

NLPHO / LOUISIANA HEALTHCARE CONNECTIONS
Louisiana Medicaid Managed Care Organization
Network Provider Enrollment Form

Medicaid Compensation Schedule Provider Services:

The maximum compensation for physician Covered Services rendered to a Covered Person shall be the "Allowed Amount." Except as otherwise provided in this Compensation Schedule, the Allowed Amount for physician Covered Services is the lesser of: (i) Allowable Charges; or (ii) one hundred percent (100%) of the Payor's Medicaid fee schedule.

- I do wish to participate in the Louisiana Healthcare Connections network through NLPHO.**
- I do NOT wish to participate in the Louisiana Healthcare Connections network through NLPHO.**

Providers Name (please print)

Authorized Signature

Medicaid Group #

Medicaid Individual #

Federal TIN #

Date

I am currently accepting new Medicaid patients: Yes No

Please sign this form and retain the LHC Compensation Schedule for your files (attached)

Fax to: (318) 387-7452

Mail to:

Northeast Louisiana Physician Hospital Organization

Monica Pittman, President

1900 North 18th Street, Suite 703

Monroe, LA 71201

Or

Email to:

Jan.tidwell@fmlhs.org

Call (318) 387-7358 with questions

