

## Request for Verification of Medical Malpractice Insurance Coverage

Please TYPE or PRINT legibly.

Please Select Applicable Criteria below

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

EMPL ID: \_\_\_\_\_

Male                       Female

Faculty Member

House Officer

Fellow

Student

Visitor

Effort

Full Time

Part Time

Gratis

**Purpose of Request**

Proof of Insurance

Claims History

Moonlighting

Start Date: \_\_\_\_\_ End Date \_\_\_\_\_

Department: \_\_\_\_\_

School: \_\_\_\_\_

Other Affiliation \_\_\_\_\_

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. Once received in the Office of the Vice Chancellor, please allow at least five (5) working days for processing.

***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 (1)**

**Dean (2)**

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Signature/Date

**PROCESSED BY: (3)**

\_\_\_\_\_  
Vice-Chancellor for  
Multicultural Affairs

cc: Dept Business Manager: \_\_\_\_\_ ext. \_\_\_\_

**GENERAL LIST OF FACILITIES AND COMPANIES**

**I am applying to the following facilities for medical staff privileges (Please check designated recipients):**

- |   |  |
|---|--|
| <input type="checkbox"/> Baton Rouge General Medical Center             | <input type="checkbox"/> South Lake Surgery Center                   |
| <input type="checkbox"/> Children's Hospital (NO)                       | <input type="checkbox"/> Southeast LA Veterans Health Care System    |
| <input type="checkbox"/> Crescent City Physicians                       | <input type="checkbox"/> St. Charles Parish Hospital                 |
| <input type="checkbox"/> Crescent City Surgical                         | <input type="checkbox"/> St. Charles Surgical Hospital               |
| <input type="checkbox"/> Daughter's of Charity                          | <input type="checkbox"/> St. James Parish Hospital                   |
| <input type="checkbox"/> Diagnostic Imaging Services, Inc.              | <input type="checkbox"/> St. Tammany Parish Hospital                 |
| <input type="checkbox"/> East Jefferson General Hospital                | <input type="checkbox"/> St. Thomas Community Health Center          |
| <input type="checkbox"/> Fairway Medical Center                         | <input type="checkbox"/> Surgical Specialty Center                   |
| <input type="checkbox"/> Houma Outpatient Surgery Center                | <input type="checkbox"/> Terrebone General Medical Center            |
| <input type="checkbox"/> Jefferson Ambulatory Surgery Center            | <input type="checkbox"/> Thibodaux Regional Medical Center           |
| <input type="checkbox"/> Jefferson Community Healthcare Centers         | <input type="checkbox"/> Touro Infirmary                             |
| <input type="checkbox"/> Kindred Hospital (New Orleans)                 | <input type="checkbox"/> Tulane Lakeside Hospital                    |
| <input type="checkbox"/> Lafayette General Medical Center               | <input type="checkbox"/> Tulane University Hospital & Clinic         |
| <input type="checkbox"/> Lallie Kemp Hospital                           | <input type="checkbox"/> University Hospital and Clinics - Lafayette |
| <input type="checkbox"/> Lake Charles Memorial Hospital                 | <input type="checkbox"/> University Medical Center of New Orleans    |
| <input type="checkbox"/> Lakeview Regional Medical Center               | <input type="checkbox"/> Vivere Audubon                              |
| <input type="checkbox"/> Mary Bird Perkins Cancer Center                | <input type="checkbox"/> West Jefferson Medical Center               |
| <input type="checkbox"/> Metropolitan Gastroenterology Associates       | <input type="checkbox"/> Woman's Hospital                            |
| <input type="checkbox"/> Metropolitan Human Services District           | <input type="checkbox"/> Women's and Children's Hospital             |
| <input type="checkbox"/> NeuroMedical Center (BR)                       | <input type="checkbox"/> Acadian Computer System                     |
| <input type="checkbox"/> New Life Counseling Center                     | <input type="checkbox"/> Access Health                               |
| <input type="checkbox"/> NOEH: New Orleans East Hospital                | <input type="checkbox"/> Blue Cross Blue Shield                      |
| <input type="checkbox"/> North Oaks Health System                       | <input type="checkbox"/> CAQH  |
| <input type="checkbox"/> Ochsner Extended Care                          | <input type="checkbox"/> HCA - Parralon                              |
| <input type="checkbox"/> Ochsner Medical Center - Baptist Campus        | <input type="checkbox"/> LHC Group                                   |
| <input type="checkbox"/> Ochsner Medical Center - Baton Rouge           | <input type="checkbox"/> Louisiana Healthcare Connections            |
| <input type="checkbox"/> Ochsner Medical Center – Covington             | <input type="checkbox"/> LSU Health Care Network                     |
| <input type="checkbox"/> Ochsner Medical Center – Kenner                | <input type="checkbox"/> Magellan Health                             |
| <input type="checkbox"/> Ochsner Medical Center - Northshore            | <input type="checkbox"/> Vantage Health Plan                         |
| <input type="checkbox"/> Ochsner Medical Center - Westbank              | <input type="checkbox"/> Verity                                      |
| <input type="checkbox"/> Ochsner Medical Center Hospital ( main campus) | <input type="checkbox"/> _____                                       |
| <input type="checkbox"/> Ochsner St. Anne Hospital                      | <input type="checkbox"/> _____                                       |
| <input type="checkbox"/> Ochsner St. Bernard Parish Hospital            | <input type="checkbox"/> _____                                       |
| <input type="checkbox"/> OMEGA Institute of Health and Hospitals        | <input type="checkbox"/> _____                                       |
| <input type="checkbox"/> Our Lady of Lourdes Regional Medical Ctr.      | <input type="checkbox"/> _____                                       |
| <input type="checkbox"/> Our Lady of the Angels                         | <input type="checkbox"/> _____                                       |
| <input type="checkbox"/> Our Lady of the Lake Regional Medical Ctr.     | <input type="checkbox"/> _____                                       |
| <input type="checkbox"/> Rapides Regional Medical Center                | <input type="checkbox"/> _____                                       |
| <input type="checkbox"/> Slidell Memorial Hospital                      | <input type="checkbox"/> _____                                       |
| <input type="checkbox"/> SLMA - Leonard J. Chabert Medical Center       | <input type="checkbox"/> _____                                       |

## Instructions for Verification of Medical Malpractice Insurance Form

1. Print legibly or type the top portion of this form and the provider should sign in the area identified as “Provider Signature.”
2. Check off all Hospitals and/or Managed Care Companies. If the agency is not listed please print or type legible on the blank lines (i.e. the name, address, telephone and fax numbers)
3. Form must then be signed by your Department Head (1), routed to your Dean’s Office(2) for signature and finally to the office of the Vice-Chancellor of Community and Multicultural Affairs(3) . **Please acquire all approved signatures prior to forwarding to the Chancellor’s Office .**
4. **Proof of Coverage:** please allow 3-5 business days for processing.  
**Claims History Request:** please allow 7-10 days for research and release of information.

***NOTE: If coverage is being requested under SPECIAL CIRCUMSTANCES, please provide supporting documentation and or justification for such an endeavor. ( i.e. Elective Rotations, Observership, Community Outreach Endeavors, etc.).***

Revised: 4/23

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