

Dear Recipient:

Enclosed is a card to keep that has phone numbers to call for assistance.

This is to let you know that if you feel you need a Medicaid covered service that requires prior approval, but providers of the service have refused to submit your request, you may request a "Review of Possible Eligibility" for the services. This review is available only if two (2) providers have refused to submit your full request, or if there is no other provider from whom to request the service.

To submit your request for a review, simply fill out the bottom of this form and send it to the address listed below. A physician's written statement as to why the services are necessary must be attached to the request. Medicaid will rule on whether you might be eligible for the service you are seeking. If you might be eligible Medicaid will find a provider to submit the request for you.

This option is only available to Medicaid recipients under age 21 who have been on the MR/DD Request for Services Registry on or after October, 1997 (the "*Chisholm*" class).

The enclosed card has a phone number to call if you need additional forms. You can also obtain them from a Medicaid case manager or from Medicaid's Prior Authorization Liaison (PAL), who can be reached at 1-800-807-1320.

Sincerely,

Louisiana Department of Health

Name: _____ Medicaid Identification #: _____

Social Security #: _____ Phone Numbers(s): _____

How can we contact you? _____

Service(s) being requested: _____

A Doctor's statement as to why the services are necessary must be attached. Below, you must also list the providers that have refused to submit a request for these services:

Provider 1: _____
Name Phone Number

Provider 2: _____
Name Phone Number

Mail to: LDH-PAL
Post Office Box 91030 Bin #24
Baton Rouge, Louisiana 70821-9030