

Electronic Billing Unit
PO Box 44263
Olympia WA 98504-4263
Phone: 360-902-6511
Fax: 360-902-6192
Email: ebuLni@Lni.wa.gov

Instructions for Completing the Electronic Billing Authorization

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.

Only one Authorization under the business name and tax ID is required to cover the entire group and any future providers added to the group.

You will need to provide the following information:

Provider Information:

- **L&I Provider Account Number:** List the group/clinic (or individual provider) account number assigned by L&I.
- **National Provider Identifier (NPI):** The National Provider Identifier (NPI) is the standard, unique identifier for health care providers mandated by the Health Insurance Portability & Accountability Act (HIPAA) of 1996.
- **Name of Group or Individual Provider:** List the group/clinic name or individual provider's name if there is no group affiliation. Only one Authorization under the business name and tax ID is required to cover the entire group and any future providers added to the group.
- **IRS Tax Identification Number:** List your current taxpayer number (Employer Identification Number [EIN] or Social Security Number [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 or concerns.
- **Effective Date:** Enter the date you will start sending bills for processing to your clearinghouse.

Authorizing Signature:

- **Provider Name:** Print the group/clinic (or individual provider) name.
- **Signature & 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.

Submit the completed form to the address or fax number listed at the top of the page.

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Provider Information

This authorization is for: (Select one only)		
<input type="checkbox"/> Individual Provider		
<input type="checkbox"/> Group Payee/Organization NPI – this option covers all rendering providers associated with this group account.		
L&I Provider Account Number	National Provider Identifier (NPI)	IRS Tax Identification Number
Name of Group or Individual Provider		Contact Name
Phone Number		Email Address
Address		
City	State	Zip Code

Clearinghouse Information

Complete this section if you will be submitting your bills through a Clearinghouse. Completing the section below constitutes provider's authorization for L&I to accept and process billing through the following Clearinghouse.

Clearinghouse Name	Clearinghouse L&I Provider Account Number
Contact Name	Phone Number

Effective Date:

Enter the date you want your bills to be processed through the Department of Labor & Industries using your requested Clearinghouse. If you are changing clearinghouses, this is the date you will begin submitting bills through your new clearinghouse.

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Provider's Signature

Signing below authorizes L&I to accept and process electronic billing within the provisions listed above.

Group/Provider Name	Signatory Name – please print
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Signature

Date