Saskatchewan Workers' Compensation Board

Health care services
200 – 1881 Scarth Street
Regina SK S4P 4L1
www.wcbsask.com

Phone: 306.787.4370
Toll-free: 1.800.667.7590
Fax: 306.787.4311
Toll-free fax: 1.888.844.7773

MCARE

Primary Level Authorization to Treat – Mental Health and Occupational Therapy

To: **Saskatchewan Workers' Compensation Board (WCB)**

From: Name of clinic: _____

Name of care provider: _____ Professional designation: _____

Address of clinic: _____

Telephone: _____ Fax: _____

Re: Worker: _____ Claim number: _____

Employer: _____ Area of injury: _____

Date of injury: _____(dd/mm/yyyy)_____ Provincial Health Number: _____

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):

☐ Mental health provider – specify proposed treatment: _____

☐ Occupational therapy – specify proposed treatment: _____

☐ Other: _____

Expected number of treatments: _____

WCB personnel: Please indicate your decision regarding authorization to treat below and fax this form back to the requesting care provider.

☐ Approved

☐ Denied

☐ Provisional authorization – treatment will be funded until adjudication decision is made.

_____(dd/mm/yyyy)_____	_____	_____
Date	**Customer care facilitator**	**Telephone**

When writing to the WCB, please print name and claim or firm number.