

DATE:

NAME AND ADDRESS OF CONTACT:

RE: **NAME OF PATIENT**

DOB: **PATIENT'S DATE OF BIRTH**

Dear **NAME OF CONTACT:**

Please **DO NOT** report this injury to the Department of Labor & Industries as this will delay payment. Our volunteers are covered by The Board for Volunteer Firefighters and Reserve Officers (established in RCW 41.24), which is the L&I-like state agency, that provides coverage for volunteer firefighters and reserve officers hurt in the line of duty.

All billing statements (HCFA forms) and accompanying reports should be sent to:

NAME OF DEPARTMENT CONTACT

NAME OF FIRE DEPARTMENT

ADDRESS OF FIRE DEPARTMENT

Once bills are received, a local board of trustees will meet to approve payment and submit the bills to The State Board for Volunteer Firefighters and Reserve Officers for payment according to the L & I fee schedule. This process can take up to a month after your bill has been received at our department.

Any requests for procedure pre-approval should also be made through the above contact. Please be aware that only L & I approved treatments can be allowed and that we will adhere to their guidelines regarding reports and payment.

If you have any questions, please call us at **PHONE NUMBER**.

Sincerely,

CONTACT NAME