



Registration User Guide

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Chapter 2

Preface

Purpose

The *Registration User Guide* describes how independent providers, organizations, and head offices can use the Registration website to register for the Workplace Safety and Insurance Board (WSIB) services.

Audience

The *Registration User Guide* is intended for use by independent providers, organizations, and head offices who want to register for WSIB online billing.

To use this application and this document, you require a basic knowledge and understanding of Windows applications and Web browsers.

Typographic conventions

The typographic conventions used in this guide help you to identify the type of information that is presented.

Convention	Use
Bold	Bold text highlights items you can select in the interface, including buttons, tabs, and menu selections. It is also used in the identification of dialog boxes and screens.
<i>Purple Italic</i>	<i>Purple Italic</i> text indicates that the text is linked to related section of the document. When you click a link, the related text is displayed.
<i>Italic</i>	<i>Italic</i> text indicates a book title.

Related documentation

You may want to refer to the following documents for more information about topics such as associations, profile changes, and merging.

- The *Associate Head Office and Organization User Guide* describes how users registered to provide WSIB online billing can associate a head office to an organization, or an organization to a head office.
- The *Associate Provider User Guide* describes how users registered to use WSIB online billing can associate existing or new providers to your organization.
- The *Change Management User Guide* describes how users can use the Change Management application to notify the Provider Management Group (PMG) about changes to their provider, organization, or head office profile.
- The *User Access & Permissions User Guide* describes how administrators can use the User Access & Permissions module to manage user profiles within the Provider Portal.



Chapter 1

Introduction

Independent providers, organizations, and head offices can use the Registration website to register for WSIB online billing. Registrations may take up to five days to be processed. Once the registration has been processed, a welcome package and login credentials for the Provider Portal are sent to the contact email that was provided during registration.



You do not need to have an official head office to register one. A head office may be a separate business that fulfills the billing functions for a chain of organizations but does not provide services to persons injured at work, or it may be one of a chain of organizations that provide services to persons injured at work, which has also been designated to fulfil billing functions. In the latter case, the organization must be registered as both a head office and an organization.

Icons

The following table describes the icons used on the Registration website. Some of these icons are displayed as buttons that you can click to perform actions.

Icon	Name	Description
	Add item	Click to add another value to a section that allows multiple values, such as service languages.
	Calendar	Click to display the calendar widget, which you can use to select a date.
	Delete	Click to delete the adjacent item.
	Help	Click to display a pop-up that describes the organizational roles.
	Mandatory	Identifies mandatory fields.

Field types

This section describes the different types of fields used in this application.

Text fields

You may be able to enter letters, numbers, and symbols in text fields. There may be rules associated with the amount of text you can enter or the type (for example, some text fields accept only numbers).



Figure 1-1: A text field

Options

Options are presented in groups of two or more, only one of which can be selected at a time. In some instances, changing which option is selected also changes the fields that are displayed beneath it.

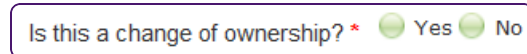


Figure 1-2: Options

Drop-down lists

You can use drop-down lists to select one of a list of pre-set values.

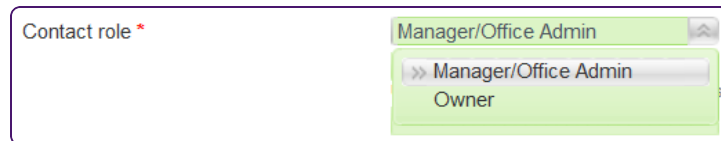



Figure 1-3: A drop-down list

Date fields

You can use date fields to select a date from a calendar. When you click the calendar  button, the calendar is displayed. You can use the arrows to select which month is displayed, and the drop-down box to choose which year is displayed, then click a date to select it.

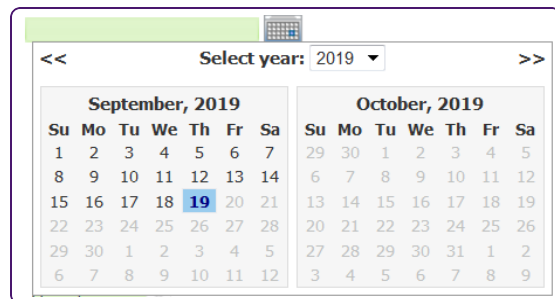


Figure 1-4: The calendar

Navigational buttons

To navigate between the screens of this application, use the **Previous** and **Save & Continue** buttons at the bottom of the screen rather than the browser buttons.

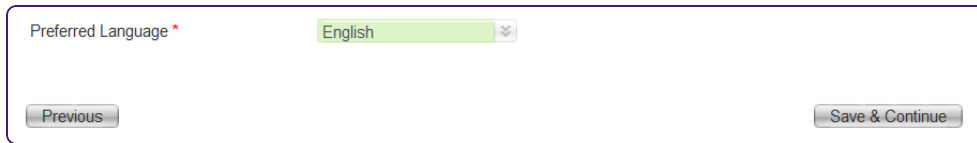


Figure 1-5: The Previous and Save & Continue buttons

Time fields

You can enter or select times from the time selector. The time must follow the format ##.## AM or PM.

	Open
Monday	6
Tuesday	06:00 PM
Wednesday	06:30 PM
Thursday	06:00 AM
Friday	06:30 AM

Figure 1-6: The time selector

Roles

This section describes the roles that can be assigned to organizations and providers.

Organizations not required to associate providers

The following table describes the types of organizations that are not required to associate providers. If you identify your organization as being one of these types, you will not be prompted to identify one or more associates.

Table 1.1 Organizational types not required to associate providers

Organizational role	An organization of this type...
Accommodation	Provides lodging, such as a motel or hotel room.
Ambulance	Provides ambulance services.
Clinical Laboratory	Provides testing on clinical specimens to gather health information about a person injured at work, pertaining to the diagnosis, treatment, and prevention of disease.
Clinic - Specialized	Corresponds to a Specialty Program provider contracted with the WSIB.
Facility - Radiology	Provides digital imaging services.

Table 1.1 Organizational types not required to associate providers (continued)

Organizational role	An organization of this type...
Head Office	Corresponds to the administrative headquarters for one or more associated organizations. They typically perform billing on behalf of the associated organizations.
Home Care Service Provider	Provides in-home healthcare services.
Hospital	Includes standard hospitals, skilled nursing facilities and psychiatric hospitals.
Medical Radiation Technology	Provides diagnostic imaging services to healthcare professionals.
Medical Supplier	Provides disposable and non-disposable healthcare materials and equipment ordered or prescribed by a physician. Supplies may include ostomy supplies, catheters, oxygen, diabetic supplies, prostheses and orthotics.
Other Healthcare Facilities *	Includes facilities offering healthcare services provided by miscellaneous practitioners not subject to regulation.
Other non-medical Suppliers	Provides non-medical assistance to individuals, such as assisting the elderly or disabled persons in performing their daily living activities, such as eating, maintaining personal hygiene, and basic mobility.
Occupational Health Assessment Program	Enhances outcomes for persons injured at work by providing early intervention focused on functional recovery and return to work (RTW). Includes only organizations who are contracted under the OHAP program.
Residential Care Facility	Provides residential accommodations and healthcare services, which include nursing homes and long-term facilities.
Return to Work - Assessment	Provides assessment to determine if a person injured at work is fit to return to work (RTW). Includes only providers contracted with the WSIB for RTW assessments.
Return to Work - Organization	Provides services to assist individuals in returning to work.
Return to Work - Placement	Provides work placements for individuals returning to work. Includes only providers contracted with the WSIB for placement services.
Transportation	Provides transportation services, such as taxis.
Travel Office	Provides travel services, such as booking trips. Includes WSIB contracted providers only.

* If you register an organization of type "Other healthcare facilities", you cannot associate providers during registration but you will be able to subsequently associate providers using the "Associate a Provider" application in the Provider Portal.

Organizational types required to associate provider(s)

The following table describes the organizational roles that require associated provider(s). If you identify your organization as being one of these types, you will be prompted to identify one or more associates.

Table 1.2 Organizational roles that require associated provider(s)

Organizational role	An organization of this type...
Community/Social Service Ctr	Provides the services of a social worker or a counsellor to the community.
Dental Clinic	Provides dental services to persons injured at work.
Facility - Specialized Rehabilitation	Provides services performed by neurologists, neurosurgeons and psychiatrists to help rehabilitate persons injured at work who have nervous or mental diseases.
Hearing Health Provider/Clinic	Provides services and devices to individuals with hearing loss, which may include audiology clinics and speech therapists.
Medical Centre	Offers various types of healthcare services provided by doctors, nurse practitioners, and paramedical providers such as chiropractors and massage therapists.
Mental Health Program Clinic	Provides mental health diagnoses and treatments. Includes only providers registered with the WSIB for the Community Mental Health Program.
Optical Store - Optometry CL	Provides vision care services and supplies.
Pain Centre	Corresponds to a healthcare facility that focuses on the diagnosis and management of chronic pain, typically for persons injured at work who were not admitted to a hospital.

Provider roles

The following table describes the provider roles, and the organization roles they can be associated to. When you select an organization role of one of the types identified in the last column, you are presented with the applicable provider roles in the first column.



If you do not find your role listed in this table, select the **Misc. Practitioner** when registering.

