

# Healthy Louisiana Adverse Incident Reporting Form

The provider must fax this form or any form with the necessary information to the appropriate health plan of the member addressed below within 1 business day of discovery of the incident.

**ABH: 860-262-9174**

**ACLA: 844-341-7641**

**Healthy Blue: 855-859-5044**

**LHCC: 866-704-3063**

**UHC: 877-554-3362**

**Humana: 888-305-7974**

Member name:	Diagnosis:
Member number:	Provider level of care:
Member date of birth:	Incident location:
Legal status:	Date and time of incident:
Date form completed:	Date incident discovered:

Select any of the following categories that were involved.

Abuse

Exploitation

Neglect

Death

Extortion

Description of event: (including specifics on incident, using as many pages as necessary, numbering, dating, and signing each)

Action taken to ensure safety of all involved: (including debriefing efforts and steps to avoid similar future events)

Select the appropriate boxes that apply.

Parent/Guardian notified

Date/person notified:

Law enforcement/Protective services notified (if applicable)

If **yes**, agency and contact information:

Member seen by psychiatrist, physician or nurse after incident

If **yes**, treatment:

Signature:	Print name:
Phone number:	Email address:
Provider name:	Date: