Health Care Services
Email: askwcb@wcbsask.com
Online: www.wcbsask.com/care-providers

200 - 1881 Scarth Street
Regina, Saskatchewan
Canada S4P 4L1
Tel: 306.787.4370
Toll-free: 1.800.667.7590
Fax: 306.787.4311
Toll-free fax: 1.888.844.7773

MCARETX

Notification of Intake for Secondary or Tertiary Treatment Program

Fax to: Workers' Compensation Board 306.787.4311 or 1.888.844.7773

Treatment information

Name of treatment centre: _____

Clinic phone number: _____

Treatment clinic number *(i.e., PHY, HSP)*: _____

Treatment level *(please check one)*:

☐ Secondary

☐ Tertiary

Referred by: _____

Program will begin on: _____

Treatment schedule: ☐ From: _____ AM / PM ☐ To: _____ AM / PM

☐ Treatment time will vary

Referral date from WCB/primary caregiver: _____

Patient information

WCB claim number: _____

Personal health number: _____

Name of patient: _____

Expected treatment schedule

☐ Five days per week

☐ Other *Please specify:* _____

_____ _____

Signature **Date**

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