North Dakota Workforce Safety & Insurance

MEDICAL PROVIDER PAYEE REGISTRATION

FINANCE DIVISION
SFN 53043 (05/2019)

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WSI Internal use only

SECTION 1 – *Billing NPI business information*

Submit this registration form for each National Provider Identifier (NPI) used to bill Workforce Safety & Insurance (WSI). The billing NPI refers to the NPI submitted in Box 33a of the CMS 1500, Box 56 of the UB-04, or in the corresponding 837P and 837I fields for electronic billing. WSI sets up a single medical provider payee account for each unique billing NPI, regardless of the number of service locations that share this same NPI.

Select the following NPI billing structure which applies to your practice:

Practice NPI billing structure	Required action
☐ Sole proprietor that has a type 1 billing NPI	Submit a single Medical Provider Payee Registration form
☐ Single practice location that has a type 2 billing NPI	Submit a single Medical Provider Payee Registration form
☐ Multiple practice locations that share a single type 2 billing NPI	Submit a single Medical Provider Payee Registration form
☐ Multiple practice locations that each have a unique type 2 billing NPI	Submit a single Medical Provider Payee Registration form for each NPI used to bill WSI

Legal name (name as registered on IRS W9)

Pay to name (name to which WSI issues payment)

TIN/SSN* | | | | | | | | | **and** | Billing NPI | | | | | | | | | |

Tax classification
☐ Corporation ☐ Partnership ☐ Individual/sole proprietor ☐ Disregarded entity ☐ Other

Payment address (address where WSI sends payment)

Address	City	State	ZIP code
Telephone number	Fax number		

SECTION 2 – *Primary practice location information*

Supply demographic information for the primary practice location and additional service locations where an injured worker covered by WSI may receive service. WSI relies on this information to correspond with the practice and individual providers associated with the practice.

Primary practice name and physical address (address where service is rendered; PO Box is not allowed)

Name

Address	City	State	ZIP code
Telephone number	Fax number		

Primary practice correspondence address (address where WSI sends correspondence unrelated to payment)

☐ Same as physical address above

Address	City	State	ZIP code

For a practice with one location, proceed to Section 4. For a practice with additional service locations, proceed to Section 3.

SECTION 3 – *Additional service location information (make copies as needed)*

Service location name and physical address (address where service is rendered; PO Box is not allowed)			
Name			
Address	City	State	ZIP code
Telephone number	Fax number		
Service location correspondence address (address where WSI sends correspondence unrelated to payment)			
☐ Same as physical address above			
Address	City	State	ZIP code

Service location name and physical address (address where service is rendered; PO Box is not allowed)			
Name			
Address	City	State	ZIP code
Telephone number	Fax number		
Service location correspondence address (address where WSI sends correspondence unrelated to payment)			
☐ Same as physical address above			
Address	City	State	ZIP code

Service location name and physical address (address where service is rendered; PO Box is not allowed)			
Name			
Address	City	State	ZIP code
Telephone number	Fax number		
Service location correspondence address (address where WSI sends correspondence unrelated to payment)			
☐ Same as physical address above			
Address	City	State	ZIP code

Service location name and physical address (address where service is rendered; PO Box is not allowed)			
Name			
Address	City	State	ZIP code
Telephone number	Fax number		
Service location correspondence address (address where WSI sends correspondence unrelated to payment)			
☐ Same as physical address above			
Address	City	State	ZIP code

SECTION 4 – *Medical record request information*

Complete this section to indicate where WSI should send a request for a medical record. This information applies to the primary practice location and all service locations that are part of this application.

Name			
Address	City	State	ZIP code
Telephone number	Fax number		

Participation in North Dakota Health Information Network (NDHIN)

WSI does not currently participate in NDHIN. These questions are for informational purposes only.

Does your practice submit medical records to NDHIN?
☐ Yes ☐ No

If yes, which medical records does your practice submit to NDHIN?
☐ Workers' compensation records
☐ Other medical records

Does your practice use Direct Secure Messaging (DSM) email for medical record sharing?
☐ Yes ☐ No

If yes, which DSM email is utilized?
☐ Through NDHIN
☐ Through facility electronic health record system
☐ Unknown

SECTION 5 – *Medical Provider News sign-up*

Complete if you would like to receive Medical Provider News (including agency, billing, pharmacy, and utilization review news).
You may also sign up online under Medical Provider News at www.workforcesafety.com.

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.