

State of Washington
Department of Labor &
Industries
Health Services Analysis/MIPS
Electronic Billing Unit
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Power of Attorney for Electronic Remittance Advice

State of Washington
County of _____

Power of Attorney for Electronic Remittance Advice

KNOW ALL PERSONS BY THESE PRESENT, that the undersigned,

(Name of provider)

of _____ County, In the State of _____ does hereby make, constitute
and appoint

(Name of clearinghouse/intermediary)

(Clearinghouse L&I provider account number)

as attorney in fact for the benefit of the undersigned, and in its name, place and stead for the following purposes:

To act as an agent for the undersigned in receiving the undersigned's Industrial Insurance remittance advice by electronic means from the Washington State Department of Labor and Industries Medical Information and Payment System. The remittance advice information will contain itemized detail of bills processed by the Medical Information and Payment System, including billed charges, allowed charges, payable charges, explanation of denied charges or partial payments, and a listing of those bills still in process as of the close of the processing cycle.

This Power of Attorney is made effective this _____ day of _____, 20____.

Provider Name

Provider/Representative Signature

L&I Provider Number

National Provider Identifier (NPI)

Notary Public

Subscribed and sworn before me this Date
Notary Public in and for
Signature
Residing at
Commission expires