

(EMPLOYER'S NAME HERE - COMPANY MAY PUT THIS FORM ON THEIR OWN LETTERHEAD)

PLEASE BRING THIS FORM FILLED-OUT TO SWEDISH MEDICAL CENTER, EMERGENCY DEPARTMENT

PATIENT REFERRAL FOR WORK INJURIES

Date of Visit: _____ Date of Injury: _____ Time of Injury: _____

Patient's Complete Name: _____

Occupation: _____

Description of Injury: _____

Authorized By: _____

- Longshore and Harbor Workers' Compensation Act (USL&H) – USE FEDERAL FORM**
Covers employees injured while engaged in maritime employment upon the navigable waters of the United States. This act usually covers workers in the following positions: Shipyard laborers, Longshore workers, Welders, Fire Watch, Repair, and maintenance support staff working on or around the dock and vessel during repair and maintenance periods.
- Maritime Jones Act AKA Protection and Indemnity (P&I) – USE SELF-INSURED FORM**
Covers crewmembers of vessels. Often these crewmembers will be working in port at the yard and are assigned to a specific vessel. If they are deemed to be at the service of the vessel, they will be covered by this act.
- Washington State Labor and Industry (L&I) – USE WA STATE L&I FORM**
Covers office workers, workers in the shipping and receiving department.
- Other (please explain)**
- This patient requires a DOT drug and a DOT Breath Alcohol screen.**

For all USL&H and P&I claims, please send all invoices and correspondence to Attention: COMPANY INFO HERE

Call the EMA team if you have any questions at Tel. 206-781-6250 or 206-781-6242
www.swedish.org/employerassistance