

**HOW AND WHERE ARE PANEL REQUESTS FILED?**

[Form to File a Medical Review Panel Request](#)

[Instructions for Filing a Medical Malpractice Panel Request](#)

**IF VIA POSTAL MAIL (CERTIFIED MAIL IS IN THE BEST INTEREST OF THE CLAIMANT), SEND TO:**

Commissioner of Administration  
P. O. Box 44336  
Baton Rouge, LA 70804-4336

**The physical address to file complaints:**

Division of Administration  
Medical Review Panel  
1201 North Third Street - 7th Floor  
Baton Rouge, LA 70802  
Fax: (225)342-1057

**THE PCF CAN NOT ACCEPT ANY MEDICAL MALPRACTICE PANEL REQUESTS!**