



## Primary Care Practitioner Loan Redemption Program of New Jersey Quarterly Service Report

**Provider's Name:** \_\_\_\_\_

**Provider's Contract Year:** \_\_\_\_\_

**Placement Site:** \_\_\_\_\_

**Period Covered:** \_\_\_\_\_

This will confirm that the above provider was present on a: (select one)

\_\_\_\_ Full-time basis (minimum of 35 hours/week)

\_\_\_\_ Part-time bases (minimum 20 hours/week)

delivering patient care services at this site for the time period covered in this report with the exceptions of illness, vacation, CME program, and other (specify) noted below:

<u><b>Inclusive Date</b></u>	<u><b>Reasons</b></u>
_____	_____
_____	_____
_____	_____

**For the Provider:**

Number of Encounters: \_\_\_\_\_

**For This Placement Site:**

Number of Encounters: \_\_\_\_\_

**For the Provider:**

Number of Patients: \_\_\_\_\_

**For This Placement Site:**

Number of Patients: \_\_\_\_\_

The placement site data is a mandatory requirement and an essential aspect in the evaluation of the impact of the Loan Redemption Program (LRP). Participants will not receive loan repayments until all Quarterly Service Reports are received by the LRP. Your prompt response and cooperation are greatly appreciated. Please return the completed form to:

**Higher Education Student Assistance Authority  
Primary Care Practitioner Loan Redemption Program  
4 Quakerbridge Plaza  
P.O. Box 544  
Trenton, NJ 08625-0544**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_