

Louisiana Department of Health – Medicaid Recipient Insurance Information Update

TRADITIONAL MEDICARE ONLY (send this form via fax or email)

TO:

Urgent* Private TPL and Urgent* Medicare Advantage Plan Update Requests for Members enrolled in a Healthy Louisiana Plan for Pharmacy and Medical Benefits must be submitted to the Members' Healthy Louisiana Plan. All other Urgent and General Private TPL and General Medicare Advantage Plan update requests, including Urgent requests for Fee-for-Service members and MCO members who receive Pharmacy Benefits paid by Gainwell must be submitted to HMS.

PROVIDER

Date: (mm/dd/yyyy)	Submitter Name: (required)
Provider Name:	Phone Number: (required)
Submission Status:	

RECIPIENT INFORMATION

Patient Name: (required)	Parish of Residence:
Medicaid ID Number: (required)	Date of Birth: (mm/dd/yyyy) (required)
Hospital Account Number:	Date of Service: (mm/dd/yyyy)

ADDING INSURANCE

Use this section to update the patient's file by adding the following insurance

Policy Holder Name: (required)	Insurance Company: (required)
Policy Holder SSN: (required)	Street Address:
Policy Holder Date of Birth: (mm/dd/yyyy) (required)	City, State, ZIP:
Scope of Coverage: (optional)	Policy Number: (required)
Coverage Effective Date: (mm/dd/yyyy)	Group Number:
Coverage End Date: (mm/dd/yyyy)	Carrier Code:

REMOVING INSURANCE

Use this section to update the patient's file by adding the following insurance

Policy Holder Name: (required)	Insurance Company: (required)
Policy Holder SSN: (required)	Street Address:
Policy Holder Date of Birth: (mm/dd/yyyy) (required)	City, State, ZIP:
Scope of Coverage: (optional)	Policy Number: (required)
Coverage Effective Date: (mm/dd/yyyy)	Group Number:
Coverage End Date: (mm/dd/yyyy)	Carrier Code:

PRIVACY AND CONFIDENTIALITY WARNING

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