

CHAPTER 45: PEDIATRIC DAY HEALTH CARE**APPENDIX D: CONTACT/REFERRAL INFORMATION****PAGE(S) 1****CONTACT/REFERRAL INFORMATION**

OFFICE NAME	TYPE OF ASSISTANCE	CONTACT INFORMATION
Bureau of Health Services Financing Health Standards Section	Office to contact to report changes that affect provider license	BHSF/Health Standards Section P.O. Box 3767 Baton Rouge, LA 70821 or (225) 342-0138 Fax: (225) 342-5292
Division of Administrative Law – Health and Hospitals Section	Office to contact to file an appeal request	Division of Administrative Law - Health and Hospitals Section P. O. Box 4189 Baton Rouge, LA 70821-4189 (225) 342-0443 Fax: (225) 219-9823 Phone for oral appeals: (225) 342-5800
Provider Enrollment Section	Office to contact to report changes in agency ownership, address, telephone number or account information affection electronic funds transfer	Molina Medicaid Solutions Provider Enrollment Section P. O. Box 80159 Baton Rouge, LA 70898-0159 (225) 216-6370
Provider Relations Unit	Office to contact to obtain assistance with questions regarding billing information	Molina Medicaid Solutions Provider Relations Unit P. O. Box 91024 Baton Rouge, LA 70821 1-800-473-2783
Office of Community Services - Local Child Protection Hotline	Office to contact to report suspected cases of abuse, neglect, exploitation or extortion of a recipient under the age of 18	Refer to the Department of Children and Family Services website at: http://www.dss.la.gov under the “Report Child Abuse/Neglect” link