



STATE OF WASHINGTON
DEPARTMENT OF LABOR AND INDUSTRIES

PO Box 44322 • Olympia Washington 98504-4322

IME Firm Provider Account Application

Thank you for your interest in providing services to our workers. Attached you will find the Independent Medical Exam (IME) Firm Provider Account Application. *To receive payment, you must be approved as an IME Provider and be assigned an IME provider account number.*

Practitioners, please submit the following documents:

- Application (1 page)
- Provider Agreement (2 pages)
- IME Provider Exam Sites Form
- Certificate of successful completion of the *Medical Examiners' Handbook* test for Quality Assurance staff
- Copy of current master business license and current copy of business licenses for each exam site location
- Statewide Payee Registration Form (*new applicants only*)

The Office of Financial Management (OFM) will need to register your Tax ID to issue payments. You will need to submit form to OFM for New Tax ID, Enrollment/Change for EFT payments, updates to the Legal Names associated with your Tax ID. OFM's forms can be found: <https://ofm.wa.gov/it-systems/accountingsystems/statewide-vendorpayee-services>.

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.

Please note: Incomplete applications will be returned and electronic signature cannot be accepted. *The Medical Examiners' Handbook* test must be completed within 6 months of application received date.

You will receive notification of your approval status by mail.

Additional information about becoming an IME can be found on our website at www.Lni.wa.gov/IMEs.

For more information about:

- IME and Impairment Rating information can be found on our website at www.Lni.wa.gov/IMEs
- State Fund Workers Compensation IME billing and payment questions, contact Provider Hotline at 800-848-0811.
- State Fund and Self Insured Medical Aid Rules and Fee Schedule at: www.Lni.wa.gov/Patient-Care/Billing-Payments/Fee-Schedules-and-Payment-Policies/
- Crime Victims IME billing and payment questions, contact Crime Victims at 800-762-3716.
- Crime Victims Compensation Fee Schedule at: www.Lni.wa.gov/Claims/Crime-Victim-Claims/Crime-Victim-and-Provider-Resources#Fee-Schedule-Information
- A list of all approved IME examiners and firms is online at "[Find a Medical Examiner](#)"
- For questions about the application process, call 360-902-5131
- Mail completed application to the address below or fax to 360-902-4249:
Provider Quality and Compliance
PO Box 44322
Olympia WA 98504-4322



IME Firm Provider Account Application

Mail or fax completed application to:

Provider Quality and Compliance
PO Box 44322
Olympia WA 98504-4322
Fax 360-902-4249

A. Application Information

This application is for: New Firm Renewing Firm

I am working: <input type="checkbox"/> In Washington State <input type="checkbox"/> Out of Washington State (please list state(s) below)		
1. _____	2. _____	3. _____
4. _____	5. _____	6. _____
7. _____	8. _____	9. _____
10. _____	11. _____	12. _____

B. Tax Reporting Information

1. Tax payer identification number (EIN or SSN – must match the W-9 submitted with this application)
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C. Payee Account and Billing Information

2. Business Name (name used on your bills)			
3. Physical Address of Business			
Street address	City	State	Zip Code
4. Business Operator/Contact Name		5. Phone Number	
6. Email Address		7. Organization Website	
8. Fax Number	9. Location Phone Number	10. Billing Phone Number	
11. Billing Address (where check is to be sent)			
Street address	City	State	Zip Code
12. Correspondence Address			
Street address	City	State	Zip Code

D. Firm Information.

13. Medical Director Name	14. Medical Director Professional License Number
15. Business Owner Name	16. QA Contact Name
17. QA Contact Phone Number	18. QA Contact Email Address

E. NPI Information

19. Organization Name	20. Organization's NPI number
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IME Provider Agreement

The Industrial Insurance Program is authorized by Washington State law, [Title 51 Revised Code of Washington \(RCW\)](#), and is administered by the Department of Labor and Industries. IME services are provided according to [Title 51 RCW](#), [Washington Administrative Code \(WAC\) Chapter 296-23](#), and policies by the department, including medical coverage decisions.

Issuance of a provider number does not guarantee that all services billed by a provider will be paid by the department. Payments will be made according to the department Medical Aid Rules and Fee Schedule as updated annually and according to department policy. The department will only reimburse for covered services, provided to injured workers by approved providers.

