

Site Agreement

Ohio Physician Loan Repayment Program, Ohio Dentist Loan Repayment Program, Ohio Dental Hygienist Loan Repayment Program, State Loan Repayment Program



On behalf of _____, I certify the site will, if _____
(Practice Site or Parent Organization) (Applicant's Name)
is awarded a loan repayment contract, do the following:

1. Employ _____ (herein referred to as the Practitioner), for the duration of the loan repayment contract,
(Applicant)
at the practice site(s) (herein referred to as the Site) listed below:

(Practice Site Name)

(Practice Address)

(City, State, Zip+4)

(Practice Site Name)

(Practice Address)

(City, State, Zip+4)

2. Ensure the Practitioner works at least 45 weeks annually, at the above-stated practice site(s), for the appropriate number of hours per week, defined as:

- a) *Full time* - a minimum of 40 hours per week of patient care with no more than eight hours per week devoted to practice-related administrative, site-based teaching or hospital duties, or as otherwise stated in the Practitioner's loan repayment contract, or
- b) *Part time* - a minimum of 20 hours per week but no more than 39 hours per week of patient care with no more than four hours per week devoted to practice-related administrative, site-based teaching or hospital duties, or as otherwise stated in the Practitioner's loan repayment contract.

3. Provide a competitive salary to the Practitioner, without using the loan repayment benefit as a salary off-set.

4. Immediately notify the Loan Repayment Coordinator at the Ohio Department of Health if:
- a. the Site intends to terminate the Practitioner;
 - b. the Practitioner submits his or her resignation;
 - c. the Site intends to add an additional practice location for the Practitioner;
 - d. the Practitioner goes on extended leave lasting longer than three weeks; or,
 - e. the Practitioner has missed 35 days or more in the calendar year.

5. Agree to not change the Practitioner's practice site without prior, written approval from the Ohio Department of Health.

6. Make health services available to individuals without discrimination due to inability to pay for health services or payment for health services under the Medicare Insurance Plan, Ohio's Title XIX Medicaid Insurance Plan, or Ohio's Title XXI Children's Health Insurance Plan.

7. *If utilizing a Sliding Fee Scale for patient discounts*, use a scale based on 200 percent of the current federal poverty level.
___ Check here if no SFS is used

8. Post a statement expressing that no one will be denied access to services due to inability to pay.

9. Provide culturally appropriate ambulatory primary care, dental and/or mental health care services.

10. Assure proper data collection necessary for completion of the semi-annual Patient Activity Reports, due January 15 and July 15 for the preceding six-month periods, which provide the Site's and Practitioner's patient/payer mix for patients and patient visits.

The signature of the Site Official below confirms that the above named site and Practitioner agree to comply with the requirements set forth in Paragraphs one through 10 of the Agreement if a loan repayment contract is awarded.

Name (printed) of Site Official: _____ Phone: _____
Title of Site Official: _____ Email: _____
Signature: _____ Date: _____

For questions regarding any of the above requirements, please email HealthPolicy@odh.ohio.gov