Table 1.3 Provider roles

Associated Provider	A provider of this type...	Can be associated to... *
Acupuncturist	Practices acupuncture, which is the practice of inserting fine needles through the skin at specific points especially to cure disease, relieve pain, or promote healing.	Medical Centre
Audiologist	Treats individuals with hearing loss and proactively prevents related damage.	Hearing Health Provider/Clinic

Table 1.3 Provider roles (continued)

Associated Provider	A provider of this type...	Can be associated to... *
Chiropodist	Treats the feet and their ailments, but cannot order or perform x-rays.	Medical Centre
Chiropractor	Is a practitioner of the system of integrative medicine based on the diagnosis and manipulative treatment of misalignments of the joints.	Medical Centre
Dental Hygienist	Performs nonsurgical periodontal therapy, maintenance of dental health, and prevention of oral disease.	Dental Clinic
Dentist - Anesthetist	Is a dentist who uses anaesthesia, sedation and pain management to facilitate dental procedures.	Dental Clinic
Dentist - Endodontist	Is a dentist who specializes in maintaining teeth through endodontic therapy--procedures involving the pulp within the teeth.	Dental Clinic
Dentist - General Practice	Is a dentist who provides a variety of dental procedures such as examinations, x-rays, and diagnoses.	Dental Clinic
Dentist- Oral and Max. Surgery	Is a dentist who specializes in surgery of the face, mouth, and jaws.	Dental Clinic
Dentist - Oral Pathologist	Is a dentist who deals with the nature, identification, and management of diseases affecting the mouth and jaws.	Dental Clinic
Dentist - Orthodontist	Is a dentist who specializes in straightening teeth and treating irregularities in the teeth and jaws.	Dental Clinic
Dentist - Pedodontist	Is a dentist who deals with children's teeth.	Dental Clinic
Dentist - Periodontist	Is a dentist who deals with the structures surrounding and supporting the teeth.	Dental Clinic
Dentist - Prosthodontist	Is a dentist who makes artificial replacements for missing parts of the mouth and jaw.	Dental Clinic
Dentist - Public Health	Is a dentist who deals with the prevention of oral disease and promotion of oral health, and devises solutions to improve the dental health of populations rather than individuals.	Dental Clinic

Table 1.3 Provider roles (continued)

Associated Provider	A provider of this type...	Can be associated to... *
Dentist - Radiologist	Is a dentist who specializes in using various radiographic and digital images to diagnose and treat persons injured at work.	Dental Clinic
Denturist	Examines oral health, plans treatments, makes dentures and other removable oral appliances, and fits them to persons injured at work.	Dental Clinic
Dietitian	Provides guidance on diet and nutrition.	Medical Centre
Homeopath	Treats persons injured at work using homeopathic remedies.	Medical Centre
Kinesiologist	Develops programs to help people get and stay fit, and perform at their optimum level.	Medical Centre
Massage Therapist	Manipulates soft tissues of the body including muscles, connective tissues, tendons, ligaments and joints.	Medical Centre
Mental Health Program Provider	Diagnoses mental health conditions and provides treatment. Includes only providers registered with the WSIB.	Mental Health Program Clinic
Midwife	Assists in the delivery of babies.	Medical Centre
Misc. Practitioners	Provide services not covered in the other categories.	N/A
Naturopath	Provides naturopathic services.	Medical Centre
Nurse	A provider who has graduated from a nursing program. Includes Certified Nursing Assistants, Licensed Practical Nurses and Registered Nurses.	Medical Centre
Nurse Practitioner	A registered nurse with an advanced university education.	Medical Centre
Occupational Therapist	Provides services designed to restore self-care, work, and leisure skills to persons injured at work who have specific performance incapacities or deficits that reduce their abilities to cope with the tasks of everyday living.	Medical Centre

Table 1.3 Provider roles (continued)

Associated Provider	A provider of this type...	Can be associated to... *
Optician	Supplies eyeglasses and contact lenses for the correction of vision.	Optical Store/Optomety CI,
Optometrist	Provides primary eye and vision care, performs eye examinations to detect vision problems, and prescribes corrective lenses to correct those problems.	Optical Store/Optomety CI,
Osteopath	Treats medical disorders through the manipulation and massage of the bones, joints, and muscles.	Medical Centre
Physician, Anesthesia	Is a physician who specializes in perioperative care, developing anesthetic plans and the administration of anesthetics.	Medical Centre
Physician, Cardiac Surgery	A physician who specializes in surgery of the heart and great vessels.	Medical Centre
Physician, Cardiology	A physician who specializes in the branch of medicine that deals with diseases and abnormalities of the heart.	Medical Centre
Physician, Colorectal Surgery	Is a physician who specializes in the medical and surgical treatment of conditions that affect the lower digestive tract.	Medical Centre
Physician, Dermatology	Is a skin care doctor who has expertise in the care of normal skin, and in the diagnosis and treatment of diseases of the skin, hair, and nails.	Medical Centre
Physician, Diagn. Radiology	Is a physician who uses ionizing and nonionizing radiation for the diagnosis and treatment of disease.	Medical Centre
Physician, Emergency Medicine	Is a physician who works in an emergency department.	Medical Centre
Physician, Endo / Metabolism	Is a physician who assesses, diagnoses, and treats persons injured at work who have diseases of the endocrine glands, disorders of hormone systems and their target organs, and disorders of metabolism.	Medical Centre

Table 1.3 Provider roles (continued)

Associated Provider	A provider of this type...	Can be associated to... *
Physician, Family Medicine	Is a physician who provides continuing and comprehensive health care for the individual and family across all ages, genders, diseases, and parts of the body; family physicians are often primary care physicians.	Medical Centre
Physician, Gastroenterology	Is a physician who specializes in the digestive system and its disorders.	Medical Centre
Physician, Gen. Internal Med.	Is a physician who focuses on treating adults.	Medical Centre
Physician, General Pathology	Is a physician who studies body fluids and tissues, and uses laboratory tests to monitor the health of persons injured at work who have chronic conditions.	Medical Centre
Physician, General Practice	Is a doctor who treats acute and chronic illnesses and provides preventive care and health education to persons injured at work.	Medical Centre
Physician, General Surgery	Is a physician who performs surgery on the abdominal contents, including the esophagus, stomach, small intestine, large intestine, liver, pancreas, gallbladder, appendix and bile ducts, and often the thyroid gland (depending on local referral patterns).	Medical Centre
Physician, Geriatric Medicine	Is a physician who specializes in the diagnosis, treatment, and prevention of disease and disability in older adults.	Medical Centre
Physician, GYN Oncology	Is a physician who specializes in diagnosing and treating cancers that are located on a woman's reproductive organs.	Medical Centre
Physician, Hand Surgery	Is a physician who provides medical care for individuals who have been diagnosed with infectious diseases caused by organisms such as bacteria, viruses, fungi, or parasites.	Medical Centre
Physician, Hematology	Is a physician who investigates, preserves, and restores by medical, surgical, and rehabilitative means all structures of the upper extremity directly affecting the form and function of the hand and wrist.	Medical Centre

Table 1.3 Provider roles (continued)

Associated Provider	A provider of this type...	Can be associated to... *
Physician, Immunology/Allergy	Is a doctor who diagnoses, treats and manages persons injured at work who have allergy and other immune diseases.	Medical Centre
Physician, Infectious Diseases	Is a physician of internal medicine who completed additional training to specialize in infectious disease prevention and treatment.	Medical Centre
Physician, Interventional RADL	Is a physician who practices a medical subspecialty of radiology utilizing minimally-invasive image-guided procedures to diagnose and treat diseases.	Medical Centre
Physician, Medical Oncology	Is a physician who provides medical care for individuals diagnosed with cancer.	Medical Centre
Physician, Nephrology	Is a physician who studies and deals with the study of the kidneys and its diseases.	Medical Centre
Physician, Neuro/Psychiatry	Is a physician who deals with mental disorders attributable to diseases of the nervous system.	Facility - Specialized Rehabilitation, Medical Centre
Physician, Neurology	Is a physician who specializes in treating diseases of the nervous system.	Facility - Specialized Rehabilitation, Medical Centre
Physician, Neurosurgery	Is a physician who specializes in the diagnosis and surgical treatment of disorders of the central and peripheral nervous system.	Facility - Specialized Rehabilitation, Medical Centre
Physician, Nuclear Medicine	Is a physician who uses tracers, usually radiopharmaceuticals, for diagnosis and therapy.	Medical Centre
Physician, Obstetrics/GYN	Is a physician who delivers babies and specializes in treating diseases of the female reproductive organs.	Medical Centre
Physician, OMT	Is a physician who uses hands-on Osteopathic Manipulative Treatment (OMT) techniques to diagnose, treat, and prevent illness and injury.	Medical Centre
Physician, Ophthalmology	Is a physician who specializes in eye and vision care.	Medical Centre

Table 1.3 Provider roles (continued)

Associated Provider	A provider of this type...	Can be associated to... *
Physician, Orthopaedic Surgery	Is a physician who specializes in injuries and diseases of the musculoskeletal system.	Medical Centre
Physician, Otolaryngology	Is a physician who specializes in the treatment and management of diseases and disorders of the ear, nose, throat, and related bodily structures.	Medical Centre
Physician, Pediatrics	Is a physician who provides medical care for infants, children, and adolescents.	Medical Centre
Physician, Physical Med./Rehab	Is a physician who aims to enhance and restore quality of life to those with physical impairments or disabilities.	Medical Centre
Physician, Plastic Surgery	Is a physician who specializes in the restoration, reconstruction, or alteration of the human body.	Medical Centre
Physician, Preventive Medicine	Is a physician who aims to protect, promote, and maintain health and well-being and to prevent disease, disability, and death.	Medical Centre
Physician, Psychiatry	Is a physician who specializes in psychiatry, the branch of medicine devoted to the diagnosis, prevention, study, and treatment of mental disorders.	Medical Centre
Physician, Pulmonary Diseases	Is a physician who diagnoses and treats pulmonary (lung) conditions and diseases.	Medical Centre
Physician, Radiation Oncology	Is a physician who uses ionizing radiation (such as megavoltage X-rays or radionuclides) in the treatment of cancer.	Medical Centre
Physician, Rheumatology	Is a physician who treats joint diseases, similar to orthopedists, but does not perform surgeries.	Medical Centre
Physician, Thoracic Surgery	Is a physician who surgically treats conditions of the heart and lungs.	Medical Centre
Physician, Unknown Specialty	Is a physician whose specialty is not yet known.	Medical Centre
Physician, Urology	Is a physician who specializes in diseases of the urinary tract and the male reproductive system.	Medical Centre


