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CHAPTER 40: RURAL HEALTH CLINICS

APPENDIX B: FORMS PAGE(S) 1

FORMS AND LINKS

Form	Link
Description	
Service Facility Survey	https://www.lamedicaid.com/provweb1/Forms/FQHC Services Facility S urvey.pdf
CMS 1500	https://www.lamedicaid.com/provweb1/billing information/CMS 1500 R HC FQHC.pdf