

**LOUISIANA PATIENT'S COMPENSATION FUND
DENTIST & ORAL SURGEON APPLICATION
(RENEWAL FOR THOSE WITH PRIMARY INSURANCE)**

DATE

Signature of Insured -- NOT VALID WITHOUT SIGNATURE

Any questions regarding this form may be emailed to: pcf-surcharge@la.gov

A PRINTED, SIGNED COPY OF THIS FORM MUST BE MAILED/FAXED TO PCF.