



Office of Human Resource Management

LSU First Prescriber Monitoring Attestation

The purpose for this requirement is to monitor prescriptions whereby the practitioner is prescribing medication (s) for themselves or their family members. (Family is defined as those related by blood, marriage or residing in the same residence as the prescriber). This practice is not covered under the LSUFirst Health Plan.

Employees who enroll in the LSUFirst Health Plan and are practitioners with prescribing authority (i.e. MD, NP, PA, CRNA, DDS, DO, OD, DVM) will be required to provide certain prescriber information upon enrollment in LSUFirst.

Are you enrolled or enrolling in the LSUFirst Health Plan? Yes No

If yes, the prescriber information will be required as part of your LSUFirst enrollment:

NPI # _____

DEA# _____

Office# _____

Email Address: _____

Cell# _____

Print Employee Practitioner's Name

Practitioner Signature

Date

If you currently do not have prescription writing privileges, but obtain those privileges in the future, you must contact a LSUHSC Benefits Consultant (nohrm@lsuhsc.edu) to provide the data required on this form. Enrolling in LSUFirst at future date will also require completion of this form.