

CLAIMS SUPPLY ORDER FORM

- _____ **SELF-INSURER ACCIDENT REPORT (SIF-2)** Quantity: 25
*Included: 1) Workers' Compensation Claim Log
 2) Guide to Industrial Insurance Benefits booklet
 3) Ombudsman leaflet
 4) SIF-2 Instruction Sheet
 5) Claims Supply Order Form (blank)
 6) Notice of outstanding SIF-2s – to be used before new supply*

For Washington Hospitals Workers' Compensation Program use only:
 New Claim Numbers: _____ - _____

- _____ **Modern Medical INSTANT ACCESS PHARMACY CARDS** Quantity; 25
*please allow **three weeks** for delivery*

- _____ **EMPLOYEE REPORT of INJURY, ILLNESS, or "NEAR MISS" INCIDENT** Quantity: 50

- _____ **SUPERVISORS INVESTIGATION REPORT** Quantity: 50

- _____ **PHYSICIAN'S INITIAL REPORT (PIR)** Quantity: 10*
** Note: For a larger supply, please contact:
 Department of Labor & Industries - Phone: 360-902-6898 + 1*

- _____ **RETURN-TO-WORK – Release for Work Authorization** Quantity: 25

- _____ **NOTICE TO EMPLOYEES: To report an injury...** Quantity: 1
*Department of Labor and Industries Form F207-037-909
 (Comes in English & Spanish on one sheet.)*

- _____ **ADDRESS LABELS** Quantity: 60

- _____ **Hospital Claims Analysis Reports** *(please specify year and quarter)*

- _____ **Hospital Dashboard Reports** *(please specify year and quarter)*

- _____ **Safety Posters** *(please specify which posters and size)*

Please send request to: Julie Stowitckek, Program Assistant
Phone: 206.216.2553 Fax: 206.577.1932 Email: JulieS@wsha.org

Your Hospital

Date

Your Name

Email address

Telephone

(Please allow 3-5 working days to process your order.)