



BlueCross BlueShield of Louisiana

An independent licensee of the Blue Cross and Blue Shield Association.

Please download and complete the attached certification and acknowledgment form verifying that you have read and understand the Blue Cross and Blue Shield of Louisiana Code of Business Conduct. Please fax form to Blue Cross at 225.297.2651.

I hereby certify and acknowledge that I have received, read and understand the Code of Business Conduct and Compliance and Integrity Program for Blue Cross and Blue Shield of Louisiana and it's subsidiaries.

Signature

Date

Print Name

Relationship to Blue Cross
(Provider, Vendor, Consultant, etc.)

Title