All responses to credentialing are on the following form: If there is a claim history to attach the appropriate box is checked.



**BOBBY JINDAL** GOVERNOR

State of Louisiana PATIENT'S COMPENSATION FUND DIVISION OF ADMINISTRATION P.O. BOX 3718 BATON ROUGE, LA 70821 (225) 362-5400 (866) 469-9555 pcf@la.gov

In an effort to expedite the process as well as reduce the amount of paper this office produces we will no longer complete individual credentialing forms.

Please be advised that all current PCF certificates of enrollment can be obtained from our website. Here is the direct link:

http://www.lapcf.louisiana.gov/Certificates/Certificates.aspx.

| Policy Number:  | The PCF does not issue policy numbers.   |
|---|--|
| Policy Period:  | Found on the PCF certificate of          |
|   | enrollment.                              |
| Claim Limit/Aggregate Limit:  | Per LA R.S. 40:1299.42                   |
| Type of Policy:   | Found on the PCF certificate of          |
|   | enrollment.                              |
| Has your company paid any   | No Claim History                         |
| judgments/settlements on behalf of  | Claims attached                          |
| this healthcare provider?<br>Are there any pending claims against<br>the healthcare provider? | 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).         |
|   | Therefore, if there are any claims that  |
|   | we are allowed to report there will be   |
|   | a claim history attached to this email.  |