

**Send completed form and attachments to:**  
 Department of Labor and Industries  
 Self-Insurance Program  
 Attn: Medical Compliance Consultant, SI Training  
 PO Box 44892  
 Olympia WA 98504-4892  
 Fax: 360-902-6900



# Self-Insurance Medical Provider Billing Dispute Form

**Complete this form if you are a medical provider and you want to dispute a Self-Insurance provider billing.**

Please note that disputes regarding accepted medical conditions and authorization for medical treatment need to be sent to the department's self-insurance claims adjudicator in writing.

## Step 1

\_\_\_\_\_  
 Claimant Name

\_\_\_\_\_  
 L&I Claim Number

If you don't have the L&I claim number, call the Self-Insured Employer or their Third Party Administrator (TPA) or Self-Insurance at 360-902-6901.

## Step 2

Before sending a dispute, make sure you submitted a request for reconsideration (an inquiry) according to [WAC 296-20-125\(9\)](#) within 90 days from the date of payment, and have:

- Not received a response.
- Or
- Received an unfavorable response.

## Step 3 – I am submitting a medical provider billing dispute because (check all that apply):

- We were underpaid.
- We are owed interest because of a delay in payment according to [RCW 51.36.085](#).
- We are no longer a part of a Preferred Provider Organization (PPO) and reductions were taken. I have included documentation that the PPO contract ended.
- We have a current PPO contract which **excludes** workers' compensation and reductions were taken. I have included a copy of the contract.

## Step 4 – Please attach this coversheet with copies of everything you have sent to and received from the insurer regarding this dispute, to include, as applicable:

- The bill(s).
- Chart notes, reports, etc. that support the service.
- Explanation of Benefits (EOBs).
- Return letters.
- Documentation and content of your timely inquiry.
- Telephone logs.
- Documentation of authorization.

## Step 5 – Your Contact Information

Contact name:	
Address:	
Phone number:	
Fax number:	