

Electronic Billing Exception Request Form

Group Name:				
Group Number:				
Authorized Group Contact:				
Louisiana Blue Account Manager:				
Type of Request: Pay by Paper C	Check 🔲	Paper Invoice		
Please provide a detailed explanation/extenuating business reason for the request:				
Date of Request:				
Broker or Consultant Name:				
Please send the completed request to MarketingEnrollment@lablue.com All exceptions will be reviewed by Louisiana Blue Management Team.				
For Internal Use Only	Declined	Nate:	☐ Indicator Removed	Date:
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