

Phone: 306.787.4370 Toll free: 1.800.667.7590 MAOnlineBilling@wcbsask.com

Clinic Account Authorization

Saskatchewan Wo	Saskatchewan Workers' Compensation Board					
Clinic number:						
Clinic name:						
Clinic address:						
Clinic phone number:						
n provides authorizati orm.	ion for the WCB to grant	clinic account access to the	office manager listed			
·	•	ess to submit invoices and vic	ew payment details for			
· ·			` '			
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ty to submit electroni	c reports is not included	in the clinic account type.				
By signing below, I have read the terms outlined above and authorize the WCB to provide clinic account access to:						
me:	Las	t name:				
n: Email:						
nly the authorized use	er should have direct acc	cess to the email address abo	ove.			
All health-care providers at the clinic need to sign below. If a new health-care provider is added to your clinic, please submit another copy of this form with their name, billing number and signature.						
ian's name rint clearly or type	Billing number Ex: DOC001234	Signature Hand written or electronic	Date signed MM-DD-YYYY			
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	Clinic number: Clinic name: Clinic address: Clinic phone number of provides authorization. Incount provides the providers at the providers at the provider of t	Clinic name: Clinic address: Clinic phone number: provides authorization for the WCB to grant form. Cocount provides the office manager with accelerate providers at the clinic. In health-care provider information are obtained vides the WCB with the health-care provider e manager is responsible for managing the clit any time. For example, they may grant the lidetails. Ity to submit electronic reports is not included a access to: The company of the clinic meet to sign below. I have read the terms outlined a access to: The correspondence of the clinic need to sign below.	Clinic name: Clinic address: Clinic phone number: n provides authorization for the WCB to grant clinic account access to the form. In provides authorization for the WCB to grant clinic account access to the form. In provides the office manager with access to submit invoices and view-care providers at the clinic. In the latth-care provider information are obtained from the Medical Services wides the WCB with the health-care provider billing numbers and associate the manager is responsible for managing the clinic account access. They can the any time. For example, they may grant the billing clerk access to submit details. It to submit electronic reports is not included in the clinic account type. In the plant of the wCB with the authorize the WCB access to: The providers at the clinic need to sign below. If a new health-care providers at the clinic need to sign below. If a new health-care providers at the clinic need to sign below. If a new health-care providers at the clinic need to sign below. If a new health-care providers at the clinic need to sign below. If a new health-care providers at the clinic need to sign below. If a new health-care providers at the clinic need to sign below. If a new health-care providers at the clinic need to sign below.			



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Clinic number:			

Physician's name Please print clearly or type	Billing number Ex: DOC001234	Signature Hand written or electronic	Date signed MM-DD-YYYY