

# L&I ELIGIBILITY CHECK-LIST AND FINANCIAL POLICY

Northwest Integrative Medicine ~ 284 Central Way, Kirkland, WA 98033

Date of injury: \_\_\_\_\_ Time of injury: \_\_\_\_\_  
STATE OF WA Claim#: \_\_\_\_\_ **OR** SELF-INSURED Claim#: \_\_\_\_\_  
Name of Self-insured Company: \_\_\_\_\_  
Insurance Claim Address (for bills): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Location/Address of Accident: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Name of your Supervisor: \_\_\_\_\_ Phone \_\_\_\_\_  
Address of Employer: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Name of Dr who opened your claim: \_\_\_\_\_ Phone \_\_\_\_\_  
Address of Dr. who opened your claim: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Did your Dr. write a referral to get Chiropractic care? \_\_\_\_\_ Please give it to the office staff!

## **FINANCIAL POLICY**

As a patient of this office, you are directly responsible for all charges incurred. If your worker's compensation claim is denied you are fully responsible for prompt payment. If your claim cannot be verified as open and payable, you will be required to pay cash for your visit(s). If L&I denies any services or deems them to be not medically necessary, you will be responsible for prompt payment. All supplies/supplements must be paid for before leaving the office and are not billed to L&I. If you refuse to sign below, you acknowledge that you will be required to pay at the time of your visit(s).

**HIPAA Notification & Authorization to Release Information:** I hereby authorize the office of Northwest Integrative Medicine to release necessary information to file a medical lien to secure payment for care received from Northwest Integrative Medicine should the need arise. The information on the medical lien is made public record. It identifies the patient, their address, 3<sup>RD</sup> Party, insurance parties involved, date of accident, location of accident and gives a general medical description of conditions being treated: "Soft tissue injuries to the spine, paravertebral structures and extremities."

\_\_\_\_\_  
Print Patient/Guardian Name Signature of Patient/Guardian Date

## **TO BE COMPLETED BY OFFICE STAFF**

### **VERIFICATION OF LABOR AND INDUSTRIES CLAIM**

L&I phone: 1-800-848-0811 \*L&I phone for allowed diag. codes: 1-800-831-5227

Date: \_\_\_\_\_ Spoke with: \_\_\_\_\_ Phone: \_\_\_\_\_

Claim Adjustors Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Has the claim been "allowed" yet? Yes / No Is the claim "pending"? Yes / No

\*Diagnostic codes allowed: \_\_\_\_\_

Attending Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Is there a referral for chiropractic from the attending? Yes or No

Mail Claims To:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Claim # \_\_\_\_\_

Additional Information: \_\_\_\_\_