

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.

Authorization: (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

Calgary	Edmonton	Fort McMurray	Fort Saskatchewan	Grande Prairie	Hinton	Leduc	Lethbridge
<input type="checkbox"/> CBI	<input type="checkbox"/> Medicentres	<input type="checkbox"/> CBI	<input type="checkbox"/> Medicentres	<input type="checkbox"/> LifeMark	<input type="checkbox"/> Hillcrest Medical	<input type="checkbox"/> CBI	<input type="checkbox"/> CBI
<input type="checkbox"/> LifeMark	<input type="checkbox"/> Millard Health						<input type="checkbox"/> LifeMark
<input type="checkbox"/> WellPoint Health						Medicine Hat	Red Deer
<input type="checkbox"/> PrimeCARE Health						<input type="checkbox"/> CBI	<input type="checkbox"/> CBI

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

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