Send completed form and attachments to:
Department of Labor and Industries
Self-Insurance Program
Attn: Medical Treatment Adjudicator
PO Box 44893
Olympia WA 98504-4893

Fax: 360-902-6900

Self-Insurance Medical Provider Billing Dispute Form

Complete this form if you are a medical provider and you want to dispute a Self-Insurance provider billing.

Please note that disputes regarding accepted medical conditions and authorization for medical treatment need to be sent to the department's self-insurance claims adjudicator in writing.

Step 1

Worker's Name _____ L&I Claim Number _____

If you don't have the L&I claim number, call the Self-Insured Employer or their Third Party Administrator (TPA) or Self-Insurance at 360-902-6901.

Step 2

Before sending a dispute, you must have submitted a timely request to the self-insurer or third party administrator (TPA) for reconsideration and received no response or an unfavorable response. Requests for reconsideration of **underpayments or denials of bills** must be made within **90** days from the date of payment according to WAC 296-20-125, unless addressed by order.

Step 3 – I am submitting a medical provider billing dispute because (check all that apply):

- ☐ We received a denial.
- ☐ We have received no response to our bill(s).
- ☐ We were underpaid.
- ☐ We are owed interest because of a delay in payment according to RCW 51.36.085.
- ☐ We are no longer a part of a Preferred Provider Organization (PPO) and reductions were taken.
- ☐ We have a current PPO contract which ***excludes*** workers' compensation and reductions were taken.
- ☐ We have not received the bill payment as directed by the department order dated _____/_____/_____

Step 4 – Please attach this coversheet with copies of everything you have sent to and received from the insurer regarding this dispute, to include, as applicable:

- ☐ The bill(s).
- ☐ Chart notes, reports, etc. that support the service.
- ☐ Explanation of Benefits (EOBs).
- ☐ Documentation and content of your timely inquiry.
- ☐ Telephone logs.
- ☐ Documentation of authorization.
- ☐ PPO contract documentation, showing workers' compensation is excluded or the contract ended.

Step 5 – Your Contact Information

Contact name:	
Address:	
Phone number:	
Fax number:	