

To help you submit complete applications, here is a checklist of required documents and the information in them that is often forgotten or completed incorrectly. Note: Incomplete application delay our processing — and our payment to you for providers' services.

Required Documents	Double Check Your Information
<input type="checkbox"/> Washington Practitioner Application (WPA) www.lni.wa.gov/forms-publications/f245-411-000.pdf <ul style="list-style-type: none"> • Complete pages 1 — 14. • Signature must be within the last 6 months. • Follow instructions on Page 1. 	<input type="checkbox"/> Page 2: Practice information must include: <ul style="list-style-type: none"> • Billing address • Organization NPI • Tax ID (must match Tax ID on the IRS Form W-9) <input type="checkbox"/> Page 4 — 6: Education Information must include: <ul style="list-style-type: none"> • Start/end dates of degree(s) <input type="checkbox"/> Page 6: Current Hospital Affiliation must be included, in applicable to specialty <input type="checkbox"/> Page 8: Work History must be complete. <ul style="list-style-type: none"> • Gaps in Education/Work History exceeding 6 months must be explained in Section 18 <input type="checkbox"/> Page 11 — 13: Attestation Questionnaire: <ul style="list-style-type: none"> • Each question must be answered • If the provider has ever been subject to a National Practitioner Data Bank or State License report(s), you must answer “Yes” to question A4 • For each “Yes” answer, you must provide an explanation, regardless of when the event occurred • Signature date must be within the last 6 months <input type="checkbox"/> Page 14: Release of Information is missing, incomplete, or expired <ul style="list-style-type: none"> • Signature date must be within the last 6 months
<input type="checkbox"/> Provider Agreement lni.wa.gov/forms-publications/F245-397-000.pdf	<input type="checkbox"/> All 4 pages must be submitted together <input type="checkbox"/> Name must be printed, signed, and dated

Required Documents	Double Check Your Information
<input type="checkbox"/> IRS Form W-9 <ul style="list-style-type: none"> The address on this document will be used to mail your Form 1099 at the end of the year 	<input type="checkbox"/> IRS Form W-9 <ul style="list-style-type: none"> Signatures must be handwritten; electronic signatures are not accepted The Tax ID on Page 2 of the WPA must match the Tax ID on the IRS Form W-9
<input type="checkbox"/> The Office of Financial Management (OFM) will need to register your Tax ID to issue payments. You will need to submit forms to OFM for: <ul style="list-style-type: none"> New Tax ID Enrollment/Change for EFT payments Updates to the Legal Name associated with your Tax ID <p>Find forms and additional information at: ofm.wa.gov/it-systems/accounting-systems/statewide-vendorpayee-services</p> <p>For questions regarding forms or processes, call 360-407-8180 or email: PayeeRegistration@ofm.wa.gov</p>	<input type="checkbox"/> OFM's Statewide Vendor/Payee Forms <ul style="list-style-type: none"> The Tax ID on OFM's Vendor/Payee forms must match the Tax ID on page 2 of the WPA On the Vendor/Payee Form, circle MIPS use only on the top right corner This will ensure your Vendor/Payee number is associated to your L&I provider account The OFM forms must be completed concurrently with the submission of the WPA to avoid potential delays in payment <p>It is the responsibility of the provider to submit the necessary forms to OFM directly. L&I cannot accept or forward OFM's documents on behalf of the provider.</p>
<input type="checkbox"/> Current Malpractice Insurance Face Sheet	<input type="checkbox"/> Provider's name must be listed <ul style="list-style-type: none"> Minimum Claim-Aggregate must be at least \$1 – 3 Million <input type="checkbox"/> If covered under Federal Tort or Group Self Insurance, proof of coverage must include: <ul style="list-style-type: none"> Roster of covered providers, including the provider named on this submission
<input type="checkbox"/> Physician Assistant Delegation Agreement Plan wmc.wa.gov/licensing/applications-and-forms/physician-assistant-delegation-agreement	<input type="checkbox"/> Delegation Agreement Plan must be approved by the Washington State Department of Health <input type="checkbox"/> Sponsor's WPA must currently be in process or approved into L&I's network <input type="checkbox"/> Sponsor and PA-C must be listed under the same Tax ID

<p>Questions? Email: ProvNet@Lni.wa.gov</p> <p>Where to Find Forms? Go to: lni.wa.gov/patient-care/provider-accounts/become-a-provider/</p>	<p>Send Completed L&I Forms To: Fax: 360-902-4563</p> <p>Mail: Washington State Department of Labor & Industries PO Box 44261 Olympia WA 98504-4261</p>
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