



**ELECTRO MEDICAL DEVICE
REQUEST**
MEDICAL SERVICES DIVISION
SFN 54391 (08/2024)

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

SECTION 1 – Claim information			
Claim number	Injured employee's (First name)		(Last name)
Date of birth		Date of injury	
Address			
City	State	ZIP code	Telephone number
SECTION 2 – Service request details			
Service requested			
Type of unit <input type="checkbox"/> Tens unit <input type="checkbox"/> Muscle stimulator <input type="checkbox"/> Combination unit <input type="checkbox"/> Other			
Therapist's name		Facility name	
Address			
City	State	ZIP code	Telephone number
Should the unit be shipped to the physical therapist? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Additional information			
SECTION 3 – Supporting documentation			
<input type="checkbox"/> Supporting documentation attached			
SECTION 4 – Ordering provider			
Provider name		Provider specialty	
Clinic name			
Address			
City	State	ZIP code	Telephone number
Fax number		Email address	
SECTION 5 – WSI Internal use only			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			
Signature			

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