

Step 1 - Appoint Administrator(s) for your WCB Provider Account

The Administrator(s) for your WCB Provider Account are responsible for registering and maintaining eHealth Portal access for all users in relation to your practice.

By assigning individuals as administrators, the designated individuals are given authority to communicate on behalf of the clinic with the WCB to add, change or remove user access or capabilities.

Step 2 - Record Provider Account and User Information on the Registration Form

Record your WCB Provider Account Number (12 digits), Provider Name and Address.

For verification purposes, record the Date and Total Amount documented on your most recent WCB Remittance Statement.

Indicate your preferred registration date (Date you would like to begin using the eHealth Portal).

For each administrator and user, record their:

- First Name and Last Name (Middle initial is optional)
- Email Address - A unique and individualized email address is required
- Registered users are prohibited from sharing the same email address
- Phone number

If you have multiple locations with different WCB Provider Accounts, complete a form for each account.

Step 3 - Assign eHealth Portal Capabilities

Determine which capability to assign to each administrator and user based on the following descriptions. Record only one portal capability per user on the registration form.

Portal Capability	Description
1 Accounting/Invoicing	<ul style="list-style-type: none"> ✓ Submit invoices for visits and sundry items ✓ Report overbilled items (overpayments) ✓ View clinic's current and past invoiced items and details of their payment status ✓ Cannot view, create or submit reports
2 Maintain Patient Reports	<ul style="list-style-type: none"> ✓ Create, complete and view (not submit) patient reports and consultation requests ✓ View claim-level recorded visits and sundry submissions ✓ Cannot view most invoice details <p><i>** Treating therapists should submit their own reports. **</i></p>
3 Maintain and Submit Patient Reports	<ul style="list-style-type: none"> ✓ Same access as #2 (Maintain Patient Reports) ✓ Can submit completed patient reports <p><i>** Treating therapists should submit their own reports. **</i></p>
4 Clinic Owner/Manager	<ul style="list-style-type: none"> ✓ Full access to all Portal views and functionalities

Step 4 - Email Your Completed eHealth Services Registration Form

Verify the eHealth Online Services Portal registration form is complete and submit it by email to ServiceDesk@wcb.mb.ca.

Step 5 - Access the eHealth Portal

On the day your Provider Account is registered for the eHealth Portal, each administrator and user will be emailed their individual User ID and a confirmation of their successful registration, which contains a link that takes you to the eHealth Online Services Portal for Physiotherapists on the WCB website.

When you log in for the first time, you will be prompted to:

- Update the temporary password that was assigned to you,
- Select and answer three security questions, and
- Review and accept the Online Services Terms and Conditions outlined.

Who do I contact if I have questions?

eHealth Online Services Portal questions and technical support contact the WCB service desk by email at ServiceDesk@wcb.mb.ca or by phone at 204-954-4321 ext. 4573 (toll free 1-855-954-4321 ext. 4573) Monday to Friday, 8:00 am to 7:00 pm.

Claim and billing inquiries call the WCB Claims Service Centre at 204-954-4321 (toll free 1-855-954-4321) Monday to Friday, 8:00 am to 7:00 pm.

eHealth Online Services Portal for Physiotherapists Registration Form

Complete this form and email to ServiceDesk@wcb.mb.ca.
All fields must be completed unless marked optional

WCB Provider Account #		
Provider Name		
Provider Address		
WCB Remittance Statement Date & Amount		
Preferred Registration Date		

eHealth Portal Capability
<ol style="list-style-type: none"> 1 Accounting/Invoicing 2 Maintain Patient Reports (No Submissions) 3 Maintain and Submit Patient Reports 4 Clinic Owner/Manager

First Name	Last Name	Middle Initial <small>(optional)</small>	Individualized Email Address	Phone #	Administrator? (Y/N)	Assigned Capability (1, 2, 3 or 4)