Washington State Department of Labor & Industries

Statement for Retraining and Job Modification Services

Mail completed form to:
PO Box 44269
Olympia WA 98504-4269

To bill for Option 2 training, use the Statement for Option 2 Training (F245-446-000) form.

Worker Information — Required (Please Print)

Name (Last, First, Middle Initial)	Claim No.
Home Address Apt #	Date of Injury
City State Zip Code	Social Security No. (For ID Only)
	Phone Number

Provider Information (Please Print)

Provider Name	L&I Provider Number
Address	Federal Tax ID
City	Phone Number
	State Zip Code

Vocational Rehabilitation Counselor Information

Vocational Rehabilitation Counselor Name	Referral ID
	VRC ID (L&I Provider Number)

Billing Information (See Back for Instructions)

	From Date of Service	To Date of Service	POS	TOS	Billing/ Procedure Code	Description of Services or Supplies	Units	Charges
1			99	V				
2			99	V				
3			99	V				
4			99	V				
5			99	V				
6			99	V				
7			99	V				
8			99	V				
9			99	V				
10			99	V				

Total Charge
$

Signature (Only one signature is required. Sign under the appropriate section)

Is this a bill to reimburse the worker?

☐ Yes — Include copies of receipts and sign below.

These expenses are related to my workers' compensation claim and I have not been reimbursed for them. I understand it is a crime to submit information I know is false.

Worker's Signature Date

Is this a bill for provider payment?

☐ Yes — Sign below.

I certify that the information in the bill is true and correct. I have not been reimbursed for any part of this bill.

Provider's Signature Date

Instructions for Completing the Statement for Retraining and Job Modification Services

To bill for Option 2 training, use the Statement for Option 2 Training (F245-446-000) form.

Worker Information

Claim Number	Enter the worker's L&I claim number.
Name	Write the worker's legal name in the last name, first name, middle initial format.
Date of Injury	Enter the date of injury.
Home Address	Write the most current physical address of the worker.
Social Security Number	Enter the worker's Social Security Number. Used to verify the claim number.
Phone Number	Enter the phone number where the agency can call if there are any question about this bill.

Provider Information

L&I Provider Number	Enter the provider's L&I provider number.
Provider Name	Write the provider's name as registered with the department.
Provider Address	Write the provider's address.
Federal Tax ID	Enter the Federal Tax ID (EIN) for the billing provider. This must match the EIN on file with the agency.
Phone Number	Enter the phone number where the agency can call if there are any question about this bill.

Vocational Rehabilitation Counselor Information

Referral ID	Write the Referral ID.
Vocational Rehabilitation Counselor Name	Write the provider's name as registered with the department.
VCR ID	Write the VCR ID. This is the L&I provider number for the VRC.

Bill Information — Use one line for each service provided. Complete each applicable field.

From Date of Service	Enter the starting date of service.
To Date of Service	Enter the ending date of service.
Billing/Procedure Code	Enter the appropriate code from the list below. One code per line.
Description	Write a brief description of the services provided.
Units	Enter the total number of units you are billing for.
Charges	Enter the charge for each service provided.
Total Charges	Enter the total for all of the charges on the bill.

Billing/Procedure Codes

Job Modification/Pre-Job Accommodation Codes:	Lodging and Retraining Codes:	Retraining Codes:	Retraining Transportation Codes:
0380R — Job Modification equipment 0385R — Pre-job accommodation equipment 0389R — Job Modification/Pre-job accommodation consultation 0391R — Travel/Wait 0392R — Mileage 0393R — Ferry	R0360 — Board (food) and utilities R0370 — Rent 0375R — One-time relocation fee (for life of claim)	R0310 — Tuition and fees (training, exams, licensing) R0312 — Books, equipment, supplies, other R0390 — Child care services	0302R — Parking 0303R — Bridge and ferry toll 0304R — Commercial transportation

Signature — Only one signature is required.

Worker Signature	If the bill is to reimburse the worker, the worker must sign and date the form. Attach copies of the receipts. All receipts must be itemized and legible.
Provider Signature	If the bill is to reimburse the provider, the provider must sign and date the form.