Washington State Department of Labor & Industries

Transfer of Care Form

Claims
PO Box 44291
Olympia WA 98504-4291

Complete form and return to Department of Labor and Industries
Fax – 360-902-4567

Or

Mail to:
Department of Labor and Industries
Claims Section
PO Box 44292
Olympia WA 98504-4291

Claim Number: _____

Please Transfer my case _____
Date (changed health care providers)

Name of Current Provider	Provider ID #/NPI #

Name of New Provider	Provider ID #/NPI #

Address of New Provider

Street	City	State	Zip Code

Reason for Transfer:

Claimant's Name		Today's Date	
Address	City	State	Zip

Claimant's Signature