



Sept. 30, 2021

Live Better Louisiana Deadline Extension for Lafourche, St. Charles, St. James, St. John, Terrebonne, and Southwest Jefferson Parishes

Due to extreme conditions in these parishes following Hurricane Ida, the Office of Group Benefits (OGB) **is extending the Live Better Louisiana PCP form deadline for members in these parishes until Nov. 15, 2021.**

How to Submit Your PCP or Medical Exemption Form

Primary OGB members in Lafourche, St. Charles, St. James, St. John, Terrebonne, and southwest Jefferson parishes **must submit their form directly to OGB.** Please **do not** send your form to the fax number or mailing address at the bottom of the form.

Forms must be completely filled out, including all lab results. If any information is missing from your form, OGB will not process your form.

Fax

You may fax your completed form to 225-342-9917.

Mail

You may mail your form to
OGB
Attn: Customer Service
P.O. Box 44036
Baton Rouge, LA 70804

Email

You may email your form to OGB.CustomerService@LA.gov. Subject line must read "[SECURE] Live Better Louisiana PCP Form."

If you have any questions, please call OGB Customer Service at 1-800-272-8451 or Blue Cross Customer Service at 1-800-392-4089.

www.bcbsla.com

5525 Reitz Avenue | Baton Rouge, Louisiana 70809
P.O. Box 98029 | Baton Rouge, Louisiana | 70898-9029
(225) 295-3307 | Fax (225) 295-2054

Medical Exemption Form



INSTRUCTIONS for Active Employees and Retirees (OGB Blue Cross subscribers/ policyholders)

If you did not qualify for the wellness incentive or are unable to participate in the onsite preventive checkups during the program year of 11/1/20 to 8/31/21 because you were pregnant at the time of the checkups, as an alternative you may work with your physician to develop a plan to maintain or improve your health. Complete the form below, have it signed by your personal physician, and fax it to Catapult Health at 877-885-9904 by 5:00 PM CST on Wednesday, September 15, 2021.

PLEASE PRINT CLEARLY. If illegible, your information will not be recorded.

PATIENT'S NAME: _____ DATE: ____ / ____ / ____ DATE OF BIRTH: ____ / ____ / ____
 First M.I. Last Mo / Day / Year Mo / Day / Year

PATIENT'S SIGNATURE: _____ PHONE NUMBER: (_____) _____ - _____

PATIENT'S E-MAIL: _____ BCBS LA Member ID: _____

ADDRESS: _____
 Street or PO Box City State Zip

Instructions for Physician

The above named individual is eligible to participate in the employee wellness incentive program at the Louisiana Office of Group Benefits. He or she did not achieve the required health standards that are a part of the program, or was pregnant at the time of the onsite checkups and thus ineligible to participate. In compliance with HIPAA requirements, the Office of Group Benefits accommodates personal physician recommendations for your patient to maintain or improve his or her health. We do not need to know if your patient is pregnant, what your patient's limitations are, or what your plan is for your patient.

By signing below you acknowledge that you have presented a health improvement plan to your patient who is named above or that you have been providing care for your patient during her pregnancy.

Physician's Name (Print) Physician's Signature Today's Date

This completed form must be received by Catapult Health by 5:00 pm on September 15, 2021

VIA MAIL: Catapult Health - PCP Form, 5294 Belt Line Road, Dallas, TX 75254

VIA FAX: 877-885-9904 (no cover page is needed)