



North Dakota Workforce  
Safety & Insurance

**MYWSI PORTAL  
REGISTRATION**  
MEDICAL SERVICES DIVISION  
SFN 61695 (08/2024)

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Bismarck ND 58506-5585  
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Fraud and Safety Hotline 800-243-3331  
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Workforce Safety & Insurance (WSI) will only accept this registration form from the practice identified in Section 1 and not a third-party company. The account administrator identified in Section 3 must be an employee of the practice identified in Section 1.

**SECTION 1 – Practice information**

Submit this registration form for the billing/group National Provider Identifier (NPI) for which the practice is requesting access to the medical provider applications of myWSI. The medical provider applications include utilization review request management and bill status search. If a practice has multiple NPIs, the practice must submit a separate registration form for each unique NPI.

**Practice TIN and NPI**

TIN/SSN*									Billing/Group NPI									

**Primary practice information** (address where service is rendered; PO Box is not allowed)

Name		
Address		
City	State	ZIP code

**SECTION 2 – Practice payment information**

Supply the following information from a WSI Remittance Advice received within the past 6 months. WSI requires this payment information for the purpose of authentication to safeguard protected health information and other privileged information.

Run date	Check number	Total remittance amount
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The practice identified in Section 1 has not received a remittance advice from WSI within the past 6 months.

**SECTION 3 – Account administrator information**

Supply the following information to identify the myWSI account administrator. The individual identified below has access to all applications including the ability to create, view, and cancel invitations. WSI will acknowledge only one myWSI account administrator for each unique billing/group NPI, regardless of the number of service locations that share this same NPI.

Name (First)	(Last)	Title
Telephone number	Email address	

**SECTION 4 – Authorized signature**

By completing and signing this form, I acknowledge I am authorized by the practice associated with the TIN and NPI stated above to serve as the myWSI account administrator.

Signature	Date
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\* 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.