



Electronic Billing Authorization

Instructions for Completing the Electronic Billing Authorization

Only complete this form if you are adding or changing your clearinghouse. We will update your provider account and notify your clearinghouse when you are set up in our system. You will need to coordinate with your clearinghouse to determine when you are ready to bill electronically.

Provider Information

- **L&I Provider Account Number:** List the group/clinic (or individual practitioner) provider account number assigned by L&I. This number may be used to submit your bills electronically or you may use your National Provider Identifier (NPI).
- **National Provider Identifier (NPI):** The National Provider Identifier (NPI) is the standard, unique identifier for health care providers mandated by the Health Insurance Portability and Accountability Act (HIPAA) of 1996.
- **Name of Firm or Individual (Provider):** List the group/clinic name, or individual practitioner name if no group affiliation. Only one Authorization under the business name and tax Id is required to cover the entire group and any future practitioners added to the group.
- **IRS Tax Identification Number:** List your current taxpayer number (EIN or SSN).
- **Contact Name:** List the name of the person to contact if we have questions/concerns.

Clearinghouse Information

- **Clearinghouse Name:** List the name of the clearinghouse you will use.
- **Clearinghouse (L&I Provider Account Number):** List the L&I provider account number of the clearinghouse you will use to submit billing.
- **Contact Name:** List the name of the person to contact if we have questions/concerns.
- **Effective Date:** Enter the date you will start sending bills for processing to your clearinghouse.

Authorizing Signature

- **Provider Name:** Please print the group/clinic (or individual practitioner) name.
- **Signature and Date:** The owner or office manager must sign and date the document.

If you have any questions regarding this form, please call (360) 902-6511 or email ebuLni@Lni.wa.gov

Please fax or return the completed Electronic Billing Authorization to the following address:

Department of Labor and Industries
Electronic Billing Unit
PO Box 44263
Olympia WA 98504-4263
Fax (360) 902-6192

Provider Information

| | |
|---------------------------------------|------------------------------------|
| L&I Provider Account Number | National Provider Identifier (NPI) |
| Name of Firm or Individual (Provider) | IRS Tax Identification Number |
| Address | Contact Name |
| Address | Telephone |
| City, State, Zip + 4 | E-mail |

Clearinghouse Information

Complete this section if you will be submitting your bills through a Clearinghouse. Entry of information below constitutes Provider's authorization for Labor & Industries to accept and process billing through the following Clearinghouse.

| | |
|---|---|
| Clearinghouse Name | Clearinghouse (L&I Provider Account Number) |
| Telephone | Contact Name |
| Effective Date _____ | |
| Enter the date you want your bills to be processed through the Department of Labor and Industries using your requested Clearinghouse. If you are changing clearinghouses, this is the date you will begin submitting bills through your new clearinghouse. Failure to enter an effective date may cause your bills to suspend or be denied. | |

Provider's signature below authorizes L&I to accept and process electronic billing within the provisions listed above.

| | |
|--|---------------|
| _____ Provider Name | |
| _____ Signature (must be original signature) | _____ Date |
| _____ Signatory Name (print name) | |