

Department of Finance
701 5th Ave, Ste 700
Seattle, Washington 98104
P.O. Box 50095
Seattle, WA 98145-5095
(206) 543-5228



Dues and License Reimbursement

When it is time to renew your license, the Washington State Department of Health will mail the renewal form to you. Please do not delay in sending payment and any required documentation directly to them. Please allow sufficient time for your renewal to be processed prior to the expiration date. You are responsible for sending the appropriate fees and any documentation directly to the Washington State Department of Health.

You may be eligible for reimbursement of your renewal fee by UWP. Certain dues such as KCMS, WSMA, and Seattle Children's Hospital Staff dues may be paid on your behalf as well. Reimbursement or payment is made in accordance with departmental policies and is subject to approval by your department/division. If you have any questions regarding your department's policy, please contact your administrator.

*****UPDATE***** Beginning September 1, 2013, NW Hospital Staff Fees will be paid by UWP similar to SCH and KCMS/WSMA dues on an annual basis.

In order to request reimbursement, complete the form below and attach a copy of your renewed license or proof of payment (check or online receipt). UWP will issue reimbursement within 10 business days of receipt.

Request for Reimbursement of Dues and Licenses

A copy of your RENEWED license is required for processing. Reimbursement will be processed within approximately 2 weeks of receipt.

Please complete the following information regarding your reimbursement:

Name (Please Print)			
Address (where check will be mailed to)			
City	State	ZIP	
Amount Paid	\$		
Dues/License Type			
Department/Division			
Requestor's Signature			
Requestor's Phone #	()	-	ext.
Department Approval (Administrator or other authorized department personnel)			Date
Signature	Title	Print Name	

Return the following documents:

- 1) Reimbursement Request Form
- 2) Copy of RENEWED Dues/License and/or Proof of payment (check issued or online receipt)

Mail to: UW Physicians - Finance
 Campus Box 359110 or
 PO Box 50095
 Seattle WA 98145-5095

Contact: UWP Payroll at UWP-Phys-Payroll@uwp.washington.edu or 206.543.5228

OFFICE USE ONLY	
<input type="checkbox"/> Qualifies for reimbursement.	Exp Date
<input type="checkbox"/> License Copy forwarded to Credentialing on _____ (date)	
<input type="checkbox"/> New	<input type="checkbox"/> Renewal
Comments:	

PAYROLL USE ONLY	
PHYS #	
DEDCODE	