

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

<b>OFFICE NAME</b>	<b>TYPE OF ASSISTANCE</b>	<b>CONTACT INFORMATION</b>
<b>Health Standards Section (HHS)</b>	Office to contact to report changes that affect provider license	Health Standards Section P.O. Box 3767 Baton Rouge, LA 70821 (225) 342-0138 Fax: (225) 342-0157
<b>Division of Administrative Law – Health and Hospitals Section</b>	Office to contact to request an appeal hearing	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
<b>Prior Authorization Unit (PAU)</b>	Office to contact to obtain assistance with prior authorization issues, reports and forms	DXC Prior Authorization Unit P.O. Box 14919 Baton Rouge, LA 70898-4919 1-800-488-6334 Fax: (225) 216-8481
<b>Provider Enrollment Unit (PEU)</b>	Office to contact to report changes in agency ownership, address, telephone number or account information, electronic funds transfer, etc.	DXC Provider Enrollment Section P. O. Box 80159 Baton Rouge, LA 70898-0159 (225) 216-6370
<b>Provider Relations (PR) Unit</b>	Office to contact to obtain assistance with questions regarding billing information	DXC Provider Relations Unit P. O. Box 91024 Baton Rouge, LA 70821 1-800-473-2783
<b>Office of Community Services - Local Child Protection Hotline</b>	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: <a href="http://www.dss.la.gov">http://www.dss.la.gov</a> under the “Report Child Abuse/Neglect” link