

Kentucky Office of Rural Health  
University Of Kentucky  
Site Application

Application for determination of Site Eligibility in the Kentucky State Loan Repayment  
Program for health care providers practicing in a Health Professional Shortage Area  
(HPSA)

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1) Name of Sponsoring Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Executive Director's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

2) Name of Practice: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

U.S. Congressional District: \_\_\_\_\_

3) Type of Organization:      Public    Private                      Non-Profit

(for-profits not eligible)      CHC    FQHC

Other, Specify: \_\_\_\_\_

4) Assurances (Executive Director or legal representative must initial applicable assurances.)

—— A. 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, such person shall be charged at a reduced rate (i.e., discounted sliding fee scale) or not charged any fee.

—— B. Must agree to provide primary care health services to any individual seeking care, SLRP participants must agree not to discriminate on the basis of the 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 XVIII of the Social Security Act), or Medicaid (Title XIX of such Act), or the State Children's Health Insurance (Title XXI of such Act).

—— C. 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.

—— D. We 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 uses as a salary offset.

5) I have agreed to sponsor the applicant \_\_\_\_\_  
Name

for the amount of \_\_\_\_\_ a year for two years.

6) Signature of Executive Director

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_