

Independent Medical Exam (IME) Comments / Complaints

Provider Quality & Compliance PO Box 44322 Olympia WA 98504-4322

Fax: 360-902-4249

You may email comments or complaints about your IME to: IMEComplaints@Lni.wa.gov. If you prefer, you can mail or fax your written comments using the space below.

Name	Date of Exam	Claim Number
IME Company Name (if known)	<u>I</u>	
Name of Doctor (if known)	Name of Additional Doctors (if known)	
Comments — Please be specific:		
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Signature	Date	