



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

Primary Care Provider Form



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

If you were not able to receive a Catapult Health Preventive Checkup this year, you may have your Primary Care Provider report lab and biometric values to receive credit toward the Office of Group Benefits wellness incentive being offered. **All information requested below must be completed** in order for credit to be awarded. Once complete, you must return your completed forms to Catapult Health by 5:00 pm CST on Wednesday, September 15, 2021.

This is your responsibility, not your provider's.

PATIENT AUTHORIZATION AND RELEASE

With the understanding that my personal health information will only be shared as permitted and protected by law, I agree to the release of the information requested below from my Primary Care Provider to Catapult Health In order to complete requirements for my Company's wellness incentive. Catapult Health will securely store and may also disclose this medical information to me, to my physician(s), to my health plan, or a third party entity designated by my current or any future health plan or employer for use in health and disease management programs. I understand this information may be used to identify my health risks, to provide education regarding how to address my identified risks, and to possibly contact me to promote participation in health and disease management programs.

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: _____
(You will receive a confirmation email from Catapult Health when your form is processed.)

ADDRESS: _____
Street or PO Box City State Zip

PROVIDER INSTRUCTIONS

Office of Group Benefits has partnered with Catapult Health to provide worksite wellness initiatives. Lab tests completed between 9/1/2020 and 9/15/2021 may be used to fulfill wellness incentive requirements. Please complete the information below and return this form to your patient.

Provider's Name		Providers Signature	
Date of Tests	/ /	Did patient fast?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Height	feet inches	Weight	lbs.
Abdominal Circumference	inches	Blood Pressure	/ mmHG
Total Cholesterol	mg/dL	HDL Cholesterol	mg/dL
LDL Cholesterol	mg/dL	Triglycerides	mg/dL
Glucose	mg/dL	A1C	%
Gender	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		

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

VIA FAX: 877-885-9904 VIA MAIL: Catapult Health - PCP Form, 5294 Belt Line Road, Dallas, TX 75254