



**Saskatchewan
Workers'
Compensation
Board**

Health Care Services
200 – 1881 Scarth Street
Regina, SK
S4P 4L1

Phone: 306.787.4370
Toll-Free Phone: 1.800.667.7590
Fax: 306.787.4311
Toll-Free Fax: 1.888.844.7773

Primary Level Authorization to Treat

To: Saskatchewan Workers' Compensation Board

From: _____ (name of clinic)

_____ (name of care provider)

_____ (professional designation)

_____ (address of clinic)

Telephone Number: _____ Fax Number: _____

Re: Client: _____ **Claim Number:** _____

Employer: _____ **Area of Injury:** _____

Date of Injury: _____ **PHN:** _____

This patient has been referred by _____ for the primary level services checked off below (please attach referral document except where you are a direct access care provider):

- Occupational Therapy – specify proposed treatment _____
- Exercise Therapy – specify proposed treatment _____
- Other - _____

Expected transitional RTW date: _____

Expected final RTW date: _____

Expected number of treatments: _____

Please indicate your decision regarding authorization to treat below:

- Approved
- Denied
- Provisional authorization. Treatment will be funded until adjudication decision is made.

Date

Case Manager

Telephone Number