

***L&I Provider Account Application Supplement  
for Health Services Coordinator (HSC) in the  
Center of Occupational Health & Education (COHE) Program***

Dear Provider:

Thank you for your interest in the Centers of Occupational Health & Education (COHE) Program. This Supplemental Application describes requirements of participation.

**Please review, complete and fax to: Attention: Kim Arakawa, COHE Program, 360-902-4249.**

Background

The COHE Program is a partnership between the Department of Labor & Industries (L&I or department), medical, and community resources, aimed at improving injured worker health outcomes. The COHEs are dedicated to expanding community expertise in both occupational health care and disability prevention.

Billing Information

COHE HSCs are allowed to use special billing codes as outlined in the COHE Fee Schedule. Department approval of this Supplemental Application does not guarantee payment of all services billed. The department's "General Provider Billing Manual" provides instructions for bill submission. The department will purchase only covered services, provided by covered professionals.

Sincerely,  
Provider Accounts  
Department of Labor & Industries

**The HSC agrees to:**

- 1) serve as facilitator and coordinator among provider, employer, patient, union (when applicable), and claim manager, and,
- 2) provide appropriate claim-related documentation to the department in a timely manner, and,
- 3) use *COHE Program Fee Schedule*, and
- 4) refer to the COHE contract for data security requirements.

An HSC will be held to the terms of this application, even though a third party may be involved in billing claims to the department.

The department reserves the right to deny, revoke, suspend, or condition an HSCs authorization to participate in the COHE Program at any time. The department or the provider may terminate this application at any time by submitting a notice of termination in writing to the local COHE.

**Provider's Statement of Agreement**

I, \_\_\_\_\_ agree to abide by the terms of this application and all  
(please print clearly)

applicable federal and Washington State statutes, rules, and policies.

L&I Provider Number	Group Number
Name of COHE	Email Address:
Signature	Date