



Transfer of Attending Provider Form for Self-Insured Workers

Claim No. _____

Employer _____

Date that I changed health care providers: _____

Beginning January 1, 2013, you will need to get ongoing care from a medical provider who is part of the Labor & Industries (L&I) Medical Provider Network. You may see a non-network provider for the initial visit, but for additional or ongoing care, you will need to transfer to a network provider. A provider directory is available at www.FindADoc.Lni.wa.gov.

If you have changed your doctor or health-care provider, you must notify and obtain authorization from your claims manager. Please fill out and **return this card to your employer or their third party administrator** as soon as possible to ensure your medical services are not interrupted (*do not send this card to L&I*). If you don't know how to contact your employer or their third-party administrator, here are two options:

1. See lists of self-insured employers at:
www.Lni.wa.gov/ClaimsIns/Insurance/SelfInsure/EmpList/Default.asp.
2. Call L&I at 360-902-6901.

Please transfer my case:

From (Name of previous provider)			
To (Name of new provider)		Provider ID / NPI#	
Address of new provider			
City		State	Zip Code
Reason for transfer			
Today's date		Claimant's printed name	
Address			
City		State	Zip Code
Claimant's signature: →		X	