



Well-Ahead Louisiana Primary Care Office

Louisiana Conrad 30/J-1 Visa Waiver Program

Site Information Form

A separate form is required for each practice site location at which the physician will regularly practice.

Name and Address of Practice Site:	Name and Address of Employer (if different):
Practice Site Contact Name, Title, Email, Phone:	Employer Contact Name, Title, Email, Phone:
Attorney for Employer: Email: Direct Phone Number:	Attorney for Physician: Email: Direct Phone Number:
Practice Type: <input type="checkbox"/> Public <input type="checkbox"/> Non-profit <input type="checkbox"/> For profit	Employer's Medicaid ID #:
Service Site Type: <input type="checkbox"/> FQHC <input type="checkbox"/> RHC <input type="checkbox"/> Ambulatory Care Clinic <input type="checkbox"/> SBHC <input type="checkbox"/> SRH <input type="checkbox"/> CAH <input type="checkbox"/> Hospital <input type="checkbox"/> Other	Employer's Medicare ID #:
Physician will practice: <input type="checkbox"/> Family Practice <input type="checkbox"/> General Internal Medicine <input type="checkbox"/> Pediatrics <input type="checkbox"/> OB/GYN <input type="checkbox"/> Psychiatry <input type="checkbox"/> Sub-specialty, specify type as advertised:	
Specify the salary range for the physician exactly as it has been advertised, which must be 100% of the U.S. Department of Labor's prevailing wage rate (level 2) for same type physician in the area and/or the same as the salaries of currently employed U.S. physicians of same type/experience at the practice site. \$	
What will be the work schedule for the physician? Include office hours, hospital privileges, call coverage, duties, patient load and an explanation of any special responsibilities for the position.	
How many total patients are seen at the practice site yearly?	How many of these patients are uninsured/underinsured/qualify for sliding fee scale?
How many of these patients are on Medicaid?	How many of these patients are on Medicare?
Does this practice site currently have in place a sliding fee scale/indigent care policy for patients below 200% of the Federal Poverty Level? <u>Please check:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes</u> , list the date the SFS Policy Implemented: <u>If yes</u> , what percentage of uninsured/underinsured patients were eligible for reduced fees?	
How does the site ensure that patients are aware of the availability of the sliding fee scale/indigent care policy? Please give details and provide photos of signage/notices in place at the site.	
Important Notes: <ol style="list-style-type: none"> 1. If a specialist position is being requested, complete and include the Dire Need Criteria form with all information requested at the time of this J-1 Visa Waiver request application. 2. If the site is not in a designated HPSA, but at least 30% of its patients are residents of a HPSA, or if it is located within a 30-minute drive time (20 to 25 miles) of a HPSA, the site can apply for one of ten non-HPSA FLEX slots available annually. Provide information (patient's zip codes and/or maps showing distance to nearest HPSA) proving claim. For additional Information, contact Yasmeen Mohammed at (225) 342-9306 or Yasmeen.Mohammed@la.gov 	
Signature:	Date: