

Date submitted _____

Date received _____

ARIZONA LOAN REPAYMENT PROGRAMS

_____ **EXTENSION REQUEST** existing contract # _____ (1 year) or
_____ **REAPPLICATION** (for an original two-year contract)

A.R.S. 36-2172 (I) A physician, dentist or mid-level provider who enters into an original two-year contract may apply for additional contracts for one or two years, subject to approval by the department.

R9-15-212 and 312. Reapplication

A. If the information provided in the original service site application is still accurate, and the information provided in the original primary care provider application, other than loan balances and requested repayment amounts, is still accurate, a primary care provider may reapply by submitting a completed reapplication form supplied by the Department.

B. If the original service site application is no longer accurate, or the original primary care provider application contains inaccurate information other than loan balances and requested repayment amounts, a primary care provider may reapply only by submitting the documents and information required by R9-15-209(A) and 309(A) and R9-15-210(A) and (B) and 310(A) and (B).

SECTION I: PERSONAL INFORMATION

1. Name: _____
(Last) (First) (Middle Initial)

2. Social Security Number: _____ Date of Birth _____
(Month/Day/Year)

3. Home Address _____
(Number) (Street) (Apt Number)

(City) (State) (Zip)

4. Telephone Number: Home: _____ Daytime: _____

Email address: _____

5. Service Site _____
Facility Name

Street Address

(City) (State) (Zip)

Telephone _____ Fax _____

SECTION II: LOAN INFORMATION

List the current balance of each loan requested for repayment in the original application:
(Please submit the most recent billing statement from the lender).

Lender: _____

Original Date of Loan: _____ Original Amount of Loan: \$ _____

Current Balance (Principal & Interest): \$ _____ as of (date) _____ Interest Rate _____

Lender: _____

Original Date of Loan: _____ Original Amount of Loan: \$ _____

Current Balance (Principal & Interest): \$ _____ as of (date) _____ Interest Rate _____

SECTION III: CERTIFICATION

I hereby certify that:

- a. the information provided in the original LRP application, other than loan balances and requested repayment amounts, is still accurate;
- b. I am reapplying to enter into a contract with the State of Arizona for repayment of all or part of the educational loans listed in the original LRP application;
- c. the Arizona Department of Health Services or its designee is authorized to verify all information provided in the original LRP application and the current balance of each loan;
- d. the loan(s) listed in the original LRP application was/were incurred solely for the costs of undergraduate or graduate education, including reasonable living expenses, leading to a degree in the health profession and specialty indicated in Section I of the original application and that the loan amounts do not reflect consolidated loans for other purposes;
- e. each government or financial institution named as a lender in the original LRP application is authorized to release to the Arizona Department of Health Services information about the loan(s) received by the applicant; and;

WARNING: Any person who knowingly makes a false statement or misrepresentation or material omission in this loan repayment application, fraudulently obtains repayment for a loan, or commits any other illegal action in connection with this transaction is subject to a fine or imprisonment. I have read this statement and understand its contents.

(Initials of applicant)

I hereby certify that, to the best of my knowledge, the information contained in this application is accurate, and hereby authorize the Arizona Department of Health Services or its designee to verify all information presented.

Typed or Printed Name of Applicant: _____

Signature of Applicant: _____ Date: _____

State of _____)

County of _____)

The foregoing instrument was acknowledged before me this _____ day of _____ .

Notary Public

My Commission Expires: _____

SECTION IV: ASSURANCES OF SERVICE SITE

(For executive director/manager's initials)

_____ A. This site is in compliance with the LRP site eligibility requirements.

To be eligible to have a primary care provider participate in the PCPLRP, a service site shall:

1. Provide primary care services in a public or nonprofit private practice located in a HPSA;
2. Accept Medicare, Medicaid (AHCCCS) and KidsCare assignment;
3. Charge for services at the usual and customary rates prevailing in the primary care area, except that the service site shall have a policy providing that patients unable to pay the usual and customary rates shall be charged a reduced rate according to the service site's sliding-fee scale based on federal poverty level guidelines; and
4. Not discriminate on the basis of a patient's ability to pay for care or the payment source, including Medicare or AHCCCS.

_____ B. This site has extended the employment contract for this provider to cover the period of loan repayment applied for, and has the financial means available to support the primary care provider, including salary, benefits, and malpractice insurance expenses to cover this extension.

_____ C. This has a sliding fee scale in place for patients without health insurance based on current year poverty levels as dictated by the Federal Register. (Attach a copy of the sliding fee scale and the policy for its use.)

_____ D. The primary care provider awarded loan repayment funds will work full-time (minimum of 40 hours) in their profession at this site.

I hereby certify that, to the best of my knowledge, the information contained in this application is accurate, and hereby authorize the Arizona Department of Health Services or its designee to verify all information presented.

Typed or Printed Name of executive director/manager: _____

Signature of executive director/manager: _____ Date: _____

State of _____)

County of _____)

The foregoing instrument was acknowledged before me this _____ day of _____.

Notary Public

My Commission Expires: _____

WARNING: Any person who knowingly makes a false statement or misrepresentation or material omission in this loan repayment application, fraudulently obtains repayment for a loan, or commits any other illegal action in connection with this transaction is subject to a fine or imprisonment. I have read this statement and understand its contents.

(initials of executive director/manager)