Table 1.3 Provider roles (continued)

Associated Provider	A provider of this type...	Can be associated to... *
Physician, Vascular Surgery	Is a physician who diagnoses, treats, and manages conditions in arteries and veins.	Medical Centre
Physiotherapist	Provides treatment for disease, injury, or deformity by physical methods such as massage, heat treatment, and exercise; a physical therapist.	Medical Centre
Podiatrist	Provides treatment for the feet and their ailments, and orders and performs x-rays on them.	Medical Centre
Psychologist	Assesses, diagnoses and treats individuals suffering from psychological distress and mental illness.	Medical Centre
Psychotherapist	Treats mental disorders by psychological rather than medical means.	Medical Centre
Respiratory Therapist	Uses respiratory techniques and equipment to treat persons injured at work who have heart and lung ailments.	Medical Centre
Social Worker	Helps people develop their skills and abilities so that they can use their own resources and those of the community to resolve problems.	Community/Social Service Ctr., , Medical Centre
Speech-Language Pathologist	Provides training to help people with speech and communication disorders to communicate more clearly.	Medical Centre, Hearing Health Provider/Clinic
Traditional Chinese Medicine	Provides a broad range of medicine practices developed in China, including various forms of herbal medicine, acupuncture, massage, exercise, and dietary therapy.	Medical Centre

* All providers regardless of type can be associated to: Other Healthcare Facilities and Pain Centres.

TELUS Provider ID

Your TELUS Provider ID was assigned to you upon registration and included in your welcome package, along with the WSIB Provider ID.



Welcome to the TELUS Health WSIB Services.

Find below the login information for the user registered to submit claims through the Provider Portal. We will send your temporary password in a separate email. For security reasons, please do not share your login information.

Username	AAAL200130690
----------	---------------

Your identification numbers

<p style="text-align: center;">WSIB Provider ID</p> <p style="text-align: center;">110002251</p> <p>Use your WSIB Provider ID to contact WSIB for support. If you have multiple roles, locations or referral programs, you may have more than one Provider ID.</p>	<p style="text-align: center;">TELUS Provider ID</p> <p style="text-align: center; border: 1px solid purple; display: inline-block; padding: 2px;">200130690</p> <p>Use your TELUS Provider ID to contact TELUS for support or to make changes to your account.</p>
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Helpful resources to manage your account

- Change your password
- Request to add or remove users or providers
- Add or update your direct deposit details
- Submit bills with ease ([quick start guide](#))
- Associate an organization or head office
- Request to merge your accounts
- Manage users on your account
- Find answers in the [FAQ](#)

To submit or view forms, log in to the [TELUS Health Provider Portal](#)

For more information

1-866-240-7492 | provider.mgmt@telus.com | [FAQ](#)





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Figure 1-7: TELUS Provider ID in the welcome package

If you no longer have your welcome package at hand, you can also find your TELUS Provider ID under the My Account menu () of the Provider Portal.

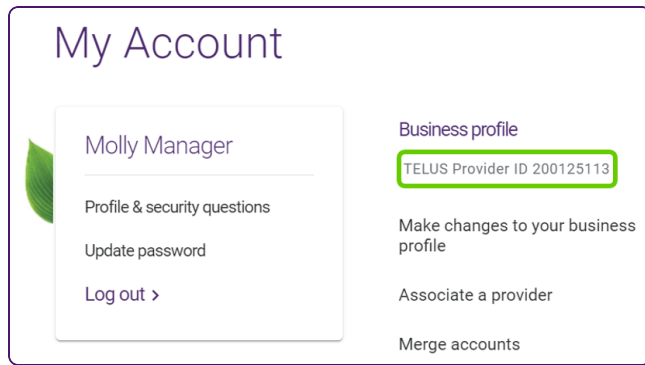



Figure 1-8: TELUS Provider ID in the Provider Portal

WSIB Provider ID

The WSIB Provider ID was assigned to you upon registration and included in your welcome package.



Welcome to the TELUS Health WSIB Services.

Find below the login information for the user registered to submit claims through the Provider Portal. We will send your temporary password in a separate email. For security reasons, please do not share your login information.

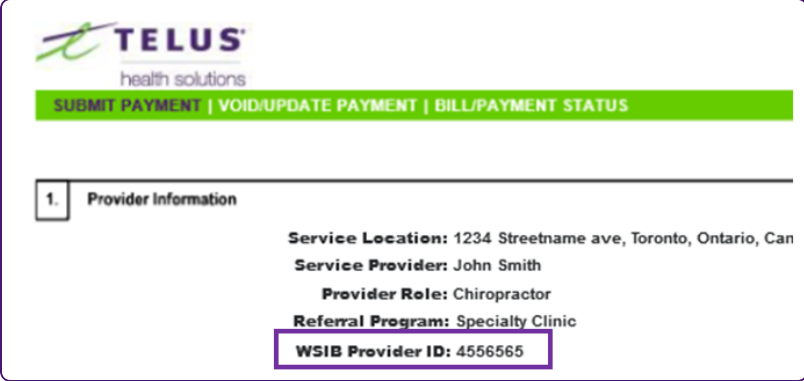
Username	BIBA200126600
----------	---------------

Your identification numbers

<p>WSIB Provider ID</p> <p>110000838</p> <p>Use your WSIB Provider ID to contact WSIB for support. If you have</p>	<p>TELUS Provider ID</p> <p>200126600</p> <p>Use your TELUS Provider ID to contact TELUS for support or to</p>
---------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------

Figure 1-9: WSIB Provider ID in Welcome Package

If you no longer have your welcome package at hand, you can also find your WSIB Provider ID within the WSIB billing, forms and referral applications.



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SUBMIT PAYMENT | VOID/UPDATE PAYMENT | BILL/PAYMENT STATUS

1. Provider Information

Service Location: 1234 Streetname ave, Toronto, Ontario, Can
Service Provider: John Smith
Provider Role: Chiropractor
Referral Program: Specialty Clinic
WSIB Provider ID: 4556565

Figure 1-10: WSIB Provider ID

Independent provider registration at a glance

1. From the **Provider Registration** screen, select the **Independent providers** option.
2. From the **Provider Information** screen:
 - Enter your name, contact information, role, license information (if applicable), and service language (s),
 - Upload documents you have available in support of your registration such as a copy of your license or a completed WSIB form,
 - Enter your existing WSIB Provider ID, if applicable, and
 - Accept the Terms and Conditions.
3. From the **Business information** screen, optionally:
 - Enter your business' name and GST/HST number (if applicable),
 - From the **Site Accessibility Features** pop-up, select the accessibility features provided by the site, and
 - Select the business hours.
4. From the **Register User** screen, identify the primary individual who will be administering the account.
5. From the **Submission Preview** screen, review the information you entered.
 - If you need to edit it, you can do so from here.
 - Otherwise, submit your registration.
6. From the confirmation screen, make note of your reference number.

Organization registration at a glance

1. From the **Provider Registration** screen, select the **Organization** option.
2. From the **Organization Information** screen:
 - Enter the name of the organization, its role, the date it was established, the contact, and the contact information,
 - Upload documents you have available in support of your registration such as a copy of your letter of incorporation or a completed WSIB form,
 - Select the accessibility features provided by the site,
 - Select the business hours,
 - Indicate if this registration is a result of change of ownership or a legal name change,
 - Enter your existing WSIB Provider ID, if applicable, and
 - Accept the Terms and Conditions.
3. From the **Register User** screen, identify the primary individual who will be administering the account.
4. From the **Associate Head Office** screen, do one of the following:
 - Associate a head office, or
 - Click the **Skip this step** button.
5. If your organization's role requires that its providers be identified, the **Associate Existing Providers** screen appears. From this screen, associate new or existing provider(s).
6. From the **Submission Preview** screen, review the information you entered.
 - If you need to edit it, you can do so from here.
 - Otherwise, submit your registration.
7. From the confirmation screen, make note of your reference number.

Head office registration at a glance



You do not need to have an official head office to register one. A head office may be a separate business that fulfills the billing functions for a chain of organizations but does not provide services to persons injured at work, or it may be one of a chain of organizations that provide services to persons injured at work, which has also been designated to fulfil billing functions. In the latter case, the organization must be registered as both a head office and an organization.

1. Ensure that at least one of the organizations that is associated with the head office is registered.
2. From the **Provider Registration** screen, select the **Head office** option.
3. From the **Head Office Information** screen:
 - Enter the name of the head office, the date it was established, the contact, and the contact information,
 - Upload documents you have available in support of your registration such as a copy of your letter of incorporation or a completed WSIB form,
 - Indicate if this registration is a result of change of ownership or a legal name change,
 - Enter your existing WSIB Provider ID, if applicable, and
 - Accept the Terms and Conditions.
4. From the **Register User** screen, identify the primary individual who will be administering the account.
5. From the **Associate Existing Organizations** screen, associate at least one organization to the head office.
6. From the **Submission Preview** screen, review the information you entered.
 - If you need to edit it, you can do so from here.
 - Otherwise, submit your registration.
7. From the confirmation screen, make note of your reference number.



