

Dear Provider:

If you are not engaged in patient care in Louisiana but still maintain your professional liability insurance, we would like to know the reasons for this so that we might serve you better. Below are some reasons why a provider might want to carry professional liability insurance in Louisiana even when not in active practice here. Please check all that apply to your situation. If you have other issues that are not addressed, please let us know. Also, please provide your profession and/or medical specialty.

Profession/Specialty

Other (please describe)

DATE

PRINT NAME

SIGNATURE

After form has been completed, printed and signed, please mail or fax to:

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

FAX TO: Attention: Surcharge Section (225) 342-5593

Any questions regarding this form may be emailed to: pcf-surcharge@la.gov

A PRINTED, SIGNED COPY OF THIS FORM MUST BE MAILED/FAXED TO PCF.