

Online Services Registration

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Before You Begin

During the registration process you will be asked to provide specific information about your clinic. Ensure you have the following on-hand:

- The details of two (2) cheques received from the WCB

Please note: In order to register for Online Services, your clinic must have an active account with the WCB, and must have received at least two (2) separate cheques from the WCB.

Step #1 – Terms of Use Acceptance

In order to begin the process you must read the Terms of Use Acceptance statement. When you are finished reading, click the checkbox next to the statement “By clicking this box the user acknowledges that they have read and accepted the Online Services Terms of Use document displayed above. Select the “Continue” button to proceed to the next page or select “Close” to cancel registration and close the registration window.

Terms of Use Acceptance

The Workers Compensation Board ("WCB") of Prince Edward Island online services are provided to you on the terms and conditions set out below (collectively the "Online Services Terms of Use") , as well as, contained within the Website Terms of Use document.

This system is restricted to authorized users for legitimate business purposes and is subject to audit. Actual or attempted unauthorized access, use or modification of computer systems is a violation of federal and provincial laws.

Terms and Conditions

- I am responsible and accountable for all use of my User Name and password and I must take prudent measures to protect my User Name and password. I am responsible for changing my password immediately after a new password has been issued to me by WCB. I may only use my User Name and password to perform activities related to my business with WCB and I may only perform authorized functions. Any unauthorized attempt to access or modify computer system information or to interfere with normal systems operations, whether on WCB computer systems or networks that are accessible from WCB, may result in the suspension or termination of my access and possible legal action being taken.
- Information sent to WCB will only have legal effect after it has been submitted to and properly received by, and is accessible to WCB.
- If I receive information from WCB through this service and suspect that it is incomplete, inaccurate, corrupted in transmission, or not

Workers Compensation Board of PEI requires that users accept the Online Services Terms of Use document in order to access Online Services.

By clicking this box the user acknowledges that they have read and accepted the Online Services Terms of Use document displayed above

Questions about Online Services? Contact Client Services at (902) 368-5680.

Online Services Registration

Step #2 – Profile Information

When registering for using Online Services, you are creating an account so that you can view WCB information for a particular clinic. The personal information you enter into the registration form should be your own contact information and should not have an email address that is shared by multiple people.

The account you are about to create will be an administrator account which will allow you to create user accounts for other staff.

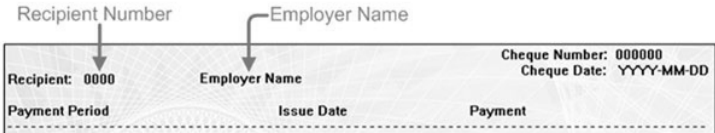
Personal Information

Enter your first name, last name, email address, and phone number. You must also re-type your email address into the “Email Confirmation” text field to confirm that your email address was typed correctly.

| Personal Information | |
|----------------------|----------------------|
| First Name | <input type="text"/> |
| Last Name | <input type="text"/> |
| Email | <input type="text"/> |
| Email Confirmation | <input type="text"/> |
| Phone Number | <input type="text"/> |

Company Information

Enter the recipient number and employer name exactly as they are written on the cheques and/or Medical Aid vouchers that your clinic received from the WCB.

| Company Information | |
|--|----------------------|
| If you require assistance, please see Figure 1 and Figure 2 included on this screen. You will require two (2) cheques with stubs in order to register for Online Services. | |
|  <p>Figure 1 - "Cheque Stub"</p> | |
| Recipient Number: * | <input type="text"/> |
| Employer Name: * | <input type="text"/> |
| This information may also be obtained from the Medical Aid voucher. | |

The location where this information is provided on the cheque stub is shown in the screenshot above as well as on the webpage.

