

A facility is required to report to each insurer with which it contracts this information on facility-based physicians providing services. Complete the appropriate fields below. Return completed form to [provider.contracting@lblue.com](mailto:provider.contracting@lblue.com) or fax to (225) 297-2750 Attn: Provider Contracting.

**FACILITY INFORMATION**

|                                             |                      |
|---------------------------------------------|----------------------|
| Facility Name                               |                      |
| Facility National Provider Identifier (NPI) | Date Form Submitted  |
| Facility Physical Address                   |                      |
| Contact Name/Title                          | Contact Phone Number |
| Contact Email Address                       | Website              |

**PHYSICIAN OR PHYSICIAN GROUP INFORMATION**

| Physician or Physician Group Name <sup>2</sup> | NPI | Tax ID Number | Physical Address | Phone Number | Specialty <sup>3</sup> | Effective Date |
|------------------------------------------------|-----|---------------|------------------|--------------|------------------------|----------------|
|                                                |     |               |                  |              |                        |                |
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<sup>1</sup>Reporting is required by Act 354 of the 2009 Louisiana Regular Legislative Session. A facility is required to report to each insurer with which it contracts this information on facility-based physicians providing services.

<sup>2</sup>Only physicians who are NOT part of a physician group need to be listed separately.

<sup>3</sup>In the "Specialty" column, please denote either anesthesiologist, pathologist, neonatologist, radiologist, emergency medicine or hospitalist.