

reminders and reference guide

The eProvider Reporting application allows registered Providers to view, create, modify, and submit forms and reports to WSIB that were previously paper-based, eliminating the need for manual faxes.

The eProvider Reporting supports on-line versions of:
Form 8 – Health Professional’s Report*
Form 26 – Health Professional’s Progress Report
FAF – Functional Abilities Form**

Electronic Forms Process Overview

1. Log onto the **eProvider Reporting** application
2. Search for a *Claim* and *Form Type*
3. Create a new form [or modify an existing Pending form] and fill out “Treatment and RTW” tab and print
4. Provide page 3 of *Form 8* to the worker before leaving the appointment
5. Complete the rest of the form and submit
6. An electronic bill is automatically generated for the service code associated with the form

Accessing eProvider Reporting

1. Log onto the TELUS Health Solutions Provider Health Portal with a valid *User Name* and *Password* via <https://claimsportal.telushealth.com>
2. On the home page, click the link **WSIB – eProvider Reporting** located under **Worker’s Compensation**

Search Function

1. Enter the eight (8) character claim number. The maximum size for a WSIB Claim number is 8 digits.
2. Do not put ‘-’ or anything after the ‘-’.

3. Add a ‘0’ in front if you have a claim number that is 7 characters.
4. For *Form 8* and *Form 26*, *NOCLAIM* is a valid claim number, and must be entered in capital letters with no spaces

Create Function

1. Perform a search for the *Claim Number* and *Form Type* to be created. See section 2 *Searching* for details on searching.
2. Click the appropriate *Create Form* button to create an *English* or *French* form of the specified Type.

Save Form and Print*

1. When the create form process has been started, the “save” button on the bottom of the screen allows the user to periodically save what has been completed so far.
2. To go back to working on the form, click on the “edit” button before the form becomes accessible again.
3. To print off page 3 of *Form 8*, click “Print View” from the editing forms view to see the printer-friendly version of the form. Whatever information has been entered and saved on the form will be printed.

Submitted Form

1. Once a form has been submitted, an electronic bill will be automatically submitted.
2. A bill confirmation number will be shown on the screen.
3. It is recommended that this confirmation number is jotted down for use as a reference.

Saving a Completed Form electronic copy

1. To save an electronic copy of a completed form, retrieve the submitted form
2. Click “Print View” to open a “File Download” window.
3. Click “Save” to specify the location on where the electronic version of the document is to be stored.
4. Click “Save” to complete the process

Payment and Payment Status*

Upon submission of the form, WSIB receives *Form 8* within a 2 hour window. The form will be paid regardless of whether a claim is established or not; however, the timing of payment may vary.

- If a *Form 8* is submitted with a claim number, the form may be paid within 2 to 8 calendar days depending on the date it was submitted.
- If a *Form 8* submitted does not have a claim number (as would be the case for some *Form 8*’s), the bill associated to the form will go into an automated matching process.
 - If a match is found, the bill can be paid between 15 to 28 days after the date of form submission***.
 - If a match is not found and the form deemed a ‘no record form 8’, payment will be released at day number 29.

To track payment status, login onto **WSIB – Health Bill Submission** and click on **Bill Payment/Status**.

Accessing Help

To access the eProvider Reporting user guide, select the **Tools** tab from the main menu and click on **User Manuals**.

* *Form 8* may be used by all eligible health professionals groups - Physicians, Chiropractors, Physiotherapists and Registered Nurses Extended Class (RNEC). For illustration purposes, *Form 8* will be used as an example throughout this guide.

** The *FAF* need not be completed on the worker’s initial visit and it should **only** be completed when requested by a worker or employer **on subsequent visits** to a regulated health professional. All regulated health professionals may complete a *FAF*.

*** If more than one valid claim is found in the matching process, further review by WSIB is required; hence, the associated bills may take longer to get paid.