

ProviderOne Domain Inactivation Request Form

Provider Accounts & Credentialing PO Box 44261
Olympia WA 98504-4261

Submit this form when there is a need to close your L&I ProviderOne Domain. Closing your ProviderOne domain will inactivate both your ProviderOne domain and any L&I billing accounts associated with the domain. Once the request is processed, you will no longer be able to access your L&I information in ProviderOne.

This form is **NOT** to be used to inactivate servicing providers that no longer work for your organization. For more information visit www.lni.wa.gov/patient-care/provider-accounts/provider-accounts/provider-and-resources/

Requestor Information Business/Organization Name:		Requestor Nar	me·	
Dusiness/Org	ganization Name.	Thequestor Mai	me.	
Requestor Phone Number		Requestor Em	Requestor Email Address	
Provider Info	ormation			
Provider Nam	пе			
NPI Number Reason for Inactivation		ProviderOne Domain Number	Date of Inactivation	
Reason for In	nactivation			
☐ I author	rize this request by signing	g below		
Signature			Date signed	
Γο submit fo	orm:			
Fax:	360-902-4563			
Email:	PacMail@Lni.wa.go	<u>ov</u>		
Mail:	Department of Labo			
	Provider Accounts a PO Box 44261	and Credentialing		

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