



Request for Verification of Medical Malpractice Insurance Coverage

Please type or print legibly.

Please Check One:

Date: _____

Faculty Member

Gratis

Name: _____

House Officer

Title: _____

Fellow

_____ Male _____ Female

Student

Department: _____

School: _____

I request that your office send a letter verifying my medical malpractice coverage to each facility noted on this form (NOTE: If facility or managed care company is not listed on this form you should include the name of the facility, correct mailing address, and to whom the letter should be sent). Approved verification forms for each facility/company must be on file in the Office of the Vice-Chancellor for Administrative Affairs. (You should allow at least five (5) working days for processing once it is received in this office.)

LSUHSC/State of Louisiana does not provide coverage for work done through private practice, moonlighting, or work NOT properly approved or authorized and done for or on behalf of Louisiana State University Health Sciences Center. I also hereby certify that any income derived from my association with this hospital or clinic will be handled through the provisions of the appropriate income plan.

Provider Signature

APPROVED BY:

Department Head

Dean

PROCESSED BY:

**Vice-Chancellor for
Administrative, Community and Security Affairs**

GENERAL LIST OF FACILITIES AND COMPANIES

I am applying to the following facilities for medical staff privileges (Please check one or more):

- “ 1. Baton Rouge General Medical Center
- “ 2. Chalmette Medical Center
- ” 3. Doctors Hospital
- “ 4. Earl K. Long Medical Center
- “ 5. East Jefferson General Hospital
- “ 6. Houma Outpatient Surgery Center
- “ 7. Kenner Regional Medical Center
- “ 8. Kindred Hospital
- ” 9. Lakeland Medical Center
- “ 10. Lakeside Hospital
- “ 11. Lakeview Regional Medical Center
- ” 12. Life Care Hospital
- ” 13. Magnolia Plastic Surgery Facility
- ” 14. Meadowcrest Hospital
- “ 15. Medical Center of Louisiana at New Orleans
- (Interim LSU Hospital)
- ” 16. Memorial Medical Center
- ” 17. Northshore Regional Medical Center
- ” 18. Ochsner Foundation Hospital
- “ 19. OMEGA Institute of Health and Hospitals
- ” 20. Our Lady of Lourdes Regional Medical Ctr.
- “ 21. Our Lady of the Lake Regional Medical Ctr.
- “ 22. Pendelton Memorial Methodist Hospital
- “ 23. Prytania Surgery Facility
- “ 24. Slidell Memorial Hospital
- “ 25. St. Charles General Hospital
- ” 26. St. Claude Medical Center
- ” 27. Touro Infirmary
- ” 28. Tulane University Hospital & Clinic
- ” 29. UHS of N.O. - River Parishes
- ” 30. University Medical Center of Lafayette
- ” 31. Veterans Affairs Medical Center
- ” 32. West Jefferson Medical Center
- ” 33. Woman's Hospital
- ” 34. Women ' s and Children's Hospital
- ” 35. Children's Hospital
- ” 36. _____
- ” 37. _____

Managed Care Companies:

- “ 38. Aetna US Healthcare
- “ 39. Behavioral Health, Inc.
- “ 40. BlueCross/Blue Shield of Louisiana
- “ 41. Champus Tricare (Humana)
- “ 42. Choice Behavioral Health
- “ 43. CIGNA Healthcare
- “ 44. First Health Medical Networks
- “ 45. Humana Military (KY)
- “ 46. LA Credentials
- “ 47. LSU Healthcare Network
- “ 48. Ochsner Health Plan
- ” 49. Peoples Health Network
- “ 50. Physicians Association of Louisiana (PAL)
- “ 51. QPS - Quality Psychiatric Services
- ” 52. Office of Group Benefits
- ” 53. Tenet Health Plan
- ” 54. United Healthcare
- ” 55. Universal Health Network
- ” 56. Credentials On-Line
- ” 57. Aperture
- ” 58. _____
- ” 59. _____
- ” 60. _____
- ” 61. _____
- ” 62. _____
- ” 63. _____
- ” 64. _____
- ” 65. _____

(Please Reproduce as Needed)

Revised by: **Ronald E. Gardner, Vice-Chancellor**
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Office - (504) 568-4810
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Instructions for Verification of Medical Malpractice Insurance Form

1. Print legibly or type the top portion of this form and the provider should sign where it says "Provider Signature."
2. Check off all Hospitals and/or Managed Care Companies to which verification should be sent. If the agency is not listed please print or type in the name, address, telephone and fax numbers so that verification may be sent.
3. Form must then be signed by your Department Head, routed to your Dean's Office for signature and finally to the office of the Vice-Chancellor for Administrative Affairs. **Please note that your form will not be processed by Mr. Gardner's Office unless it has the proper signatures.**
4. Once it is received in this office we ask that you allow 5 business days for processing.