

**EMPLOYER SIGN-UP SHEET**

\_\_\_\_\_ (company name) agrees to being an Occupational Injury Service (OIS) Partner, has been advised of the OIS program, the fees related to the first office visit and shall:

- Have, or establish, a meaningful modified work program.
- Attend an OIS orientation in each city in which we are participating.
- Share the OIS process with all our employees, including the fact that they still maintain their choice of physician for the treatment of their injury.
- Complete all WCB documentation immediately following a work related injury.
- Contact the OIS Clinic in advance to advise them that an injured worker is on their way.
- Provide transportation for an injured worker to the OIS Clinic.
- Participate (in person or via telephone) in the return to work plan conference and support implementation of the plan.
- Immediately notify the WCB in the event of any change in the information provided herein.

<b>Authorization:</b> (This section to be completed by employer representative with signing authority)	Name (Please print):	Position:
	Signature of Approval:	Phone Number:
		Date:

**1. Please complete a separate sign-up sheet for each permanent worksite and individual WCB Account Number that will be participating in the Occupational Injury Service. Note: To participate, worksites must be located within one hour of an OIS centre which are listed in point number three below.**

**WCB Account Number:** \_\_\_\_\_

**2. MAIN CONTACT INFORMATION:**

Company Legal Name		Trade Name if different from Legal Name		
Address		City/Town	Prov.	Postal Code
Main Contact		Title		
Phone	Fax	E-mail		

**WORKSITE INFORMATION:**

Contact Person		Title		
Worksite Address		City/Town	Prov	Postal Code
Phone	Fax	E-mail		

**3. Please indicate below which OIS Provider you wish to attend the OIS orientation with in each city you are signing up in. For a list of all provider information including addresses, please visit our website at: [http://www.wcb.ab.ca/employers/partner\\_ois.asp](http://www.wcb.ab.ca/employers/partner_ois.asp)**

Calgary	Edmonton	Fort McMurray	Hinton	Red Deer	Lethbridge	Taber
<input type="checkbox"/> CBI	<input type="checkbox"/> Medicentres	<input type="checkbox"/> CBI	<input type="checkbox"/> Hillcrest Medical	<input type="checkbox"/> CBI	<input type="checkbox"/> CBI	<input type="checkbox"/> LifeMark
<input type="checkbox"/> Eaglesmed	<input type="checkbox"/> Millard Health				<input type="checkbox"/> LifeMark	
<input type="checkbox"/> LifeMark	<input type="checkbox"/> Wellpoint Health	<b>Sherwood Park</b>	<b>Leduc</b>	<b>Medicine Hat</b>	<b>Grande Prairie</b>	<b>Lloydminster</b>
<input type="checkbox"/> Prime CARE Health		<input type="checkbox"/> Medicentres	<input type="checkbox"/> CBI	<input type="checkbox"/> CBI	<input type="checkbox"/> Lifemark	<input type="checkbox"/> Alta-Sask Wellness
<input type="checkbox"/> WellPoint Health						

**4. Submit your Sign-up Sheet to Health Care Services.**

<b>Submit by Fax:</b> Attention: OIS Business Assistant (780) 498-3998	<b>Submit by Mail:</b> Attention: OIS Business Assistant, Health Care Services, 131 Airport Road, Edmonton, AB T5G 0W6
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