Louisiana Patient's Compensation Fund
Frequently Asked Questions

CAN I WIRE MY SURCHARGE? IF SO, HOW IS THIS DONE?

Wires should be sent to:

Bank:

J.P. Morgan Chase Bank, National Association
Transit/Routing Number 021000021
451 Florida St., Baton Rouge, LA 70801

Account:

State of Louisiana
Central Depository Account
Account Number 708024344

When wiring your surcharge payment, please be sure to send the appropriate paperwork to the PCF so your surcharge can be posted timely. You can email it to Normeca Smith (normeca.smith@la.gov), fax it to 225-342-5593 or mail it to P.O. Box 3718, Baton Rouge, LA 70821. Please include a note with your paperwork that you wired your surcharge payment.

IF I AM A NURSE OR TECHNICIAN OR OTHER ANCILLARY HEALTH CARE EMPLOYEE AND I WORK FOR A HOSPITAL, CLINIC, OR PRACTICE GROUP DO I NEED SEPARATE COVERAGE WITH THE PCF?

Most ancillary health care providers, such as nurses, LPNs, lab techs, x-ray techs, physical therapist, etc who are employees of a hospital or clinic or group do not need to be individually enrolled in the PCF for coverage. It is part of the coverage provided by the hospital's coverage. However, there are some providers that will need to be individually enrolled in the PCF to obtain coverage. This would include pharmacists, advanced practice nurses, EMTs associated with an ambulance service, Locum Tenen physicians. If there is a question, please contact the office to ensure you are properly covered.

WHAT IS THE DIFFERENCE BETWEEN CLAIMS MADE COVERAGE AND OCCURRENCE COVERAGE?

An occurrence policy is the same as what most people have on their cars and homes. It provides coverage for incidents that OCCUR during the life of the policy. If you cancel the policy and a claim comes in that occurred during the policy period, the claim should be covered. If the incident occurred before the effective date or after the termination date, it would not be covered. A claims made policy requires that the claim must have occurred during the policy period AND the policy must still be in place at the time a claim is filed. If a policy is not continued, the coverage is not continued for any claims that are received after the termination date of the policy, regardless of the fact that the incident occurred during the life of the prior policy. Claims made coverage is normally used for a new healthcare provider that is establishing a practice. The rates are lower and grow over a five year period. They never equal what an occurrence form of coverage would cost, but have the provision that the policy must be renewed for coverage to be continued.

WHAT IS "TAIL" COVERAGE AND WHY IS IT NECESSARY?

This is an extended reporting endorsement that is necessary when a health care provider moves from a Claims Made form of coverage to an occurrence form or stops coverage all together and the health care provider had claims made coverage. This ensures that claims that are received or filed after the termination of the claims made coverage will be considered covered and the provider will be considered a qualified health care provider and eligible for the cap on damages and the personal protection afforded under the medical malpractice act.