

AFTER Letter

Date: _____

TO: Injured Worker _____ Claim Number: _____

FROM: Department of Labor & Industries (L&I)

Please ask your pharmacist to refund your co-payment

You mailed us the attached co-payment receipt so that we could reimburse you for this work-injury related cost. However, your pharmacist should not have charged you for filling this prescription(s).

How to collect your refund

- Call or write your pharmacist.
- Explain that your injury was work-related and covered by L&I.
- Give your pharmacist your claim number and the date your prescription was filled, along with any other information requested to bill L&I for your claim.
- If you or your pharmacist has questions, call 1-800-848-0811 for help.

How **pharmacists providers are paid in work-injury cases**

In work-injury claims, such as yours, pharmacists are reimbursed by L&I and may not be paid by anyone else. This means that if they do receive any payments from you – or your private insurance company – they must refund the money in full.

For details on the legal billing requirements, your pharmacist should reference WAC 296-20-010, WAC 296-20-125, WAC 296-20-170, WAC 296-20-17001, and WAC 296-20-17002.

Medical Information Payment System (MIPS)

PO Box 44269

Olympia WA 98504-4269

Web site address: <http://hsa.inside.lni.wa.gov/>