Louisiana Medicaid Link/Unlink and Working Relationship Form

PURPOSE

This form is used when an individual provider is requesting to be linked to a Professional Group or Entity. The form permits Linkage/Unlinkage for two separate professional groups. When linking to a group, the estimated number of hours is required. The form also serves as documentation that a working relationship exists between an individual and a professional group. For this form to be valid, an **ORIGINAL SIGNATURE AND DATE ARE REQUIRED.**

Individual	Provider Name	e:																
Individual Provider Number:			LA Med	dicai	d Pro	vider	#	Na	tiona	al Pr	ovid	er Ic	lentif	ier (NPI)		
Profession	nal Group Nam	ne:																
Professional Group Provider Number:			LA Med	dicai	d Pro	vider	#	Na	tiona	al Pro	ovid	er Id	lentif	ier (NPI))		
LINK Effective Date:				UNLINK Termination Date:														
	Number of Hours leek, if linking. (re																	
Profession	nal Group Nam	ne:																
Professional Group Provider Number:			LA Med	dicaid	d Provider #			National Provider Ident						ier (NPI))		
LINK	Effective Date:					UNLI	١K	Terr		tion								
	Number of Hours leek, if linking. (re-																	
Contact Per	erson for ques this form:	tions																
Contact Person Phone Number:			-															
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Print Indivi	Individual Provider's Signature									n_	Date							

Mail Completed Forms To: Gainwell Technology Provider Enrollment Unit, PO Box 80159, Baton Rouge, LA 70898-0159

Original signature only - colored ink (please don't use black ink)