



BOGALUSA MEDICAL CENTER  
 EARL K. LONG MEDICAL CENTER-BATON ROUGE  
 HUEY P. LONG MEDICAL CENTER-ALEXANDRIA  
 LALLIE KEMP REGINAL MEDICAL-INDEPENDENCE  
 L.I. CHABERT MEDICAL CENTER-HOUMA  
 MEDICAL CENTER OF LOUISIANA AT NEW ORLEANS  
 UNIVERSITY MEDICAL CENTER-LAFAYETTE  
 W.O. MOSS REGIONAL MEDICAL-LAKE CHARLES

Bogalusa Medical Center

Our Records indicate that we have, in the past, received requests for outpatient ancillary testing orders from your practice. Our policies have changed and now require more specific contact information to process any claims that result from those and future orders. If you would like Bogalusa Medical Center to accept future requests for outpatient ancillary testing orders, please take a few moments to complete this registration form. Once completed, send by email to [jjenk2@lsuhsc.edu](mailto:jjenk2@lsuhsc.edu) or you can fax the registration form to the attention of **Doctor Master Coordinator** at 985-760-7183. If you have any questions, please feel free to contact Judy Jenkins at (985) 730-7181. Thank you.

Request for Practitioner# \_\_\_\_\_ NPI #: \_\_\_\_\_

Practitioner Name (Last, First Middle): \_\_\_\_\_

DOB: \_\_\_\_\_ Credential Type: \_\_\_\_\_ Medical Specialty: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact #: \_\_\_\_\_

Fax #: \_\_\_\_\_ After Hrs #: \_\_\_\_\_ Beeper #: \_\_\_\_\_

Facility Association: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Medicaid #: \_\_\_\_\_ OIG Status: \_\_\_\_\_

License #: \_\_\_\_\_ UPIN #: \_\_\_\_\_ Date OIG Checks: \_\_\_\_\_

Comments / Special Instructions / Requests:

<i>We especially need your SS# and DOB.</i>
Thank you,
<i>Judy Jenkins</i>