

# Summary of your Medical Malpractice Coverage Information

*Information for Students, House Officers and Faculty  
Completing forms for Future Employment, etc.*

- **Insurance Carrier:** State of Louisiana is self-insured through a State Health Care Provider Fund
- **Policy #/State Provision #:** La. R.S. 40:1237.2, et seq.
- **Liability Coverage Limit:** \$5, 000,000.00 per occurrence
- **Aggregate:** \$5,000,000.00 per occurrence
- **Tail Coverage:** Yes, tail coverage continues to apply to any incidents during the physician's employment with the LSUHSC.
- **Coverage Terminates** at the end of employment with the LSUHSC

**Mail all inquiries to**

*Attn: Cynthia Scott*  
Office of Risk Management  
**MALPRACTICE Division**  
433 Bolivar Street, Suite 815  
New Orleans, LA 70112  
Phone: 504-568-4801  
Fax# 504-568-8807 (Active as of July 1, 2022)

Request should be submitted via FAX or US MAIL only.

Submitted request should contain a cover letter on the requestor's letterhead (inclusive of return mailing address and fax number).

The letter should identify the subject (first, middle and last name) and their DOB.

The letter should definitively state which type of request: proof of coverage or claims history.

The letter should be accompanied with a signature of release.

Please allow 3-5 days for Proof of Coverage and 7-10 days for Claims History response.