Chapter 2

Registering as an independent provider

This chapter applies to you if you are an independent provider who provides services to one or more organizations. If you own a business that employs other providers or may, in the future employ other providers, you may wish to register as an organization instead. This chapter describes how an independent provider can register to submit bills to the WSIB.



If you own your own organization, and have providers working for you, then you should register as an organization. For information, see "[Registering an organization](#)" ([page 34](#)).

To register as an independent provider

1. From your internet browser, go to <https://wsibregistration.telushealth.com/en/>.

The **Provider Registration** screen is displayed.

Help EN | FR



Provider registration

Welcome to TELUS Health!

To register for WSIB electronic billing via a secure online service, select the applicable provider type below.

We will send you an email once your registration has been processed.

[See the browser requirements for this portal.](#)

Select a registration type

Head office
If you represent the head office of an organization, you should select this option. You will need to provide details to register the head office, and link to at least one existing organization related to this head office. If there are no existing organizations associated with this head office, select "Organization" to register one first. You can then link it to a head office.

Organization
If you represent a hospital, clinic, private office, or other type of service provider, you should select this option. You will need to provide details to register the organization, have the option to link to an existing head office, and, if applicable based on the type of organization, be required to link to one or more providers. Providers can either already be registered or created during this process.

Independent provider
If you are an independent provider and not registering on behalf of an organization with multiple providers, you should select this option. Besides provider information, you will be able to enter a few basic details about your business as well. You will not be able to link to an organization if you select this option.

If you are not yet registered with us, complete these steps to register today.

If you are already registered with us, switch to online bill submission and take advantage of the many new features and benefits of our Provider Portal.

Overview of Registration Steps:

For a Provider Registration:

1. Go to the provider registration page
2. Select your provider type (head office, organization or independent provider) and click Next
3. Fill in your business and user profile information to create a Provider Portal account
4. Once your registration is processed, you will receive an email with a welcome package containing your user login details and a quick start guide

In the Provider Portal:

1. Sign in to the portal with your username and password
2. Complete the steps to register for electronic funds transfer (EFT)
3. Complete the direct deposit information and submit the pre-authorized bank form or a void cheque

If you have questions, contact TELUS at 1-866-240-7492

2. Within the **Select a registration type** section, select the **Independent provider** option.

 **Independent providers**

If you are an independent provider and not registering on behalf of an organization with multiple providers, you should select this option. Besides provider information, you will be able to enter a few basic details about your business. You will not be able to link to an organization if you select this option.

Next

3. Click the **Next** button.

The **Provider Information** screen is displayed.

Provider Information

First name *

Middle name

Last name *

Email * User logins will be sent to this email address

Confirm email *

Country *

Address *

City *

Province/State *

Postal/ZIP code *

Telephone * 1 (e.g. 555-555-5555)

Extension

Fax 1 (e.g. 555-555-5555)

If you cannot find your role, select "Misc. Practitioners" then enter your role once the "Role description" field appears.

Individual provider role *

Note: Only roles approved for electronic billing are listed.

Country of license

License issuer *

License ID *

License issue date *

Service language(s)

[+ Add another language](#)

Supporting document

Document type

[+ Add another document](#)

You can attach up to 3 documents. (e.g., a form, scan of a license, letter of incorporation, etc). Each document size can be no greater than 5 MB, and is limited to the following types: JPG, PDF, GIF, TIFF, DOC, DOCX. Please indicate the document type for each upload.

Is the document you are attaching a WSIB document or other? Please do not attach any claim, billing, payment, banking or injured person information. WSIB documents can include program enrolment related forms for Program of Care (POC) and other similar WSIB specific programs.

Additional provider information:

If you have an existing WSIB Provider ID, please enter it here:

Note: Your WSIB Provider ID is a 9 digit number provided to you during your initial registration.

Additional comments:

Provide any details that may help with the creation of your account, e.g: Your license status was recently changed, you previously registered but can't find your account information, etc.

On behalf of this provider, I have read and accepted the [Terms and Conditions](#).*

4. Enter your **First name**, **Middle name**, and **Last name**.
5. Enter your email address in the **Email** and **Confirm email** fields.

6. Select your **Country**.



In order to submit bills electronically to the WSIB, you must have a Canadian bank account.

7. Enter your **Address** and **City**.
8. Select your **Province/State**.
9. Enter your **Postal/ZIP code**. If you selected a country other than Canada or the United States, the Postal/ZIP code is optional.
10. Enter your **Telephone** and **Fax** numbers.
11. Select your **Individual provider role**. If your role is not listed in the drop-down, select **Misc. Practitioner** and enter your role once the **Role Description** field appears.





If you select **Misc. Practitioner** as your role, you do not need to complete the four license fields.

12. Select your **Country of license**



If your **Country of license** is other than Canada, you do not need to complete the three remaining license fields.

13. Enter your **License issuer** (if applicable).
14. Enter your **License ID** (if applicable)
15. Click the calendar  button to the right of the **License issue date** field to select the date that your license was issued.
16. Select the language(s) in which you provide services:
 - To add a service language, select it from the **Service language(s)** drop-down list.
 - Click the **Add another language** link to add additional languages.
17. If you have documents to upload in support of your registration, such as a copy of your license or a completed WSIB form, click the browse  button to the right of the **Supporting Documents** field.
 - Browse to and upload your document.
 - Select the **Document Type**, either WSIB form or Other.
 - Click the **Add another document** link to add additional documents.



You can upload a maximum of three documents of no more than 5 MB each.

18. In the **Additional provider information** section, enter your existing **WSIB Provider ID**, if applicable.
19. Enter **Additional comments**, if needed.
20. Click the **Terms and Conditions** link to review the Terms and Conditions in a pop-up window, then select the check box on the same line.

21. Click the **Save & Continue** button.

The **Business information** screen is displayed.

The screenshot shows a registration form titled "Business information". It contains the following fields and sections:

- Registered business name:** A text input field.
- GST/HST number:** A text input field with "RT" in the middle.
- Site accessibility features:** A section with a "Features" table and a "Select features..." button. The table has three empty rows.
- Business hours:** A table with columns for "Open" and "Closed" times for each day of the week.

Navigation buttons "Previous" and "Save & Continue" are located at the bottom left and right of the form respectively.

	Open	Closed
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

22. Enter the **Registered business name** and **GST/HST number**.

- Click the **Select features** button adjacent to the **Site accessibility features** field.

The **Site Accessibility Features** pop-up is displayed.

The screenshot shows a pop-up window titled "Site Accessibility Features" with a close button in the top right corner. The window is divided into several sections, each with a heading and a dropdown arrow on the right side:

- Parking or Exterior Space**: This section contains 15 checkboxes:
 - Curb cuts to entrances are present
 - Exterior door allows for wheelchair or mobility scooter
 - Interior doors allows for wheelchair or mobility scooter
 - Accessible parking spot(s) within close proximity to entrance
 - Accessible van parking spot(s) within close proximity to entrance
 - Automated exterior door(s)
 - Barrier-free entrance have universal accessibility sign to indicate where the accessible entrance is
 - Well-lit parking lot/garage
 - Well-lit front entrance
 - Visible signage on a glare-free surface
 - Ramp to door if entrance is not at ground level
 - Surfaces of ramps and stairs are stable and slip-resistant and have raised high enough edges that a mobility device does not slide off
 - Elevator size allows for wheelchair
 - Elevator size allows for mobility scooter
- Internal Physical Space**: A section with a dropdown arrow pointing down.
- Accessible Formats**: A section with a dropdown arrow pointing down.
- Self-Serve kiosks**: A section with a dropdown arrow pointing down.
- Customer Service**: A section with a dropdown arrow pointing down.
- Personal Support**: A section with a dropdown arrow pointing down.

At the bottom right of the window, there are two buttons: "Cancel" and "Save & Close".

- Click a heading once to display its contents, and twice to hide them.
- Select all of the check boxes that apply to your business, then click the **Save & Close** button.
The **Site Accessibility Features** pop-up closes.
- On the **Business Information** screen, verify the features you selected.
- For each cell within the **Business hours** table, click once to display the time selector, then select the time that the business is **Open** or **Closed** for each day. You can also enter a number within a cell to display the time selector starting at the applicable hour (for example, entering 9 in an **Open** cell will start the time selector at 9:00am), or enter a time directly into the cell, if the time is not in increments of 30 minutes.

If the business is closed for a particular day of the week, do not enter any hours for that day.

28. Click the **Save & Continue** button.

The **Register User** screen is displayed.

Register User

To ensure system security, sharing user IDs and passwords is strictly prohibited, therefore each user must have his/her own user ID and password to access the system.

Please indicate the primary user who will be using the system on your behalf. Additional users are added and managed in the Provider Portal.

First name *	Alex
Last name *	Spender
Role *	Owner
Email *	test@test.com
Confirm email *	
Preferred language *	English

Here, you will enter information about the person who will be primarily using the system on behalf of your business. After your registration is processed, you can add users using the **Provider Portal** to add additional users.

The **First name**, **Last name**, and **Email** fields are pre-populated with the values from a previous screen.

29. If the provider is not the primary user, update the fields on this screen.
30. Click the **Save & Continue** button.

31. The **Submission Preview** screen is displayed.

Submission Preview

Please review your submission carefully before submitting. To see the complete details and/or edit them click on the Edit buttons available after each section.

