



Clinic Account Authorization

To: Saskatchewan Workers' Compensation Board

From:	Clinic number:	
	Clinic name:	
	Clinic address:	
	Clinic phone number:	

This form provides authorization for the WCB to grant clinic account access to the office manager listed on this form.

A clinic account provides the office manager with access to submit invoices and view payment details for all health-care providers at the clinic.

Clinic and health-care provider information is obtained from Medical Services Branch (MSB). MSB provides the WCB with the health-care provider billing numbers and associated clinic numbers.

The office manager is responsible for managing the clinic account access. They can add or remove access at any time. An example of access they may grant is to the billing clerk to submit invoices and/or view payment details.

The ability to submit electronic reports is not included in the clinic account type.

I affirm that I am the office manager for the above noted clinic. I am authorized by the clinic to review invoices and payment details for all health-care providers at this clinic. By signing below, I have read the terms outlined above and I request on behalf of the above clinic that the WCB to provide clinic account access to myself on behalf of all providers at this clinic.

First name:	<input type="text"/>	Last name:	<input type="text"/>
Position:	<input type="text"/>	Email:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text" value="(mm/dd/yyyy)"/>

