



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

ARBITRATOR DECISION REPORTING FORM	
1. ARBITRATOR'S INFORMATION	
Your name and contact information:	
Date of decision:	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) Which parties' final offer was chosen: (Report separately bundled claims)	
<i>The arbitrator reporting statutory provision is noted on the following page.</i>	

ARBITRATOR DECISION REPORTING PROVISION

RCW [48.49.040](#)

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

(8)(a) No later than thirty calendar days after the receipt of the parties' written submissions, the arbitrator must: Issue a written decision requiring payment of the final offer amount of either the initiating party or the noninitiating party; notify the parties of its decision; and provide the decision and the information described in RCW [48.49.050](#) regarding the decision to the commissioner. The arbitrator's decision must include an explanation of the elements of the parties' submissions the arbitrator relied upon to make their decision and why those elements were relevant to their decision.