



## MARYLAND STATE LOAN REPAYMENT PROGRAMS (MLRP) PART III - Practice Site Eligibility

**Employer Deadline: April 15, 2026**

**Questions? (410) 767-6123**

**An applicant's practice site is the physical location(s) at which they would work during a potential service obligation stemming from an MLRP application. Employers must submit one Practice Site Eligibility form for *each proposed site* where the MLRP applicant will work.**

Review and follow all application instructions in order to meet submission requirements. Type all responses:

1. Employer Name:

2. Name of Practice Site:

3. Practice Site Address:

Street

MD

Jurisdiction

City

Zip Code

4. Does the Practice reduce fees for low-income persons who have limited ability to pay (i.e. consistently make available and apply a sliding fee scale (SFS) or financial aid policy based on income?

\*Only practice sites that serve patients regardless of their ability to pay are eligible for MLRP.

5. Does the practice have no charge or a nominal charge for those with annual incomes at or below 100% of the Federal Poverty Guidelines?

6. Does the Practice have a schedule of discounts for those with annual incomes above 100% but at or below 200% of the Federal Poverty Guidelines?

7. Does the site accept Medicare, the Maryland Medical Assistance (Medicaid) , and CHIP as appropriate to the patient population?

8. List the number of patients served **by this proposed Practice Site** (where the applicant will practice) for the most recent year for which complete data are available:

Payor	Number	Percentage
Medicaid		
Medicare		
Commercial Insurance		
Sliding Fee Scale/ Financial Aid Policy		
No payment (Patients not charged due to inability of pay or site type (e.g. School, correctional))		
Other (including self-pay, not on SFS)		

Totals:

Additional Comments:

9. Does the Practice have contracts with at least one Maryland Medicaid Managed Care Organization (MCO)? If Yes, list current MCO contracts:

10. Attestation and Signature

**I attest that all of the information in this application is true and representative of the practice site for the applicant named in the MLRP application. I am authorized to sign on behalf of the employer and practice site noted.**

Name of the person completing this form:

Email Address:

Title:

Phone Number:

Signature:

Date:

Electronic or wet signature acceptable on scanned PDF upload.