



Please complete this form and attach to the Health Delivery Organization Form if your organization is an Urgent Care Clinic/Walk-In Clinic.

GENERAL INFORMATION							
Name of Clinic _____							
GENERAL BUSINESS INFORMATION							
Office Hours	Monday ____ - ____	Tuesday ____ - ____	Wednesday ____ - ____	Thursday ____ - ____	Friday ____ - ____	Saturday ____ - ____	Sunday ____ - ____
Blue Cross and Blue Shield of Louisiana requires Urgent Care Clinics to have hours of operation that include: Open until at least 8 p.m. Monday-Friday; Open at least 8 hours Saturday or Sunday.							
Does a physician have oversight of all clinical activities of the urgent care center? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Please provide the name and license number of the physician who oversees clinical activities at the urgent care center: Name: _____ Physician License No. _____							
If the physician works in the urgent care center, what days and hours: _____							
Physician's signature: _____ Date: _____							
Do you offer appointments? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you provide urgent and minor emergency care to patients on an unscheduled basis? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you offer follow-up care or wellness examinations? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are patients referred to their primary physician for routine follow-up and wellness care? <input type="checkbox"/> Yes <input type="checkbox"/> No				
ATTACH THIS FORM TO THE HEALTH DELIVERY ORGANIZATION APPLICATION							
Return application and documents to:							
Email: network.administration@bcbsla.com				Fax: (225) 297-2750			
Mail: BCBSLA – PCDM P.O. Box 98029 Baton Rouge, LA 70898-9029							