WCB Workers Compensation Board of Manitoba

Phone 204-954-4321
(Toll free 1-855-954-4321)
333 Broadway, Winnipeg R3C 4W3
wcb.mb.ca

New Provider Intake / Provider Change Form

Healthcare and Non-Healthcare Service Providers

Please check one:

☐ New Provider Account Request	New healthcare or business providers who invoice WCB must complete Section I and Section III of this form in order to receive reimbursement. This information is required to create a new WCB provider account number.
☐ Provider Account Change Request	If you are an existing provider and would like to make a change to your account, please fill out Section II and Section III of this form.

Please note this form must be completed by the Healthcare Provider or Vendor that will receive payment for claim-related goods and services, or by an Authorized Signing Authority.

Section I: New Account

Provider Type

Please provide the payee's information below:

Last Name	First Name		Legal Name of Company (if applicable)	
Business/Operating Name of Company (if applicable)		Address		
City	Province	Postal Code	Telephone	Fax
Email		Contact Name (if different from above name)		
MB Health Billing Number (if applicable)	Specialty Type(s) (if applicable)		Licensing Body Registration ID Number (if applicable)	

☐ Client-related correspondence address same as above address

If different than above, client-related correspondence to be sent to:

Business/Clinic Name (if applicable)	Address	City	
Province	Postal Code	Telephone	Fax
Email		Contact Name	

☐ Payment address same as client-related correspondence address

If different than above, payment and/or statement to be sent to (please note direct deposit is available - click here to apply):

Business/Clinic Name (if applicable)	Address	City	
Province	Postal Code	Telephone	Fax
Email		Contact Name	

Section II: Account Change

If you would like to make a change to your existing account (i.e. address change), please fill out the section below. Please note that a change in address may require a change in banking information. See direct deposit form here to update your banking information.

Current WCB Account Number	Business Name	Start Date of Change (dd/mm/yyyy)
Current information		
Updated information		

Section III: Signature and Authorization

Date Submitted:	Form Submitted By:

☐ As a Healthcare Provider, Vendor or Authorized Signing Authority, I certify that the information provided on this form is true, accurate, complete, not false or fraudulent, and is being submitted for the purpose of either creating a WCB provider account for payment of claim-related goods and services, or requesting a change to an existing WCB provider account.

Email this form to: wcbprovideraccounts@wcb.mb.ca,
or fax this form - Winnipeg: 204-954-4999 | toll free: 1-877-872-3804