

# Transfer of Attending Provider Form for Self-Insured Workers

Self-Insurance

**Return this form to your employer  
or Third Party Administrator (TPA)**

Worker Name	Claim Number
Employer Name	Date You Changed Health Care Providers

If you have changed your doctor or health care provider, you must notify your claim manager. Please fill out and return this form to your employer or their third party administrator (TPA) as soon as possible to ensure your medical services are not interrupted. *Do not send this form to Labor & Industries (L&I).*

If you don't know how to contact your employer or TPA, you can:

1. See list of self-insured employers at: [lni.wa.gov/insurance/self-insurance/look-up-self-insured-employers-tpas/find-a-self-insured-employer](http://lni.wa.gov/insurance/self-insurance/look-up-self-insured-employers-tpas/find-a-self-insured-employer)
2. Call L&I at 360-902-6901

You must receive ongoing care from a medical provider who is part of the L&I Medical Provider Network. You may see a non-network provider for the initial visit but for additional or ongoing care, you will need to transfer to a network provider. A provider directory is available at: <https://secure.lni.wa.gov/provdir/>

<b>FROM</b> – Name of Previous Provider		
<b>TO</b> – Name of New Provider		Provider ID / NPI Number
Address of New Provider		
City	State	Zip Code
Reason for Transfer		

## Worker Signature

Worker's Signature		Date
Worker's Address		
City	State	Zip Code