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DELIVER
WITHOUT
PROPER
POSTAGE

**WAREHOUSE
DEPARTMENT OF LABOR AND INDUSTRIES
PO BOX 44843
OLYMPIA WA 98504-4843**

Quantity Unit of issue Form

- _____ each F200-001-000 Getting Back to Work: It's Your Job and Your Future (for patients)
- _____ each F200-002-000 Attending Doctor's Return-to-Work Desk Reference
- _____ each F208-063-000 Medical Forms Request (this card)
- _____ each F242-071-000 Occupational Disease Work History
- _____ each F242-071-111 Occupational Disease Work Hist (cont)
- _____ pad F242-079-000 Application to Reopen Claim
- _____ each F242-104-000 Worker's Guide/Ind Ins Benefits - Eng
- _____ each F242-104-999 Worker's Guide/Ind Ins Benefits - Span
- _____ each F242-130-000 Accident Report
- _____ each F245-010-000 Statement for Compound Prescriptions
- _____ pad F245-030-000 Stmt for Retraining/Job Mod Services
- _____ each F245-037-000 Case Transfer Card
- _____ each F245-072-000 Stmt for Miscellaneous Services - single sheet
- _____ each F245-072-111 Stmt for Miscellaneous Services - CFF
- _____ each F245-094-034 Med Aid Rules and Fee Schedules - CD
- _____ each F245-100-000 Stmt for Pharmacy Services - single sheet
- _____ each F245-100-111 Stmt for Pharmacy Services - CFF
- _____ each F245-127-000 HCFA 1500 (L&I use only) - snap apart
- _____ each F245-127-111 HCFA 1500 (L&I use only) - CFF
- _____ each F245-145-000 Claimant Travel Expense Voucher - Eng
- _____ each F245-145-999 Claimant Travel Expense Voucher - Span

Quantity Unit of issue Form

- _____ each F245-183-000 Provider's Request for Adjustment
- _____ each F245-299-000 Consultation Referral
- _____ pad F245-346 Job Mod Asst App - Voc Rehab
- _____ each F248-011-000 Providers Application & Notice
- _____ each F248-014-000 Hospital Services Billing Instructions
- _____ each F248-015-000 Retraining & Job Mod Exp Billing Inst.
- _____ each F248-021-000 Pharmacy Prescriptions Billing Inst.
- _____ each F248-036-000 Request for Taxpayer ID# - W-9
- _____ each F248-088-000 Home Care Billing Instructions
- _____ each F248-094-000 HCFA 1500 Billing Instructions
- _____ each F248-095-000 Miscellaneous Services Billing Instructions
- _____ each F248-100-000 General Provider Billing Manual
- _____ each F248-160-000 Statement for Home Nursing Care
- _____ each F252-001-000 Medical Examiner's Handbook
- _____ each F252-004-000 Attending Doctor's Handbook
- _____ each F252-010-000 Medical Treatment Guidelines
- _____ each F280-018-000 Plan Development: What are my Rights and Responsibilities - English
- _____ each F280-019-000 Carrying Out Your Vocational Plan: Your Rights and Responsibilities During Plan Implementation - English

Complete your request, fold in thirds, tape closed, affix postage and mail to the address at top of form. This is your return mailing label. Please type or print clearly.

L&I MEDICAL
FORMS REQUEST
F208-063-000 03-2008

ATTN:	Provider No:

Company name	

Mailing address	

City	State ZIP+4