



Mail to:
 Health Care Provider Registration
 200 Front Street West, 4th floor
 Toronto ON M5V 3J1

OR Fax to:
 416 344-2955

Health Professional's Registration Application

Please print in black ink

Health Care Professional's Information			
Surname/Business Name		First Name	Initials
Address		Telephone ()	
City/Town	Province	Postal Code	Fax ()
Licence/Practice Number			
Specialty			
Are you interested in electronic billing (please check)			
<input type="checkbox"/> yes <input type="checkbox"/> no			
*Please note, reports cannot be billed electronically. If you checked yes, please note the minimum technology requirements are: Pentium 111 Processor or more, 128 MB Memory, Router, Screen Resolution 800 x 600.			
Please briefly describe the type of service(s) you plan to provide for injured workers. 			

Health Care Professional's Signature	
Signature	Date (dd/mm/yyyy)

Please return this form to:	
Workplace Safety and Insurance Board Health Care Provider Registration 200 Front Street West, 4th Floor Toronto ON M5V 3J1	Direct enquiries to: Health Professional's Access Line 416 344-4526 OR 1-800-569-7919 OR Fax to: 416 344-2955