

State of Washington  
County of \_\_\_\_\_

**Power of Attorney for Electronic Remittance Advice**

KNOW ALL PERSONS BY THESE PRESENT, that the undersigned,

\_\_\_\_\_

of \_\_\_\_\_ County, Washington does hereby make, constitute and appoint

\_\_\_\_\_ as attorney in fact for the benefit of the undersigned, and

(name of intermediary)

in its name, place and stead for the following purposes:

To act as an agent for the undersigned in receiving the undersigned's Industrial Insurance remittance advice by electronic means from the Washington State Department of Labor and Industries Medical Information and Payment System. The remittance advice information will contain itemized detail of bills processed by the Medical Information and Payment System, including billed charges, allowed charges, payable charges, explanation of denied charges or partial payments, and a listing of those bills still in process as of the close of the processing cycle.

This Power of Attorney is made effective this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
L&I Provider Number

By: \_\_\_\_\_

\_\_\_\_\_  
Notary Public