

**LOUISIANA PATIENT'S COMPENSATION FUND  
INSTITUTIONAL HEALTH CARE PROVIDERS' APPLICATION  
(for those with underlying self-insurance)**

**Must advise the PCF of any offsite entities or multiple locations for which coverage is provided along with the address for each location and proof of underlying coverage.**

**4. PROFESSIONAL EMPLOYEES:**

a. Indicate total number of employees in each class:

	Registered Nurses		Heart-Lung Technicians
	Pharmacists-( <b>see rate manual</b> )		Paramedics-( <b>see rate manual</b> )
	X-Ray Technicians		EMTs-( <b>see rate manual</b> )
	Lab Technicians		Other-EMT Intermediates
	LPN/LVNs		Ambulance Service Student Learners

- b. Are above employees to be included as additional insureds? \_\_\_\_\_
- c. **Employed physicians (including Medical Directors), surgeons, CRNAs, Surgical/Physician assistants, Nurse Practitioners and Pharmacists if paying for them separately must submit an individual application along with the appropriate surcharge.**

**5. PREVIOUS EXPERIENCE (NEW ENROLLEES ONLY):**

- a. Name of previous liability carrier: \_\_\_\_\_
- b. List all claims or suits filed in the last ten years. Attach a separate list if necessary

DATE	DESCRIPTION	OPEN / CLOSED	TOTAL INCURRED

Your attention is directed to LAC 37:III, Chapter 11, §§1101-1105, which sets forth the cost and reserve reporting requirements which you must satisfy within the time allotted therein. Please note §1105 which provides for the cancellation of and termination of enrollment with the Patients' Compensation Fund for failure to comply with these reporting requirements.

I further certify that the appropriate security (proof of financial responsibility) is in place and current at \_\_\_\_\_ institution in the name of \_\_\_\_\_

**INCLUSIONS:** *Employed allied healthcare providers.*  
**EXCLUSIONS:** *This does not include those who require a PCF surcharge, such as, NP's, PA's, CNS', CRNA's, etc.*

- PCF RESERVES THE RIGHT TO DENY COVERAGE FOR THE FOLLOWING:**
- (1) Injury arising out of a criminal act, including but not limited to sexual abuse or molestation, fraud committed by the insured or any person for whom the insured is legally responsible, and battery.
  - (2) Third (3<sup>rd</sup>) party claims filed by an injured party that was not a patient of the health care provider.
  - (3) Services or treatment rendered as a licensed provider in states other than Louisiana.

**SIGNATURE OF ADMINISTRATOR:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**CONTACT PERSON AND PHONE #:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**MAIL TO: LOUISIANA PATIENT'S COMPENSATION FUND**  
**P. O. BOX 3718**  
**BATON ROUGE LA 70821**

**FAX TO: (225) 342-5593**