AmeriHealth Caritas Louisiana
P.O. Box 83580
Baton Rouge, LA 70884

Appendix 19 – Project Submission Form

Provider Information
Provider Name:
Provider Tax ID #:
Provider Number:

Contact Information
Contact Persons:
Telephone Number:
E-Mail Address:

For AmeriHealth Caritas Louisiana only:

Receive Date:
Processing Instructions:

Patient Account Number	Patient Name	Issue	DOS	Patient ID Number	DOB	Claim Number	Claim Type	Rev Code (Hosp)	Proc Code (All)	Start Date	End Date	Total Days/Units	Total Charges	Expected Payment