



South Carolina AHEC Program Office  
Medical University of South Carolina  
1 South Park Circle  
Suite 203  
Charleston, SC 29407

### South Carolina Rural Incentive Grant Program

#### Practice Site Profile Form

Please complete and submit via the online application system by March 15, 2020.

Name of Applicant \_\_\_\_\_

#### Section I:

1. Name of Practice: \_\_\_\_\_
2. Practice Address: \_\_\_\_\_  
\_\_\_\_\_
3. Practice Site Contact Person: \_\_\_\_\_
4. Contact Person Phone Number: \_\_\_\_\_
5. Contact Person Fax Number: \_\_\_\_\_
6. Contact Person E-Mail Address: \_\_\_\_\_

#### Section II:

1. List *Current* FTE count for the following:

- |                            |                            |
|----------------------------|----------------------------|
| Family Practitioners _____ | General Surgeons _____     |
| Internists _____           | Med/Peds _____             |
| Ob/Gyns _____              | Pediatricians _____        |
| Psychiatrists _____        | Nurse Midwives _____       |
| Nurse Practitioners _____  | Physician Assistants _____ |

2. List *Desired* FTE count for the following:

- |                            |                            |
|----------------------------|----------------------------|
| Family Practitioners _____ | General Surgeons _____     |
| Internists _____           | Med/Peds _____             |
| Ob/Gyns _____              | Pediatricians _____        |
| Psychiatrists _____        | Nurse Midwives _____       |
| Nurse Practitioners _____  | Physician Assistants _____ |

3. List your practice's referring hospital(s) and state the current medical staff status:

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4. Report your approximate current patient mix using the following categories:

Private Insurance \_\_\_\_\_ Uninsured/Self Pay \_\_\_\_\_  
Medicare \_\_\_\_\_ Medicaid \_\_\_\_\_  
Other \_\_\_\_\_

**Section III:**

As conditions of participation in the South Carolina Rural Physician Incentive Grant Program, we the Practice agree to:

- A. Accept assignment for individuals who are beneficiaries under Medicare.
- B. Enter into an appropriate agreement with the South Carolina Department of Health and Human Services for individuals who are beneficiaries under the Medicaid program.
- C. Make every effort to provide health care services to individuals who are unable to pay for care by discounting fees taking into consideration the individual's income and family size.
- D. Report to the South Carolina Area Health Education Consortium (AHEC) on an annual basis, the numbers of patients seen by the Practice under categories A-C above.

Signatures below are assurance that this document contains true and correct information and that the Practice agrees to comply with all of the conditions of participation, A-D, listed above.

Name of Site Official: \_\_\_\_\_

Signature of Approving Official: \_\_\_\_\_

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

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