



# Individual Vocational Provider Account Change Form

**Items not listed on this change form must be changed through submittal of a new Vocational Provider Account Application.** An application or additional change forms can be downloaded from the department's website at <http://www.lni.wa.gov/ClaimsIns/Voc/WorkWithLni/Provider/Default.asp>.

Please refer to the instructions (on reverse) when making changes. The individual vocational service provider must sign the form to initiate the changes.

**NOTE:** If you have more than one individual provider number that these changes affect, you must submit a separate change form for each provider number.

Provider's Name (Last, First, MI) \_\_\_\_\_

Individual Provider Account Number \_\_\_\_\_ VRC ID Number \_\_\_\_\_

Individual provider primary contact number \_\_\_\_\_

### Name Change

Previous name (Last, first, MI) \_\_\_\_\_  
(Attach copy of documentation)

### Provider Number Termination

I wish to terminate my individual provider account number with this firm

Firm (Payee Provider) ID Number \_\_\_\_\_ Effective Date \_\_\_\_\_

### Change in Intern Supervisor

New Supervisor's Name \_\_\_\_\_ Supervisor's VRC ID Number \_\_\_\_\_

Supervisor's Individual Provider Number \_\_\_\_\_

### Other Status Changes

I will accept referrals from  State Fund  Self-Insured  Both  None

I am requesting the additional status of  Supervisor  Forensic

I wish to (circle choice(s)) **add** or **delete** branches where I will accept referrals. Attach a Vocational Provider Branch Identification Form listing all branches where you now wish to receive referrals.

### Referrals

1.) I wish to have no more referrals until I notify you  OR

2.) Please re-initiate referrals

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### For L&I Use Only



## Vocational Provider Branch Identification Form

Page \_\_\_\_\_ of \_\_\_\_\_

**Provide one form per Employer/Firm**

Firm Name \_\_\_\_\_ Provider Number (Firm) \_\_\_\_\_  
 VRC or Intern Name \_\_\_\_\_ VRC ID Number \_\_\_\_\_ VRC or Intern Provider Number \_\_\_\_\_

**List all branches identified by service locations (SL) name and number where you will work for this firm.**

Street Address	SL Name	Telephone Number
City	SL Number	Fax Number (if any)
Street Address	SL Name	Telephone Number
City	SL Number	Fax Number (if any)
Street Address	SL Name	Telephone Number
City	SL Number	Fax Number (if any)
Street Address	SL Name	Telephone Number
City	SL Number	Fax Number (if any)
Street Address	SL Name	Telephone Number
City	SL Number	Fax Number (if any)
Street Address	SL Name	Telephone Number
City	SL Number	Fax Number (if any)
Street Address	SL Name	Telephone Number
City	SL Number	Fax Number (if any)
Street Address	SL Name	Telephone Number
City	SL Number	Fax Number (if any)

# Please read all instructions before completing the change form.

## Individual (Service Providers)

### Provider Name

Please enter your name, provider number and VRC ID number. If this is a name change, please enter the name currently on file with the department for you. You must submit a copy of an identification card or marriage certificate with your new name to document the name change.

### Referrals Category

Please enter all referral categories you wish to receive. If there is no change to the referrals you wish to accept, do not enter information here. Please check the appropriate boxes for all referral categories you wish to receive or additional designation request. *Leave all boxes blank if there is no change.*

### Certification

If you have received your certification since receiving your provider number, please circle the certification you received and attach a copy of your certification.

### Provider Number Termination

Enter the payee provider number of the firm you are separating from. Enter the effective date.

**NOTE:** *The effective date may be in the future.*

### Intern Supervisor Change

If your supervisor has changed, please provide the name, VRC ID number and provider number of your new supervisor.

**NOTE:** *You cannot list a supervisor who does not have a provider number with the department and who does not meet the supervisor requirements per WAC 296-19A-210.*

### Branch Identification

Please circle whether you are adding or deleting branches at which you will accept referrals for this firm.

**NOTE:** *You will not be assigned to any branch which has not been previously established by the firm. Attach a copy of the Vocational Provider Branch Identification Form listing **all** branches where you wish to receive referrals for this firm. A copy of the Vocational Provider Branch Identification Form can be downloaded from the department's website.*

### Referrals

- 1.) Checking this box means that you will receive no new referrals until you submit a change form instructing the department otherwise. You will not be eligible to receive direct referrals or to be assigned referrals by any firm(s).
- 2.) Checking this box means that you are eligible to receive new referrals

<http://www.lni.wa.gov/ClaimsIns/Voc/WorkWithLni/Provider/Default.asp>

### Send completed form to:

Private Rehabilitation Services  
Department of Labor and Industries  
PO Box 44326  
Olympia WA 98504-4326

Phone: 360-902-6756  
FAX 360-902-6706