

THIS FORM MUST BE SUBMITTED via e-mail to annl@louisianaambulancealliance.org or via fax to 985-369-4461 ON OR BEFORE September 15, 2016

Service Name: Project Administrator: Address: Phone: Email Address: Request	Laptop Rep	placement Request		
□ Hardware - # of Laptops Needed □ Emergency Call □ Non-Emergency Call _ Additional Information □ Current Type of Laptops □ Age of Current Laptops □ Reason for Replacement Request:	Project Adm Address: Phone:	ninistrator:		
Policy for reimbursement Laptop Allowance: up to \$3500.00 per laptop	☐ Hard ☐ Eme ☐ Non- Add ☐ Curr	ergency Call% -Emergency Call% litional Information rent Type of Laptops of Current Laptops	Hospitals Served	
(including tax). Number of laptops reimbursed is limited to the number of units licensed by DHH Health Standards. Reimbursement for laptops will be distributed in three equal increments upon the completion of the following: 1. Receipt of proof purchase of the laptops 2. Full implementation of ePCR software The software must be installed, in use and confirmed by ERHIT staff via an on-site visit. 3. Full data integration with the LERN State Bridge including successful importing of data as long as the grantee possesses the laptops	Laptop (include limited Health distrib compl 1 2	p Allowance: up to \$3500.00 per laptop ding tax). Number of laptops reimbursed is d to the number of units licensed by DHH h Standards. Reimbursement for laptops will be outed in three equal increments upon the letion of the following: L. Receipt of proof purchase of the laptops 2. Full implementation of ePCR software The software must be installed, in use and confirmed by ERHIT staff via an on-site visit. 3. Full data integration with the LERN State Bridge including successful importing of data as long as the grantee possesses the		
To be completed by E-RHIT Staff; providers please do not write below this line	To be complete	ted by E-RHIT Staff; providers please do not write be	low this line	
Date Action	Date	Action		