

LABOR AND INDUSTRIES - STATE FUND CLAIMS PROBLEM SOLVING FORM

	Claim Number
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DO NOT SUBMIT THIS FORM UNTIL YOU HAVE COMPLETED THE FOLLOWING THREE STEPS

Yes No

STEP 1			I have reviewed the file to identify possible rationale for the claim manager's actions.
STEP 2			I have contacted the claim manager regarding this issue
STEP 3			I have tried resolving this issue with the claim manager's supervisor

Claimant name (last, first, middle initial)		Date of injury		
Employer at time of injury		Attending Doctor's name (if not the person submitting this form) <input type="checkbox"/> MD <input type="checkbox"/> DC <input type="checkbox"/> DO <input type="checkbox"/> OTHER		
Name of claim manager		Phone number		
Brief statement of the problem with the claim				
Please state your suggestions for resolution				
Claim overview: Brief history of the injury				
Diagnosis (-ses)				
Accepted diagnosis (-ses)				
Clinical progress and relevant care				
Complications since claim initiation				
Submitted by (please print last, first name)		Provider number	Fax number	Email
Date	Phone number		Signature	

****FOR BILLING, CODING OR PROCEDURAL PROBLEMS MAIL TO: Michael Dowling, DC, 822 6th ST. S Kirkland, WA 98033. or Email – drdegroot@lindadegrootchiropractic.com**

****ALL OTHER CLAIMS ISSUES MAIL TO: Joanne McDaniel, MA, OTR/L, Dept. of Labor and Industries, PO BOX 44322 Olympia, WA 98504-4322 Email – mdan235@LNI.wa.gov**