



LOUISIANA HOSPITAL ASSOCIATION
9521 Brookline Avenue
Baton Rouge, Louisiana 70809

APPLICATION FOR INSTITUTIONAL MEMBERSHIP

Name of Institution: _____

Street Address: _____ Date Opened: _____

Mailing Address (if different): _____ Main Phone: _____

City, State, Zip: _____ Main Fax: _____

Parish: _____ Website: _____

Type: General Acute Care Hospital Critical Access Designation? Yes No

Acute-Limited Svc-**(please specify examples** Women, Children, Ortho, Neuro, Cardio): _____

Long-Term Acute Care Rehabilitation Hospital Behavioral Health Hospital

Number of Licensed Beds: _____ Does the hospital have an Emergency Department? Yes No

Medicare Provider #: _____ For Profit Not For Profit Gov't/HSD Other

Hospital License #: _____ Are there offsite campuses with inpatient beds attached to this license? Yes No

List offsite locations sharing license:

1) _____

2) _____

3) _____

Name of Owner: _____

Mailing Address: _____

City, State, Zip: _____

Is this facility operated, managed or leased by an organization other than owner? Operated Managed Leased

Name of Organization: _____

Is this facility located inside of another hospital or facility? Yes No

Name of Hospital/Facility: _____

Chief Exec Officer/Admin: _____
(First, Middle Int., Last, Suffix, Edu Credentials)

Title: _____ Phone: _____

Email: _____

Date of Application: _____ Signature: _____

Title: _____