

**LOUISIANA PATIENT'S COMPENSATION FUND**

**CREDENTIALING REQUEST FORM**

REQUESTED BY: \_\_\_\_\_

FAX / EMAIL: \_\_\_\_\_

RE: PROVIDER'S FULL NAME / ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATES OF ENROLLMENT can be obtained from the PCF website for current enrollment.**

**ALL REQUESTS FOR CLAIM DATA IS CONSIDERED PERSONAL AND CONFIDENTIAL AND CANNOT BE RELEASED WITHOUT SIGNED AUTHORIZATION FROM THE HEALTH CARE PROVIDER. THE SIGNED AUTHORIZATION MUST BE ATTACHED PRIOR TO RELEASE OF INFORMATION. In accordance with Act 306 of the 2004 Regular Session, the filing of a request for a medical review panel is not reportable. Therefore, this agency will only report claims known to have a suit or other documents filed in court or for which this agency has made a payment. See LA R.S. 40:1299.47.A.(1)(a).**

**LIABILITY PROVIDED:** EXCESS TO \$100,000 PRIMARY COVERAGE UP TO \$400,000 PLUS UNLIMITED RELATED MEDICAL EXPENSES PER La RS 40:1299.42  
There is no aggregate with the PCF

**BOTTOM PORTION TO BE COMPLETED BY PCF**

**TYPE OF POLICY/ENROLLMENT:** \_\_\_\_\_ CLAIMS MADE \_\_\_\_\_ OCCURRENCE

**PROVIDER SPECIALTY/CLASS:** \_\_\_\_\_  
PCF rate manual dictates class and procedures applicable to class/specialty above

**PCF COVERAGE PERIOD:** FROM \_\_\_\_\_ TO \_\_\_\_\_

**PAID CLAIMS DETAILS and CLAIMS HISTORY:** \_\_\_\_\_ None \_\_\_\_\_ SEE ATTACHMENT

**COMPLETED BY:** \_\_\_\_\_  
SIGNATURE DATE

LOUISIANA PATIENTS' COMPENSATION FUND  
P.O. BOX 3718 BATON ROUGE, LA 70821  
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FAX (225) 362-5290  
Website: [doa.louisiana/pcf](http://doa.louisiana/pcf)