

WHICH FORMS SHOULD I COMPLETE?

You will need to complete the **Electronic Billing Authorization** form.

Please Note:

This payer's system does NOT allow multiple clearinghouse submitters to be linked at the same time.

HOW DO I SUBMIT THE FORM TO THE PAYER?

You can email the notarized form to ebuLni@Lni.wa.gov or fax to 360-902-6192 for processing.

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time can take up to 12 Business Days.

HOW DO I CHECK STATUS AND BEGIN SUBMITTING ELECTRONIC CLAIMS?

- You cannot begin submitting electronic claims until you have confirmed with the payer you are linked to Office Ally for the 837 Electronic Claims transaction. If you have not received a confirmation approval email after **12 business days**, please contact the payer at 360-902-6511 or by emailing ebuLni@Lni.wa.gov to confirm.
- **Once you receive confirmation that you've been linked to Office Ally, you may begin submitting your claims electronically.**



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)	