

## Provider Directory New Patient Acceptance Form

Please complete this form to ensure we have correct information for our members, your patients. How you answer the following questions will determine how you are listed in the *Provider Directory*, which can be found on our provider website at <https://providers.healthybluela.com/la/pages/manuals-directories-more.aspx>.

**You must complete ALL sections, and sign and date before returning.**

Please return the completed form to our Provider Data Management department:

- Fax: **1-888-375-5063**
- Email: [lainterpr@healthybluela.com](mailto:lainterpr@healthybluela.com)

Provider information	
Provider name:	
Provider practice name:	
Provider type: <input type="checkbox"/> PCP <input type="checkbox"/> Specialist	
Specialty:	
Provider NPI:	
Group NPI:	
Taxonomy number:	
Address:	
Phone number:	
Do you see patients at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Practice details	
<b>Office hours:</b>	Primary care providers are <b>required</b> to have coverage 24/7.
Monday:	
Tuesday:	Please mark you coverage type: <input type="checkbox"/> Answering service <input type="checkbox"/> Answering machine <input type="checkbox"/> Other phone number: _____
Wednesday:	
Thursday:	
Friday:	
Saturday:	
Sunday :	
Do you offer after-hours care? <input type="checkbox"/> Yes <input type="checkbox"/> No	
New patient acceptance information	
Do you accept Medicaid patients at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you accept Healthy Blue as primary insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you accept Healthy Blue as secondary insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you only accepting established Healthy Blue patients? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are your accepting NEW Healthy Blue patients at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you accepting NEW Healthy Blue patients at any additional locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'Yes', please list additional locations: _____	
_____	
_____	

<https://providers.healthybluela.com>

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

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<b>Signature:</b>	<b>For office use only</b>
<b>Printed name:</b>	<b>Date completed:</b>
<b>Contact phone number:</b>	<b>Date received by Healthy Blue:</b>

If you would like to make any updates to your practice profile, please complete the *Practice Profile Update Form*, which can be found on our provider website at <https://providers.healthybluelca.com/la/pages/forms.aspx>.

If you have any questions or need assistance, please contact your local Provider Services representative at **1-504-836-8888**.