
Washington Depart of Labor & Industries (WC001) Enrollment Instructions – Professional / Institutional Claims & ERA

- ✓ **BEFORE enrolling, the billing provider must be setup as a Practice Insight EDI Customer.**

CHOOSE ONE METHOD- to submit to Practice Insight

- A. **Enrollment Manager:** PI Support Vendors can submit request using this tool.
B. **Email:** enrollment@practiceinsight.net

837-CLAIMs

NEW or CHANGE OF SERVICE

Electronic Billing Authorization (1 page + instructions)

ENTER the billing provider's information. Be sure to include the billing provider's 7 digit L&I provider account # and an effective date.

Authorized signature is required.

835-ERAs

NEW or CHANGE OF SERVICE

Power of Attorney for Electronic Remittance Advice (1 page)

ENTER the billing provider's information.

Authorized signature is required.

IMPORTANT: Once complete, this form must be notarized.

OPTIONAL: Electronic Funds Transfer (EFT) enrollment form and/or instructions for this payer can be found at: <http://www.lni.wa.gov/ClaimsIns/Insurance/File/Acctinstr/>

ALLOW 5 DAYS FOR PROCESSING

If it has been over 5 business days since your request was submitted, contact the State of Washington Department of Labor & Industries at 360-902-6511 or send an email to ebuLni@Lni.wa.gov to make any inquiry regarding the status of the billing provider's EDI enrollment request. Once verbal confirmation of EDI setup is obtained, the billing provider can begin submitting claims via Practice Insight.



Electronic Billing Authorization

Instructions for Completing the Electronic Billing Authorization

Only complete this form if you are adding or changing your clearinghouse. We will update your provider account and notify your clearinghouse when you are set up in our system. You will need to coordinate with your clearinghouse to determine when you are ready to bill electronically.

Provider Information

- **L&I Provider Account Number:** List the group/clinic (or individual practitioner) provider account number assigned by L&I. This number may be used to submit your bills electronically or you may use your National Provider Identifier (NPI).
- **National Provider Identifier (NPI):** The National Provider Identifier (NPI) is the standard, unique identifier for health care providers mandated by the Health Insurance Portability and Accountability Act (HIPAA) of 1996.
- **Name of Firm or Individual (Provider):** List the group/clinic name, or individual practitioner name if no group affiliation. Only one Authorization under the business name and tax Id is required to cover the entire group and any future practitioners added to the group.
- **IRS Tax Identification Number:** List your current taxpayer number (EIN or SSN).
- **Contact Name:** List the name of the person to contact if we have questions/concerns.

Clearinghouse Information

- **Clearinghouse Name:** List the name of the clearinghouse you will use.
- **Clearinghouse (L&I Provider Account Number):** List the L&I provider account number of the clearinghouse you will use to submit billing.
- **Contact Name:** List the name of the person to contact if we have questions/concerns.
- **Effective Date:** Enter the date you will start sending bills for processing to your clearinghouse.

Authorizing Signature

- **Provider Name:** Please print the group/clinic (or individual practitioner) name.
- **Signature and Date:** The owner or office manager must sign and date the document.

If you have any questions regarding this form, please call (360) 902-6511 or email ebuLni@Lni.wa.gov

Please fax or return the completed Electronic Billing Authorization to the following address:

Department of Labor and Industries
Electronic Billing Unit
PO Box 44263
Olympia WA 98504-4263
Fax (360) 902-6192

Provider Information

L&I Provider Account Number	National Provider Identifier (NPI)
Name of Firm or Individual (Provider)	IRS Tax Identification Number
Address	Contact Name
Address	Telephone
City, State, Zip + 4	E-mail

Clearinghouse Information

Complete this section if you will be submitting your bills through a Clearinghouse. Entry of information below constitutes Provider's authorization for Labor & Industries to accept and process billing through the following Clearinghouse.

Clearinghouse Name	Clearinghouse (L&I Provider Account Number)
Telephone	Contact Name
Effective Date _____	
Enter the date you want your bills to be processed through the Department of Labor and Industries using your requested Clearinghouse. If you are changing clearinghouses, this is the date you will begin submitting bills through your new clearinghouse. Failure to enter an effective date may cause your bills to suspend or be denied.	

Provider's signature below authorizes L&I to accept and process electronic billing within the provisions listed above.

Provider Name	

Signature (must be original signature)	Date

Signatory Name (print name)	

State of Washington
Department of Labor &
Industries
Health Services Analysis/MIPS
Electronic Billing Unit
PO BOX 44263
Olympia WA 98504-4263
Phone: (360) 902-6511
Fax: (360) 902-6192
Email: ebuLni@Lni.wa.gov



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