









MOVING LOUISIANA'S HEALTH FORWARD

Well-Ahead Louisiana Primary Care Office

Louisiana Conrad 30/J-1 Visa Waiver Program

Quarterly Service Report

Please return this report to: PCRH@la.gov

Bienville Building, 628 North 4th Street, Bin #15, Baton Rouge, LA 70802

PO Box 3118, Baton Rouge, LA 70821-3118 Phone: 225-342-9306 Fax: 225-342-5839

Physician:	Medicaid ID #:		Louisiana License #:		
Home Address:	Practice Name and Ad	Practice Name and Address:		Start Work Date:	
E-mail Address:	Practice Telephone Number:		Practice Fax Number:		
	,				
For services rendered (check one		nga 202.	4 2025		
Year: 2019 2020 2021 2022 2023 2024 2025 Quarter: January 1-March 31 April 1-June 30 July 1-September 30 October 1-December 31					
Number of clinical patient hours worked this quarter: Total number of hours worked this quarter:					
If hours are less than 40 hours p	er week, 32 clinical hours	per week, ple	ase explain:		
Patient Profile	Statistics (Complete each	h item and inc	licate ACTUAL	or ESTIMATED)	
Total number of patients for the	<u> </u>			·	
Medicaid:	Medicare:	Medicare:			
Uninsured/self-pay, non-indigent/full-pay:		Uninsured,	Uninsured/self-pay, indigent, sliding fee:		
Insurance/HMO:		AIDS/HIV (AIDS/HIV (if pertinent to slot approval):		
How do you let your patients kno	w about the availability of	the sliding sca	ale/indigent pol	icy?	
Other employment/moonlighting	done this quarter, if any:				
Complete on your last report: Are					
If no, where do you plan to go? P	lease provide contact info	rmation if you	plan to leave.		
I verify that the physician named		e practice at th	ne facility listed	and that all medical practice	
has been provided in the appropriate designated HPSA(s).					
Physician Signature:	Em	mployer Signature and Title:			
Date:	Da	ate:			
LDH Use:	Da	te Received:		Date Entered:	

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