Requested Service: WSIB eServices

Provider Information

First name:	Alex
Middle name:	George
Last name:	Spender
Email:	test@test.com
Telephone:	(613) 555-2075
Fax:	
Country:	Canada
Address:	123 Main street
City:	Ottawa
Province/State:	ON
Postal/ZIP code:	K1G 3P7
Individual provider role:	Dentist - Orthodontist
License issuer:	Other
License ID:	1231
License issue date:	01/02/2019
Service language(s):	
Additional comments:	

[Edit Provider Information](#)

Business Information

Registered business name:	ABC Clinic
GST/HST number:	
Special accessibility features:	
Business hours:	

Monday	09:00 AM-05:00 PM
Tuesday	09:00 AM-05:00 PM
Wednesday	09:00 AM-05:00 PM
Thursday	09:00 AM-08:00 PM
Friday	09:00 AM-05:00 PM
Saturday	Closed
Sunday	Closed

[Edit Business Information](#)

User Information

First name:	Cora
Last name:	Moore
Role:	Owner
Email:	cmoore@test.com
Preferred language:	English

[Edit User information](#)

[Submit Registration](#)

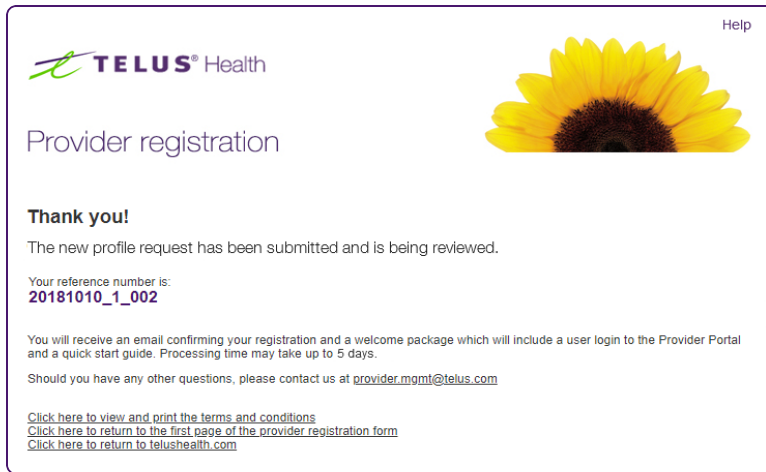
32. Review the information to ensure that it is accurate.

33. To update the information within a section:

- Click the **Edit** button to its right to return to the applicable screen.
- Edit the applicable information.
- Click the **Save & Continue** buttons to navigate back to the **Submission Preview** screen.

34. Once you have verified that the information is accurate and complete, click the **Submit Registration** button.

The confirmation screen is displayed.



35. Make note of your reference number.
36. To view and print the terms and conditions, click the first link.
37. To return to the first page of the provider registration form, or to return to telushealth.com, click the second or third link, respectively.



Chapter 3

Registering an organization

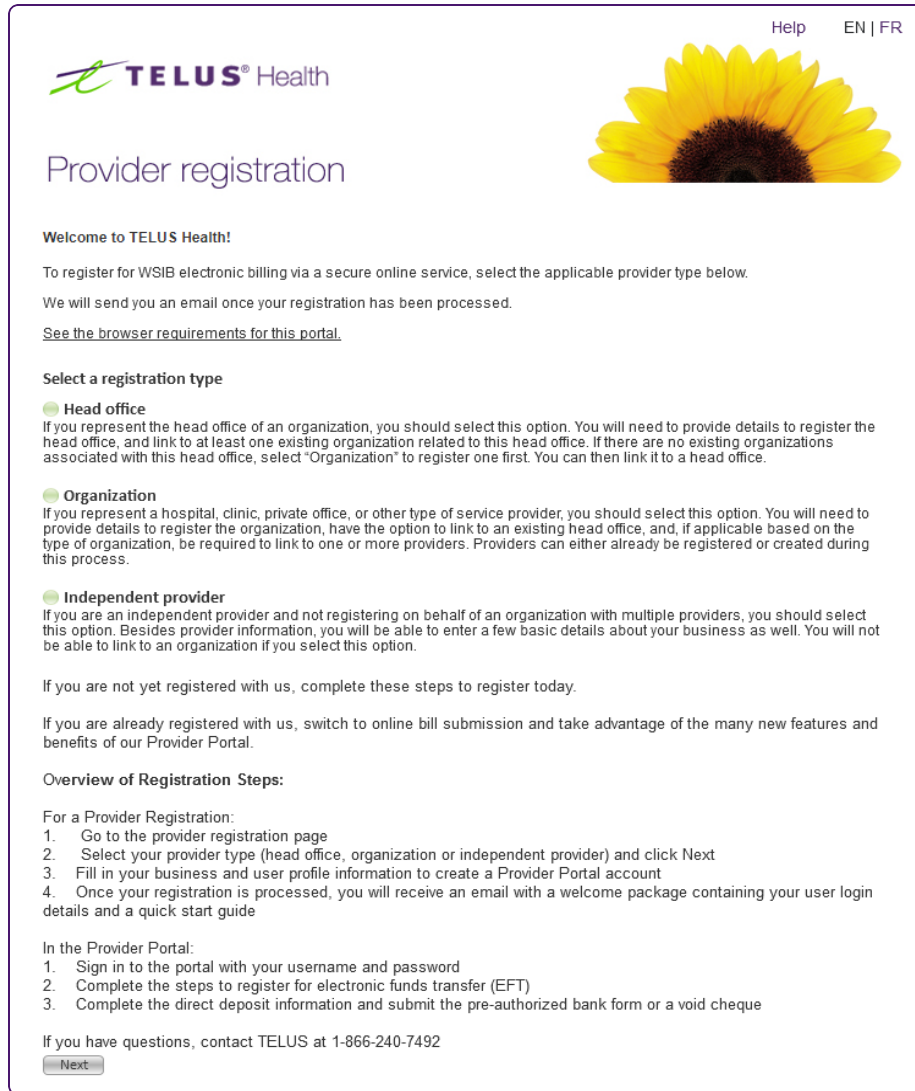
Organizations are often hospitals, clinics, private offices, or other types of service providers that may employ multiple providers. This chapter describes how you can register an organization.

If your organization has a head office, you can associate to the head office using the procedure described in "[Registering a head office](#)" ([page 45](#))

To register an organization

1. From your internet browser, go to <https://wsibregistration.telushealth.com/en/>.

The **Provider Registration** screen is displayed.



Help EN | FR

TELUS® Health

Provider registration

Welcome to TELUS Health!

To register for WSIB electronic billing via a secure online service, select the applicable provider type below.

We will send you an email once your registration has been processed.

[See the browser requirements for this portal.](#)

Select a registration type

- Head office**
If you represent the head office of an organization, you should select this option. You will need to provide details to register the head office, and link to at least one existing organization related to this head office. If there are no existing organizations associated with this head office, select "Organization" to register one first. You can then link it to a head office.
- Organization**
If you represent a hospital, clinic, private office, or other type of service provider, you should select this option. You will need to provide details to register the organization, have the option to link to an existing head office, and, if applicable based on the type of organization, be required to link to one or more providers. Providers can either already be registered or created during this process.
- Independent provider**
If you are an independent provider and not registering on behalf of an organization with multiple providers, you should select this option. Besides provider information, you will be able to enter a few basic details about your business as well. You will not be able to link to an organization if you select this option.

If you are not yet registered with us, complete these steps to register today.

If you are already registered with us, switch to online bill submission and take advantage of the many new features and benefits of our Provider Portal.

Overview of Registration Steps:

For a Provider Registration:

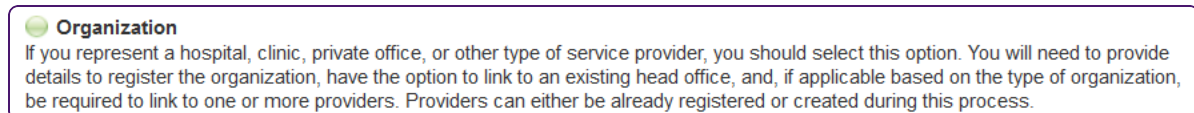
1. Go to the provider registration page
2. Select your provider type (head office, organization or independent provider) and click Next
3. Fill in your business and user profile information to create a Provider Portal account
4. Once your registration is processed, you will receive an email with a welcome package containing your user login details and a quick start guide

In the Provider Portal:

1. Sign in to the portal with your username and password
2. Complete the steps to register for electronic funds transfer (EFT)
3. Complete the direct deposit information and submit the pre-authorized bank form or a void cheque

If you have questions, contact TELUS at 1-866-240-7492

2. Within the **Select a registration type** section, select the **Organization** option.



Organization

If you represent a hospital, clinic, private office, or other type of service provider, you should select this option. You will need to provide details to register the organization, have the option to link to an existing head office, and, if applicable based on the type of organization, be required to link to one or more providers. Providers can either be already registered or created during this process.

3. Click the **Next** button.

The **Organization Information** screen is displayed.

Organization Information

Organization operating name *

Organization legal name *

Organization role * ?

Date established *

Contact first name *

Contact last name *

Contact role *

Email *
User logins will be sent to this email address

Confirm email *

Country *

Address *

City *

Province/State *

Postal/ZIP code *

Telephone * 1 (e.g. 555-555-5555)

Extension

Fax 1 (e.g. 555-555-5555)

GST/HST number: RT

Supporting document

Document type

[+ Add another document](#)

You can attach up to 3 documents (e.g., a form, scan of a license, letter of incorporation, etc). Each document size can be no greater than 5 MB, and is limited to the following types: .JPG, .PDF, .GIF, .TIFF, .DOC, .DOCX. Please indicate the document type for each upload.

