

Member's Freedom of Choice

Magellan of Louisiana

Fax to: 1-888-656-5704

Freedom of Choice Form

I am aware that providers and facilities available to me can be found within the 'For Members' tab and Provider Search on the Magellan of Louisiana website, www.magellanoflouisiana.com.

The provider I choose is: (enter provider name, phone number, and service in box)

By signing below, I acknowledge that I freely chose to receive services from the above provider, and I acknowledge my responsibility to notify my previous provider in order to coordinate care. **(Member or Guardian signature in box)**

Member Name:	Member Date of Birth:
Member/Legal Guardian Signature:	Legal Guardian Name:

Today's Date: _____

Instructions for Provider:

A Freedom of Choice Form is required prior to service authorizations. The form requires a member signature, date, an identified provider, and provider telephone number. This provider assumes responsibility of coordinating care with the prior provider of record.

Provider Representative Signature: