



**MEDICAL PROVIDER
PAYEE REGISTRATION**
MEDICAL SERVICES DIVISION
SFN 53043 (08/2025)

1600 E Century Ave, Ste 1
PO Box 5585
Bismarck ND 58506-5585
Telephone 800-777-5033
Toll Free Fax 888-786-8695
TTY (hearing impaired) 800-366-6888
Fraud and Safety Hotline 800-243-3331
www.workforcesafety.com

WSI Internal use only
SECTION 1 – Practice group/billing NPI information
Complete a separate registration form for each unique group/billing National Provider Identifier (NPI) used to bill Workforce Safety & Insurance (WSI). The group/billing NPI must match the NPI reported in Box 33a of the CMS 1500 or Box 56 of the UB-04. To avoid a processing delay or denial, complete the form in full.

Practice legal name (name as registered on IRS W9)																					
Practice pay to name (if different from legal name above)																					
Practice TIN/SSN*	Practice group/billing NPI																				
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Tax classification <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> Disregarded entity <input type="checkbox"/> Other																					

Practice payment address (address where WSI sends payment)			
Address	City	State	ZIP code
Telephone number	Fax number		

SECTION 2 – Practice location information			
Primary practice name and physical address (address where practice is located; PO Box is not allowed)			
Name			
Address	City	State	ZIP code
Telephone number	Fax number		
Primary practice correspondence address (address where WSI sends correspondence regarding medical treatment)			
Same as <input type="checkbox"/> Payment address <input type="checkbox"/> Primary practice physical address			
Address	City	State	ZIP code
Telephone number	Fax number		

SECTION 3 – Medical records request information			
Medical records department name and mailing address (address where WSI sends medical records request)			
Same as <input type="checkbox"/> Payment address <input type="checkbox"/> Primary practice physical address <input type="checkbox"/> Primary practice correspondence address			
Attention			
Address	City	State	ZIP code
Telephone number	Fax number		

SECTION 4 – Secondary practice address(es) for this group/billing NPI (if not applicable, proceed to Section 5)			
Secondary practice name and physical address (address where practice is located; PO Box is not allowed)			
Name			
Address	City	State	ZIP code
Telephone number	Fax number		

Secondary practice name and physical address (address where practice is located; PO Box is not allowed)			
Name			
Address	City	State	ZIP code
Telephone number	Fax number		

Secondary practice name and physical address (address where practice is located; PO Box is not allowed)			
Name			
Address	City	State	ZIP code
Telephone number	Fax number		

Secondary practice name and physical address (address where practice is located; PO Box is not allowed)			
Name			
Address	City	State	ZIP code
Telephone number	Fax number		

SECTION 5 – WSI Medical Provider news subscription	
Name	Email address

SECTION 6 – Signature	
Affidavit By completing, signing, and filing this form, I certify the information above is current and true to the best of my knowledge and is no way misleading. I ensure any change of information will be forwarded to WSI.	
Certification Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number; and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. person (including a U.S. resident alien).	
Name	Email address
Telephone number	Fax number
Signature	Date

* In compliance with the Federal Privacy Act of 1974, disclosure of the Social Security number on this form is mandatory pursuant to N.D.C.C. § 65-05-02. The Social Security number is used for identification and verification purposes. Failure to provide this information may result in a delay in processing your request.