

## **Independent Medical Exam Comments**

Provider Quality & Compliance PO Box 44322 Olympia WA 98504-4322

Fax: 360-902-4249

Please use the space below to provide your complaint or comments about your recent IME. This form must be mailed or faxed. If you would prefer to email your comments, you can submit an email to: <a href="mailto:lMEComplaints@Lni.wa.gov">lMEComplaints@Lni.wa.gov</a>.

Date of Exam	Claim Number
IME Company Name (if known)	
Name of Doctor (if known)	Name of Doctor (if known)
Comments — Please be specific:	
_	
Signature	Date