



APPLICATION FOR INSTITUTIONAL MEMBERSHIP

LOUISIANA HOSPITAL ASSOCIATION

9521 Brookline Avenue
Baton Rouge, Louisiana 70809

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: Full Name: _____
(First, Middle Int., Last, Suffix, Edu Credentials)

Title: _____ Phone: _____

Email: _____

Date of Application _____ Signed by: _____

Title: _____