

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 are obtained from the Medical Services Branch (MSB). The 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. For example, they may grant the billing clerk access to submit invoices and/or view payment details.

The ability to submit electronic 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:

First name: _____ **Last name:** _____

Position: _____ **Email:** _____

Note: Only the authorized user should have direct access to the email address above.

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.

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