



**Washington
Hospital Services**

**999 Third Avenue, Suite 1400
Seattle, WA 98104
(206) 285-3955 Fax: (206) 577-1909**

Claims Supply Order Form

- | | | |
|--------------------------|---|---------------------|
| <input type="checkbox"/> | Self-Insured Accident Report (SIF 2) | Quantity: 25 |
| | 1. Workers' Compensation Claim Log | |
| | 2. Guide to Industrial Insurance Benefits Booklet | |
| | 3. Claims Supply order form (blank) | |
| | 4. Ombudsman leaflet | |
| | | |
| <input type="checkbox"/> | Corvel RX Cards | Quantity: 25 |
| | | |
| <input type="checkbox"/> | Employee Incident Reports | Quantity: 25 |
| | | |
| <input type="checkbox"/> | Supervisor Investigation Incident Reports | Quantity: 25 |
| | | |
| <input type="checkbox"/> | Physician Initial Report (PIR)* | Quantity: 10 |

(*Note: for a larger supply please contact Dept. of L&I at 360-902-6898 + 1)

| | | |
|--------------------------|-----------------------|---------------------|
| <input type="checkbox"/> | Address Labels | Quantity: 60 |
|--------------------------|-----------------------|---------------------|

Please send requests to:

Joyce Spence, Medical Only Claims Assistant
Phone: 206-577-1848 Fax: 206-577-1889
Email: JoyceS@wsha.org

Your Hospital

Date

Your Name

Email Address

Telephone

Mailing Address

Please allow 3-5 working days to process your order