

**THIS FORM MUST BE SUBMITTED**  
**via e-mail to [annl@louisianaambulancealliance.org](mailto:annl@louisianaambulancealliance.org) or via fax to 985-369-4461**  
**ON OR BEFORE September 15, 2016**

**Laptop Replacement Request**

Service Name: \_\_\_\_\_  
 Project Administrator: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Request**

- Hardware - # of Laptops Needed** \_\_\_\_\_
- Emergency Call** \_\_\_\_\_%
- Non-Emergency Call** \_\_\_\_\_%
- Additional Information**
- Current Type of Laptops** \_\_\_\_\_
- Age of Current Laptops** \_\_\_\_\_
- Reason for Replacement Request:**

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**Hospitals Served**

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Policy for reimbursement  
 Laptop Allowance: up to \$3500.00 per laptop (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

To be completed by E-RHIT Staff; providers please do not write below this line

Date	Action