



North Dakota Workforce
Safety & Insurance

**MYWSI PORTAL
REGISTRATION**
MEDICAL SERVICES DIVISION
SFN 61695 (09/2019)

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 – Account administrator contact information																															
Once the account administrator has access, they will be able to add authorized users to the account and assign specific roles.																															
Name																															
Title																															
Telephone number	Email address																														
SECTION 2 – Practice location information																															
Practice name and physical address (address where services are rendered)																															
Name																															
Address																															
City	State	ZIP code																													
Practice TIN and NPI																															
TIN/SSN*		Billing NPI																													
<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>											<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>																				
SECTION 3 – Role request																															
Select which of the following functions your practice would like to access:																															
Function	Description																														
<input type="checkbox"/> Utilization Review (UR) request management	Submit UR-C or UR-chiro request and view the status and summary of the recommendation.																														
<input type="checkbox"/> Bill status search	Search for bills by claim number or service dates																														
<input type="checkbox"/> Both UR and bill status functions	Perform both functions described above																														

* 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.