Is the document you are attaching a WSIB document or other? Please do not attach any claim, billing, payment, banking or injured person information. WSIB documents can include program enrolment related forms for Program of Care (POC) and other similar WSIB specific programs.

Site accessibility features:

Features

Select features of this location that may help serve clients with impairments, disabilities, and/or injuries.

Business hours:

	Open	Closed
Monday	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>
Sunday	<input type="text"/>	<input type="text"/>

Additional organization information:

Is this a change of ownership? * Yes No

Is this organization going through a legal name change? * Yes No

If you have an existing WSIB Provider ID, please enter it here:

Note: Your WSIB Provider ID is a 9 digit number provided to you during your initial registration.

Additional comments:

Provide any details that may help with the creation of your account. For example: you previously registered but can't find your account information, etc.

On behalf of this organization, I have read and accepted the [Terms and Conditions](#) *

4. Enter the **Organization operating name** and **Organization legal name**.

5. Select the **Organization role**.


For help selecting a role, click the help  button to display the **Organization role** pop-up.


Organization role

X Close


Organization type	An organization of this type...
Accommodation	Provides housing such as a motel or hotel.
Ambulance	Provides ambulance services.
Clinic - Specialized	Speciality Program provider contracted to the WSIB.
Clinical Laboratory	Provides testing on clinical specimens to get information about the health of a patient as pertaining to the diagnosis, treatment, and prevention of disease.
Community / Soc. Service Ctr	Provides social worker or counsellor services to the community.
Dental Clinic	Provides dental services to patients.
Facility - Specialized Rehabilitation	Provides services by Neurologists, Neurosurgeons and Psychiatrists to help rehabilitate patients with nervous or mental diseases.
Facility - Radiology	Provides digital imaging services.
Hearing Health Provider/Clinic	Provides services and devices to individuals with hearing loss. This may include audiology clinics, hearing instrument practitioners, and speech therapists.


Close

6. Click the calendar  button to the right of the **Date established** field to select the date that your organization was established.
7. Enter the primary **Contact first name** and **Contact last name**.
8. Select the **Contact role**.
9. Enter the same email address in the **Email** and **Confirm email** fields.
10. Select your **Country**.

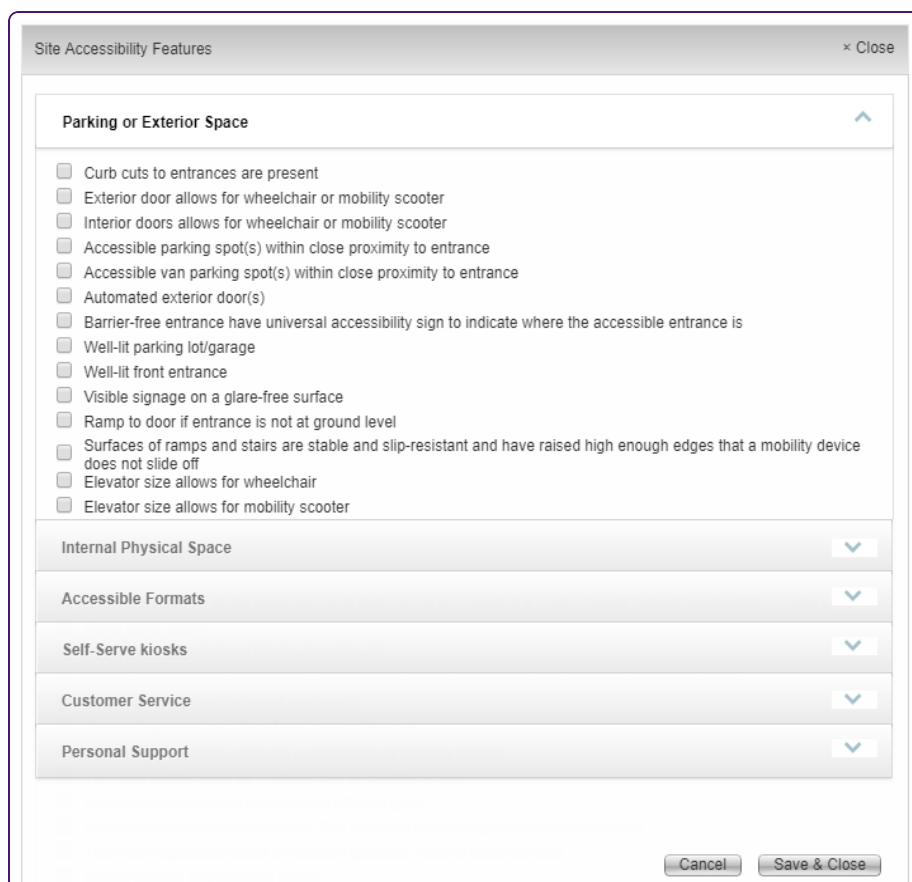
 In order to submit bills electronically to the WSIB, you must have a Canadian bank account.

11. Enter your **Address** and **City**.
12. Select your **Province/State**.

13. Enter your **Postal/ZIP code**. If you selected a country other than Canada or the United States, the Postal/ZIP code is optional.
14. Enter your **Telephone** and **Fax** numbers.
15. Enter the **GST/HST number** (if applicable).
16. If you have documents to upload in support of your registration, such as a copy of your letter of incorporation or a completed WSIB form, click the browse  button to the right of the **Supporting Documents** field.
 - Browse to and upload your document.
 - Select the **Document Type**, either WSIB form or Other.
 - Click the **Add another document** link to add additional documents.

 You can upload a maximum of three documents of no more than 5 MB each.

17. Click the **Select features** button adjacent to the **Site accessibility features** field.
The **Site Accessibility Features** pop-up is displayed.



The screenshot shows a pop-up window titled "Site Accessibility Features" with a "Close" button in the top right corner. The window is divided into several sections, each with a heading and a dropdown arrow on the right:

- Parking or Exterior Space**: This section contains 15 checkboxes for various accessibility features:
 - Curb cuts to entrances are present
 - Exterior door allows for wheelchair or mobility scooter
 - Interior doors allows for wheelchair or mobility scooter
 - Accessible parking spot(s) within close proximity to entrance
 - Accessible van parking spot(s) within close proximity to entrance
 - Automated exterior door(s)
 - Barrier-free entrance have universal accessibility sign to indicate where the accessible entrance is
 - Well-lit parking lot/garage
 - Well-lit front entrance
 - Visible signage on a glare-free surface
 - Ramp to door if entrance is not at ground level
 - Surfaces of ramps and stairs are stable and slip-resistant and have raised high enough edges that a mobility device does not slide off
 - Elevator size allows for wheelchair
 - Elevator size allows for mobility scooter
- Internal Physical Space**: A section with a dropdown arrow.
- Accessible Formats**: A section with a dropdown arrow.
- Self-Serve kiosks**: A section with a dropdown arrow.
- Customer Service**: A section with a dropdown arrow.
- Personal Support**: A section with a dropdown arrow.

At the bottom of the window, there are two buttons: "Cancel" and "Save & Close".

18. Click a heading once to display its contents, and twice to hide them.
19. Select all of the check boxes that apply to your organization, then click the **Save & Close** button.
The **Site Accessibility Features** pop-up closes.

20. On the **Organization Information** screen, verify the features you selected.
21. For each cell within the **Business hours** table, click once to display the time selector, then select the time that the business is **Open** or **Closed** for each day. You can also enter a number within a cell to display the time selector starting at the applicable hour (for example, entering 9 in an **Open** cell will start the time selector at 9:00am), or enter a time directly into the cell, if the time is not in increments of 30 minutes.

If the business is closed for a particular day of the week, do not enter any hours for that day.

22. In the **Additional organization information** panel:
 - Answer the two questions.
 - Enter your existing WSIB Provider ID, if applicable.
23. Enter **Additional comments**, if needed.
24. Click the **Terms and Conditions** link to review the Terms and Conditions in a pop-up window, then select the check box on the same line.
25. Click the **Save & Continue** button.

The **Register User** screen is displayed.

Register User

To ensure system security, sharing user IDs and passwords is strictly prohibited, therefore each user must have his/her own user ID and password to access the system.

Please indicate the primary user who will be using the system on behalf of the organization. Additional users are added and managed in the Provider Portal.

First name *	<input type="text" value="Andy"/>
Last name *	<input type="text" value="Thomas"/>
Role *	<input type="text" value="Manager/Office Admin"/>
Email *	<input type="text" value="andy@test.com"/>
Confirm email *	<input type="text"/>
Preferred language *	<input type="text" value="English"/>

Here, you will enter information about the person will be primarily using the system on behalf of your business. After your registration is processed, you can add use the **Provider Portal** to add additional users.

The **First name** , **Last name**, and **Email** fields are pre-populated with the values from a previous screen.

26. If the pre-populated user is not the primary user, update the fields on this screen.

27. Click the **Save & Continue** button.

The **Associate Head Office** screen is displayed.

Associate Head Office - Optional

If you would like to associate this clinic/organization to a head office, fill in the fields below. The head office must already have been registered.

Otherwise, click 'Skip this step'.

Operating Name*

Provide at least one of the following identifiers*

TELUS Provider ID
Note: The TELUS Provider ID can be found in the Provider Portal.

