fee scale)?  
 Yes  No
8. Is there a posted sign indicating this in the waiting room?  Yes  No
9. Does the Practice have no charge or a nominal charge for those with annual incomes at or below 100 percent of the HHS Poverty Guidelines?  Yes  No
10. Does the Practice have a schedule of discounts for those with annual incomes above 100 percent but at or below 200 percent of the HHA Poverty Guidelines?  Yes  No
11. Does the practice charge for services to the extent that payment will be made by third party payers?  
 Yes  No

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12. Please list the number of patients served by **this proposed Practice Site where the SLRP Physician will practice** for the most recent year for which complete data are available:

	<u>Number</u>	<u>Percentage</u>
Medicaid	_____	_____
Medicare	_____	_____
Commercial Insurance	_____	_____
Sliding Fee Scale	_____	_____
No payment (underinsured OR no insurance, AND Income below sliding fee scale)	_____	_____
Other	_____	_____
TOTAL:	_____	_____

Additional Comments: \_\_\_\_\_

13. Does the Practice have contracts with a least one Managed Care Organization (MCO) under contract to Medical Assistance in Maryland? Yes  No

If YES, please list MCO contracts: \_\_\_\_\_

#### **ENSURE THE FOLLOWING ITEMS ARE ATTACHED FOR EACH SITE:**

- 1. Background information about the practice site.**
- 2. The non-profit certification.**
- 3. A copy of the practice's brochure or marketing material, if available.**
- 4. A copy of the practice's Sliding Fee Scale and Sliding Fee Scale Policy.**
- 5. A copy of the public notice at the practice site to indicate a Sliding Fee Scale is in effect.**
- 6. Applicants Employment Contract with the Site**

Name (printed): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **PLEASE MAIL TO:**

**Christina Shaklee**

Workforce Coordinator

Office of Primary Care Access

Department of Health and Mental Hygiene • Health Systems and Infrastructure Administration

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