



PRINT ALL INFORMATION
www.lasersonline.org

P.O. Box 44213, Baton Rouge, LA 70804-4213
225.922.0600 · Toll-Free 1.800.256.3000
225.922.0612 (hearing impaired)

Disability Appeal

Member's First Name	Middle Name	Last Name	Today's Date	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 1: MEMBER'S INFORMATION

Member's Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Area Code/Phone Number	Evening Area Code/Phone Number	Email Address	Member's Birth Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 2: APPEAL CERTIFICATION

You have the right to appeal the decision of the State Medical Board pursuant to La. R.S. 11:218 (D). A written appeal must be filed within 30 days of notification of the certification of the Board's decision that you are not disabled.

In the application process, you will see a LASERS Board designated physician at your expense.

I wish to appeal the decision of the State Medical Board.

Member's Signature	Date
<input type="text"/>	<input type="text"/>