WSIB Provider ID
Note: The WSIB Provider ID is a 9 digit number provided during registration of this organization.

28. Do one of the following:

- If your organization has a head office, enter the **Operating Name** and **TELUS Provider ID** or **WSIB Provider ID**, then click the **Save & Continue** button.



If you do not know the TELUS Provider ID of the existing organization, you can look it up in the Provider Portal. If you do not know the WSIB Provider ID of the existing organization, you can obtain it from the organization's welcome package or from the WSIB billing, forms and referral applications.

- If your organization does not have a head office, click the **Skip this step** button.

One of the following screens will appear:

- The **Associate Existing Providers** screen is displayed if your organization's role requires that its providers be identified. In this case, proceed to the next step.
- The **Submission Preview** screen is displayed if your organization's role does not require that its providers be identified. In this case, proceed to step 28.

29. From the **Associate Existing Providers** screen, complete one or more of the following as many times as you need so that you can add your organization's providers. You can add additional providers from the Provider Portal, if needed.

- To associate an existing provider with the organization, within the **Associate Existing Providers** panel:

Associate Existing Providers

Fill in the fields below in order to associate this organization to one or more existing providers. The providers must already be registered.

First Name	Last Name	TELUS Provider ID	WSIB Provider ID
There are no records available.			

Provider Information

First Name *

Last Name *

Provide at least one Of the following identifiers *

TELUS Provider ID

WSIB Provider ID

Note: The TELUS Provider ID can be found in the Provider Portal.

Note: The WSIB Provider ID is a 9 digit number provided during registration of this organization.

[Save](#) | [Cancel](#) -

- Enter the provider's **First Name**, **Last Name**, and either the **TELUS Provider ID** or **WSIB Provider ID**.
- Click the **Save** link.

- To create a new provider and associate it with the organization, within the **Create and Associate New Providers** panel:

Create and Associate New Providers

Fill in the fields below in order to create and associate one or more *new* providers to this organization.

Name	Role	License Issuer	License ID
There are no records available.			

Provider Information


First name * Last name *

If you cannot find your role, select "Misc. Practitioners" then enter your role once the "Role description" field appears.

Role *

Country of license

License issuer *

License ID * License issue date * 

Service language(s)

[+ Add another language](#)

Save | Cancel -

- Enter the provider's **First Name** and **Last Name**.
- Select the appropriate **Role**.
- Select the provider's **Role**. If their role is not listed in the drop-down, select **Misc. Practitioner** and enter the role once the **Role Description** field appears.




If you select **Misc. Practitioner** as their role, you do not need to complete the license fields.

- Select the **Country of License**.



If the Country of License is other than Canada, the rest of the license fields are optional however if you enter information in one field, you must complete all three license fields.

- Enter the **License Issuer**.
- Enter the **License ID**.
- Click the calendar  button to the right of the **License issue date** field to select the date that the license was issued.
- To add a service language, select it from the **Service language(s)** drop-down list.
- Click the **Add another language** link to add additional languages.
- Click the **Save** link.
- Click the **Save & Continue** button.

30. Review the information presented on the **Submission Preview** screen to ensure that it is accurate.

The information displayed in this screen varies depending upon whether you associated providers and/or a head office.

Submission Preview
Please review your submission carefully before submitting. To see the complete details and/or edit them, click on the Edit buttons available after each section.

Requested Service: WSIB eServices

Organization information

Organization operating name: Dental Downtown
 Organization legal name: Dental Downtown Inc.
 Organization role: Dental Clinic
 Date established: 2015-09-04
 Contact first name: Fred
 Contact last name: Myers
 Contact role: Manager/Office Admin
 Email: admin@test.com
 Telephone: (514) 555-8977
 Fax:
 Country: Canada
 Address: 1 Yonge Street, Suite 1205
 City: Toronto
 Province/State: Ontario
 Postal/ZIP code: M7Y 2R5

GST/HST number: 47854569
 Site accessibility features: Accessible parking spot(s) within close proximity to entrance;
 Surface of ramps and stairs are stable and slip-resistant and have raised high enough edges that a mobility device does not slide off;
 Elevator size allows for wheelchair;

Business hours:

Monday	Closed
Tuesday	9:00 AM-5:00 PM
Wednesday	9:00 AM-1:00 PM
Thursday	9:00 AM-5:00 PM
Friday	9:00 AM-5:00 PM
Saturday	12:00 PM-5:00 PM
Sunday	Closed

Additional comments:

[Edit Organization Information](#)

Organization user

First name: Fred
 Last name: Myers
 Role: Manager/Office Admin
 Email: admin@test.com
 Preferred language: French

[Edit Organization User](#)

Head office

Operating name: Dental Downtown
 TELUS Provider ID: 485693569

[Edit Head Office](#)

Organization providers - Existing

First name	Last name	TELUS Provider ID	WSIB Provider ID
Lara	Croft	4589654	
Robyn	Trudeau-Elliott	48759	
Jenn	Ernst-Young	4596511	

Organization providers - New

Provider 1

First name: Jennifer
 Last name: Lamoureux
 Individual provider role: Chiropractor
 License issuer: Ordre des chiropraticiens
 License ID: 458965
 License issue date: 2016-10-08
 Service language(s): French, English, Spanish
 Supporting document: license.jpg

Provider 2

First name: Azhar
 Last name: Nader
 Individual provider role: Chiropractor
 License issuer: Ordre des chiropraticiens
 License ID: 844459
 License issue date: 2011-05-13
 Service language(s): French, Spanish
 Supporting document(s):

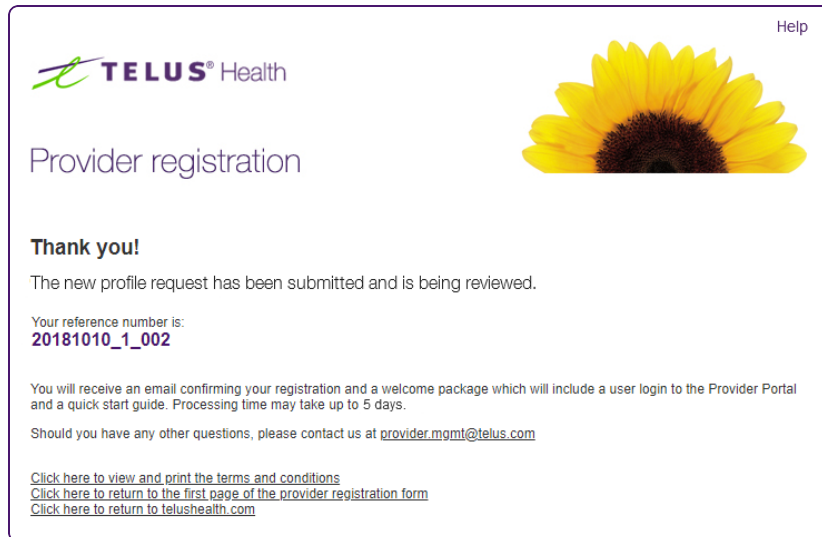
[Edit Providers](#)

[Submit Registration](#)

To update the information within a section, click the **Edit** button to its right to return to the applicable screen. then edit the applicable information and click the **Save & Continue** buttons to navigate back to the **Submission Preview** screen.

31. Once you have verified that the information is accurate and complete, click the **Submit Registration** button.

The confirmation screen is displayed.



32. Make note of your reference number.
33. To view and print the terms and conditions, click the first link.
34. To return to the first page of the provider registration form, or to return to telushealth.com, click the second or third link, respectively.



Chapter 4

Registering a head office

This chapter describes how you can register a head office that has one or more associated organizations. Each head office must have at least one associated organization.

You do not need to have an official head office to register one. A head office may be a separate business that fulfils the billing functions for a chain of organizations but does not provide services to persons injured at work, or it may be one of a chain of organizations that provide services to persons injured at work, which has also been designated to fulfil billing functions. In the latter case, the organization must be registered as both a head office and an organization.



To register a head office

1. Ensure that at least one of the organizations that is associated with the head office is registered.
For more information, see ["Registering an organization" \(page 34\)](#).

2. From your internet browser, go to <https://wsibregistration.telushealth.com/en/>.

The **Provider Registration** screen is displayed.

Help EN | FR



Provider registration

Welcome to TELUS Health!

To register for WSIB electronic billing via a secure online service, select the applicable provider type below.

We will send you an email once your registration has been processed.

[See the browser requirements for this portal.](#)

Select a registration type

- Head office**
If you represent the head office of an organization, you should select this option. You will need to provide details to register the head office, and link to at least one existing organization related to this head office. If there are no existing organizations associated with this head office, select "Organization" to register one first. You can then link it to a head office.
- Organization**
If you represent a hospital, clinic, private office, or other type of service provider, you should select this option. You will need to provide details to register the organization, have the option to link to an existing head office, and, if applicable based on the type of organization, be required to link to one or more providers. Providers can either already be registered or created during this process.
- Independent provider**
If you are an independent provider and not registering on behalf of an organization with multiple providers, you should select this option. Besides provider information, you will be able to enter a few basic details about your business as well. You will not be able to link to an organization if you select this option.

If you are not yet registered with us, complete these steps to register today.

If you are already registered with us, switch to online bill submission and take advantage of the many new features and benefits of our Provider Portal.

