

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 network.development@bcbsla.com or fax to (225) 297-2750 Attn: Network Development.

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 ²	NPI	Tax ID Number	Physical Address	Phone Number	Specialty ³	Effective Date

¹Reporting 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.

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

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