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Online Services Registration

To find this information on a Medical Aid Voucher please see the areas circled in red below:

**Workers Compensation Board
of Prince Edward Island**

14 Weymouth Street
P.O. Box 757
Charlottetown, PE CIA 7L7

MEDICAL AID VOUCHER

| | |
|--|---|
| Dr. John Doe 6 Paved Drive Charlottetown PE A1A 1A1 Canada | Recipient Number: 999999 Cheque Number: 999999 Cheque Date: 2013-01-01 |
|--|---|

Authorized Representative Acceptance

The account you are registering will create your administrator account. To register, you are required to click on the checkbox next to the statement "I acknowledge that I am a duly authorized representative of the company with permission to view all data pertaining to financial and claim information."

Role

As the initial user profile created for your company you will be given the role of WCB Account Administrator. You will be responsible for creating and assigning roles for each of your staff that will require access to the Online Service.

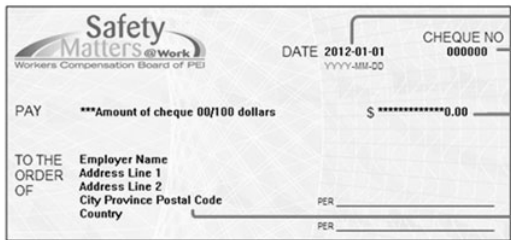
* I acknowledge that I am a duly authorized representative of the company with permission to view all data pertaining to financial and claim information.

Keys Facts for Clinic

You will be asked to provide specific information pertaining to two (2) separate cheques issued to your clinic by the WCB.

Provide Key Facts

Enter the details from any two (2) different cheques issued by the WCB to your company.



→ Date on Cheque

→ Cheque Number

→ Amount of Cheque

→ Postal Code

| | Cheque One | Cheque Two |
|-----------------------------|---|---|
| Date on Cheque * | <input type="text" value="0"/> / <input type="text" value="0"/> / <input type="text" value="0"/> <small>Year Month Day</small> | <input type="text" value="0"/> / <input type="text" value="0"/> / <input type="text" value="0"/> <small>Year Month Day</small> |
| Cheque Number * | <input type="text"/> | <input type="text"/> |
| Amount of Cheque * \$ | <input type="text"/> | <input type="text"/> |
| Postal Code on Cheque One * | <input type="text"/> | |

This information may also be obtained from the Medical Aid voucher.

Questions about Online Services? Contact Client Services at (902) 368-5680.

Online Services Registration

This information is also obtainable from a Medical Aid Voucher as circled in red:

| Workers Compensation Board of Prince Edward Island | | | |
|---|--------------------------|--|---------------|
| MEDICAL AID VOUCHER | | 14 Weymouth Street P.O. Box 757 Charlottetown, PE C1A 7L7 | |
| Dr. John Doe 6 Paved Drive Charlottetown PE Canada | | Recipient Number: 999999 Cheque Number: 999999 Cheque Date: 2013-01-01 | |
| A1A 1A1 | | | |
| Claim : [REDACTED] | [REDACTED] to [REDACTED] | Submitted | Paid |
| | Explanation: [REDACTED] | \$ [REDACTED] | \$ [REDACTED] |
| Claim : [REDACTED] | [REDACTED] to [REDACTED] | Submitted | Paid |
| | Explanation: [REDACTED] | \$ [REDACTED] | \$ [REDACTED] |
| This total should agree with the amount of your cheque. | | | \$ [REDACTED] |

After you have entered the information click "Submit Request" to proceed to the next section.

Step #3 – Confirmation

Upon successfully entering the required information, you will be taken to the confirmation page.

IMPORTANT: If you do not have an existing Online Services user profile, a temporary password will display on this screen. Record this password -- you will need it to activate your account.

An email will automatically be sent to the address you provided if you are new to Online Services. This email will contain a link to a page where you will need to enter the temporary password. Once you sign in successfully with the temporary password you will be required to change your password before you can enjoy the convenience of accessing WCB Online Services.

Contact Information

Please direct questions about registering to Client Services, (902) 368-5680.

Technical Assistance

If you experience technical difficulties when trying to use the user registration service please read the "Learn About Online Services" section pertaining to Technical Requirements. If you continue to experience difficulties please contact wcbeservices@wcb.pe.ca or phone (902) 368-6351.

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