

Independent Medical Exam (IME) Comments / Complaints

Provider Quality & Compliance PO Box 44322 Olympia WA 98504-4322

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You may email comments or complaints about your IME to: IMEComplaints@Lni.wa.gov. If you prefer, you can mail or fax your written comments using the space below.

Name	Date of Exam	Claim Number
IME Company Name (if known)		
Name of Doctor (if known)	Name of Additional Doctors (if known)	
Comments — Please be specific:		
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Signature	Date	