I (IME company owner),

_____ (print or type name)

agree to and accept all the terms of this agreement and to follow all applicable federal and Washington State statutes, rules, and policies. I have enclosed with my application all of the required supporting information to establish an IME provider account, including a state business license and completed Statewide Payee Registration Form. My company will provide independent, objective and timely medical opinions for all IMEs our approved examiners conduct. I understand that it is the expectation of the department that all workers will be treated with dignity and respect. I understand that our performance will be measured by the quality and timeliness of examinations and reports, and not by whether recommendations are perceived as favorable or unfavorable to the parties involved. I understand that the issuance of an IME provider number by the department does not guarantee that I will receive any IME referrals from the department.

The provider agrees:

1. To meet and maintain all applicable state and/or federal licensing or certification requirements to assure the department of the provider's qualifications to perform services for injured workers.
2. To comply with Washington State Law [Title 51 RCW](#), Washington Administrative Code (WAC), including but not limited to [Chapter 296-23](#) and policies adopted by the department, including fee schedules and medical coverage decisions.
3. To accept the department's or self-insured employer's payment as sole and complete remuneration for services provided to the worker as required by Washington State law. The provider agrees not to bill a worker for:
 - a. Services covered by the industrial insurance program which are related to the industrial injury or occupational disease;
 - b. The difference between the billed and paid charges.

In the event a provider believes additional funds are due, the provider may submit a Provider's Request for Adjustment Form to the department for consideration in accordance with the instructions contained on the Remittance Advice.

4. To return promptly to the department or self-insurer any excess monies received as payment from the department or self-insurer in error or in excess of the amount properly due under the applicable rules and policies. The department may audit the provider's records to determine compliance with the rules and regulations of the department as provided by Washington State law.

5. To maintain documentation and records for a minimum of five (5) years to support the services provided and levels of services billed. The provider agrees that these records and supportive materials will be made available to the department upon request as provided by Washington State law.
6. To notify the department immediately of any change to information in the application or provider status (e.g. any new actions against your professional license, federal tax identification number, ownership, incorporation, address, etc.). Any change in ownership or federal tax ID will require a new IME provider account application.
7. If a new IME provider account number is assigned, providers who bill electronically must also submit an electronic billing agreement and, if billing through an intermediary, a Power of Attorney.
8. To have a medical director that is an approved independent medical examiner, a licensed medical physician and surgeon (MD) or osteopathic physician and surgeon (DO), who will be responsible for providing oversight on the quality of independent medical examinations, impairment ratings and reports, and be available to resolve any issue that department staff may bring to the medical director's attention.
9. To have no previous business or audit action by the department to suspend or revoke an assigned provider number, and have no previous action taken by any federal or state agency for any business previously owned or operated.
10. To facilitate scheduling of providers both for the examination and for any required follow up, including amendments to the report, subsequent reports, or for any testimony required. If the provider fails to participate in scheduling or otherwise causes an undue expense to the department, whether intentionally or not, the department may fine the provider up to five hundred dollars per violation.
11. To ensure that examinations are conducted in a facility primarily designated as a professional office for medical, dental, podiatric, chiropractic or psychiatric examinations where the primary use of the facility is for medical services.
12. To secure, store, and transport patient records in a manner to ensure worker confidentiality, privacy, and safety. Records will not be released to other parties.
13. To provide quality care that is respectful, equitable and responsive to diverse cultural health beliefs, practices, preferred languages, and communication needs in accordance with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

A provider will be held to all the terms of this agreement 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 IME provider's authorization to provide IME services to injured workers.

By signing, I accept the terms of this agreement and attest that this application and all attachments are accurate and true to the best of my knowledge.

Print Applicant's Name

Applicant's Signature (no electronic signature)

Date

Agreement to Code of Ethics

I further agree:

1. To learn and adhere to the standards of ethical conduct as listed in [RCW 42.52.140](#) (Gifts) and [RCW 42.52.150](#) (Limitations of Gifts).
2. To not offer any gift, gratuity, or favor to any department employee to include food and other refreshments.
3. To not seek to unduly influence the actions or decisions of the department employees.
4. To report any incidence of unethical conduct or abuse of position by a department employee to the Manager of Provider Quality and Compliance, Health Services Analysis, Department of Labor and Industries.
5. To accept that a failure to meet these standards of ethical conduct could result in adverse administrative action by the department and/or criminal actions per [RCW 51.48.280](#) and [Title 9A.68](#).

By signing, I accept the terms of this agreement and attest that this application and all attachments are accurate and true to the best of my knowledge.

Print Applicant's Name

Applicant's Signature (no electronic signature)

Date