

WAC 284-43B-100 Appendix D.



Please complete the form below and send it with the corresponding Arbitration Initiation Request Form and your decision to BBPA_Arbitration@oic.wa.gov

SETTLEMENT REPORTING FORM	
1. INITIATING PARTY INFORMATION	
Your name and contact information:	
Date of settlement:	OIC Tracking Number:
2. DISPUTE RESOLUTION INFORMATION This information is required under RCW 48.49.050	
(a) Name of carrier:	(b) Name of health care provider that directly provided the service:
(c) Name and address of the health care provider's group practice, employer or business entity in which provider has ownership interest:	(d) Name and address of the health care facility where services were provided:
(e) Type of health care services at issue:	
(f) Out-of-network rate for services:	
(g) Initiating party signature:	
(h) Responding party signature:	
<i>The arbitrator reporting statutory provision is noted on the back of this form.</i>	

SETTLEMENT REPORTING PROVISION

RCW 48.49.040

Dispute resolution process—Determination of commercially reasonable payment amount. (Effective March 31, 2022)

(7) If the parties agree on an out-of-network rate for the services at issue after providing the arbitration initiation notice to the commissioner but before the arbitrator has made their decision, the amount agreed to by the parties for the service will be treated as the out-of-network rate for the service. The initiating party must send a notification to the commissioner and to the arbitrator, as soon as possible, but no later than three business days after the date of the agreement. The notification must include the out-of-network rate for the service and signatures from authorized signatories for both parties.

[Statutory Authority: RCW 48.43.820, 48.49.180, 48.49.110, and 48.02.060. WSR 23-01-110 (Matter R 2022-02), § 284-43B-100, filed 12/19/22, effective 1/19/23.]