

State of Washington
DEPARTMENT OF LABOR AND INDUSTRIES
P.O. Box 44291
Olympia, WA 98504-4291



RECEIVED
OCT 16 2018
EMERY/REDDY, PLLC



STATE OF WASHINGTON
DEPARTMENT OF LABOR AND INDUSTRIES
PO Box 44291- Olympia, Washington 98504-4291

[REDACTED]
[REDACTED]
[REDACTED]

Mailing Date: 10/15/18
Claim Number: [REDACTED]
Injury Date: [REDACTED]
Worker: [REDACTED]

Dear [REDACTED]:

We've scheduled an Independent Medical Examination to help your Claims Manager make a decision on your claim. You are required to attend and fully cooperate.

- Date: 11/17/18
- Time: 9:30 AM
- Location: MEDICAL EVALUATION SPECIALISTS - WA
4636 E MARGINAL WAY S STE B-210
SEATTLE, WA 98134

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Injury Date: [REDACTED]

Worker: [REDACTED]

Before the exam, please call the examiner's office at (253) 733-5665 to confirm your appointment. Directions and special instructions will be given at that time.

Contact us at 1-800-468-7870 if you need assistance with:

- Travel
- Rescheduling
- Interpreters
- Disability accommodations

Labor and Industries makes every attempt to schedule exam(s) in a location reasonably convenient for you. If you have concerns about the location, or you need to reschedule, you must notify us 5 BUSINESS DAYS before the exam(s).

Even with this notice, if you fail to attend and fully cooperate with the exam without good cause your benefits may be reduced, suspended or both.

To avoid a duplicate exam, please make sure any consultations are preauthorized by the Department.

Special Arrangements:

- Travel or lodging information will be sent separately.

The enclosed information includes a travel and wage reimbursement form and explains the examination process.

Thank you for your cooperation.

Attachment



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Mailing Date: 10/15/18

Claim Number: [REDACTED]

Injury Date: [REDACTED]

Worker: [REDACTED]

Orig: Claimant - [REDACTED]

CC: MedicalProvider - [REDACTED]

CC: ThirdParty - SEDGWICK CMS , c/o AMAZON COM DEDC LLC

CC: LegalRep - (E) EMERY REDDY, PLLC