Overview of Registration Steps:

For a Provider Registration:

1. Go to the provider registration page
2. Select your provider type (head office, organization or independent provider) and click Next
3. Fill in your business and user profile information to create a Provider Portal account
4. Once your registration is processed, you will receive an email with a welcome package containing your user login details and a quick start guide

In the Provider Portal:

1. Sign in to the portal with your username and password
2. Complete the steps to register for electronic funds transfer (EFT)
3. Complete the direct deposit information and submit the pre-authorized bank form or a void cheque

If you have questions, contact TELUS at 1-866-240-7492

3. Within the **Select a registration type** section, select the **Head office** option.

Head Office

If you represent the head office of an organization, you should select this option. You will need to provide details to register the head office, and link to at least one existing organization related to this head office. If there are no existing organizations, then you should select the next option, to create the Organization first. You can then link it to a head office in the Provider Portal.


- Click the **Next** button.

The **Head Office Information** screen is displayed.

Head Office Information


Organization operating name *

Organization legal name *

Date established * 


Contact first name *

Contact last name *

Contact role * Manager/Office Admin 


Email *
User logins will be sent to this email address

Confirm Email *

Country * Canada 

Address *

City *

Province/State * 


Postal/ZIP code *

Telephone * 1 (e.g. 555-555-5555)

Extension

Fax 1 (e.g. 555-555-5555)

GST/HST number RT

Supporting document 

Document type Other

[+ Add another document](#)

You can attach up to 3 documents. (e.g., a form, scan of a license, letter of incorporation, etc). Each document size can be no greater than 5 MB, and is limited to the following types: JPG, PDF, GIF, TIFF, DOC, DOCX. Please indicate the document type for each upload.

Is the document you are attaching a WSIB document or other? Please do not attach any claim, billing, payment, banking or injured person information. WSIB documents can include program enrolment related forms for Program of Care (POC) and other similar WSIB specific programs.

Additional head office information

Is this a change of ownership? * Yes No

Is this organization going through a legal name change? * Yes No


If you have an existing WSIB Provider ID, please enter it here:

Note: Your WSIB Provider ID is a 9 digit number provided to you during your initial registration.

Additional comments

Provide any details that may help with the creation of your account. e.g: you previously registered but can't find your account information, etc.


On behalf of this organization, I have read and accepted the [Terms and Conditions](#) *

- Enter the **Organization operating name** and **Organization legal name**.
- Click the calendar  button to the right of the **Date established** field to select the date that your head office was established.
- Enter the **Contact first name** and **Contact last name**.
- Select the **Contact role**.
- Enter the same email address in the **Email** and **Confirm Email** fields.

10. Select your **Country**.



In order to submit bills electronically to the WSIB, you must have a Canadian bank account.

11. Enter the **Address**, and **City**.
12. Select the **Province/State**.
13. Enter the **Postal/ZIP code** If you selected a country other than Canada or the United States, the Postal/ZIP code is optional.
14. Enter the **Telephone** and **Fax** numbers.
15. Enter the optional **GST/HST number** (if applicable).
16. If you have documents to upload in support of your registration, such as a copy of your letter of incorporation or a completed WSIB form, click the browse  button to the right of the **Supporting Documents** field.
 - Browse to and upload your document.
 - Select the **Document Type**, either WSIB form or Other.
 - Click the **Add another document** link to add additional documents.
17. In the **Additional head office information** panel:
 - Answer the two questions.
 - Enter your existing WSIB Provider ID, if applicable.
18. Enter **Additional comments**, if needed.
19. Click the **Terms and Conditions** link to review the Terms and Conditions in a pop-up window, then select the check box on the same line.
20. Click the **Save & Continue** button.

The **Register User** screen is displayed.

Register User

To ensure system security, sharing user IDs and passwords is strictly prohibited, therefore each user must have his/her own user ID and password to access the system.

Please indicate the primary user who will be using the system on behalf of the organization. Additional users are added and managed in the Provider Portal.

First name *	Andy
Last name *	Thomas
Role *	Manager/Office Admin
Email *	andy@test.com
Confirm email *	
Preferred language *	English

Here, you will enter information about the person who will be primarily using the system on behalf of your business. After your registration is processed, you can add use the **Provider Portal** to add additional users.

The **First name**, **Last name**, and **Email** fields are pre-populated with the values from a previous screen.

21. If the pre-populated user is not the primary user, update the fields on this screen.

22. Click the **Save & Continue** button.

The **Associate Existing Organizations** screen is displayed.

Associate Existing Organizations

Fill in the fields below in order to associate this head office to one or more existing organizations. The organizations must already have been registered.

Operating Name	TELUS Provider ID	WSIB Provider ID
There are no records available.		

Organization Information

Operating Name *

Provide at least one of the following identifiers *

TELUS Provider ID

Note: The TELUS Provider ID can be found in the Provider Portal

WSIB Provider ID

Note: The WSIB Provider ID is a 9 digit number provided during registration of this organization.

[Save](#) | [Cancel](#) -

[Previous](#)
[Save & Continue](#)

23. Associate at least one existing organization to the head office.


- Enter the **Operating Name**.
- Enter the **TELUS Provider ID** or **WSIB Provider ID**.




If you do not know the TELUS Provider ID of the existing organization, you can look it up in the Provider Portal. If you do not know the WSIB Provider ID of the existing organization, you can obtain it from the organization's welcome package or from the WSIB billing, forms and referral applications.


- Click the **Save** button.
- To associate another organization, click the **Add new** link. To edit or delete an organization, click the adjacent **Edit** or **Delete** links.

24. After you have associated all of the organizations, click the **Save & Continue** button. The **Submission Preview** screen is displayed.


Help



Provider registration



Submission Preview
Please review your submission carefully before submitting. To see the complete details and/or edit them, click on the Edit buttons available after each section.

Requested Service: WSIB eServices

Head office information

Organization operating name: C Dental
 Organization legal name: C Dental Inc.
 Date established: 2011-03-10
 Contact first name: Sally
 Contact last name: Smith
 Contact role: Manager/Office Admin
 Email: test@test.com
 Telephone: (519) 555-8989
 Fax:
 Country: Canada
 Address: 1 Yonge Street, Suite 1205
 City: Toronto
 Province/State: Ontario
 Postal/ZIP code: M7Y 2R5

GST/HST number: 47385RT45639
 Additional comments:

[Edit Head Office Information](#)

Head office user

First name: Sally
 Last name: Smith
 Role: Manager/Office Admin
 Email: test@test.com
 Preferred language: English

[Edit Head Office User](#)

Associated Organization(s)

Operating Name	TELUS Provider ID	WSIB Provider ID
C Dental Downtown	123456789	
C Dental on Bay	012345678	

[Edit Organizations](#)

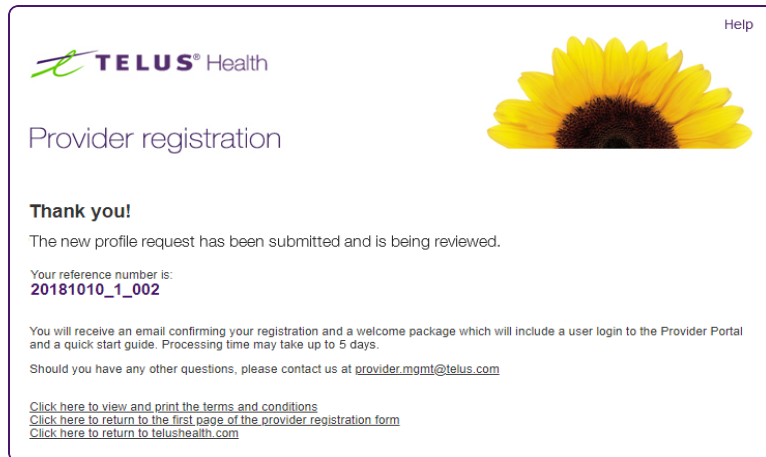
[Submit Registration](#)

25. Review the information to ensure that it is accurate.

To update the information within a section, click the **Edit** button to its right to return to the applicable screen. Edit the applicable information and click the **Save & Continue** buttons to navigate back to the **Submission Preview** screen.

26. Once you have verified that the information is accurate and complete, click the **Submit Registration** button.

The confirmation screen is displayed.



27. Make note of your reference number.
28. To view and print the terms and conditions, click the first link.
29. To return to the first page of the provider registration form, or to return to telushealth.com, click the second or third link, respectively.

Glossary

A

Adresse

Adresse d'un fournisseur, d'une organisation ou d'un siège social.

D

Date de fondation

Date à laquelle une organisation ou un siège social a ouvert ses portes pour la première fois.

Dénomination légale de l'organisation

Nom par lequel une organisation est enregistrée.

F

Fonctionnalités d'accessibilité du site

Fonctionnalités qui ont été mises en œuvre à un emplacement pour aider les personnes handicapées.

H

Heures d'ouverture

Heures d'ouverture et de fermeture d'une organisation pour chaque jour de la semaine.

I

ID de licence

Numéro de licence d'un fournisseur.

L

Langues de service

Langues dans lesquelles un fournisseur offre ses services.

N

Nom commercial

Nom par lequel une organisation est connue.

Numéros de TPS/TVH

Numéros de TPS/TVH attribués au fournisseur organisationnel ou au fournisseur indépendant.

O**Organisme de réglementation**

Organisme dirigeant qui délivre une licence à un fournisseur.

R**Registre des fournisseurs de TELUS (RFT)**

Le Registre des fournisseurs de TELUS (RFT) est une gamme d'applications qui permet aux intervenants de gérer l'information relative aux fournisseurs, y compris l'inscription et la gestion des doublons et des fusions.

Rôle

Rôle qu'une personne-ressource remplit au sein d'une organisation.

Rôle de la personne-ressource

Rôle qu'une personne-ressource remplit au sein d'une organisation ou d'un siège social.



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