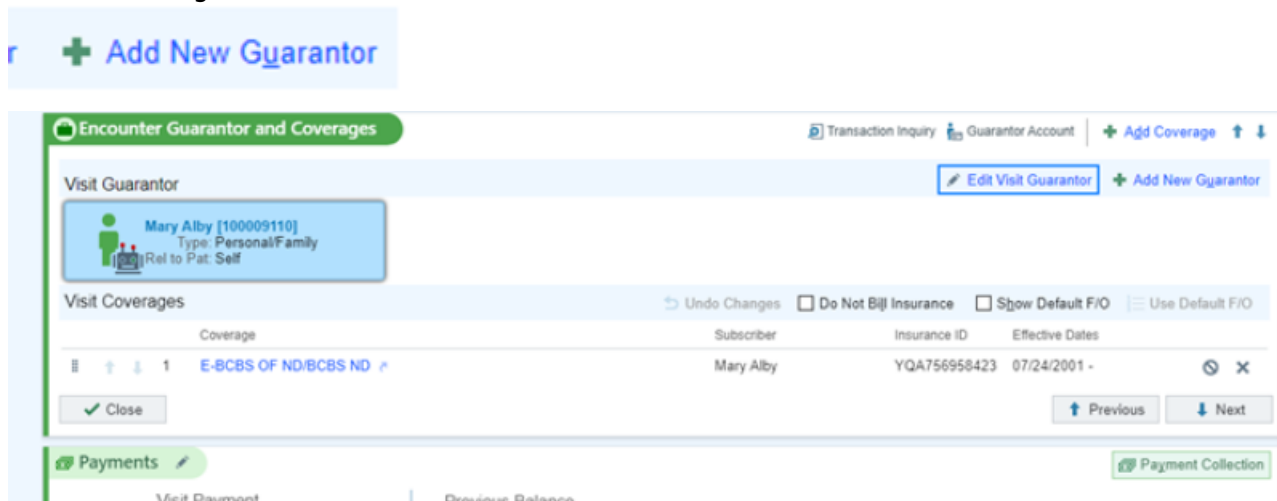


# How to create WSI

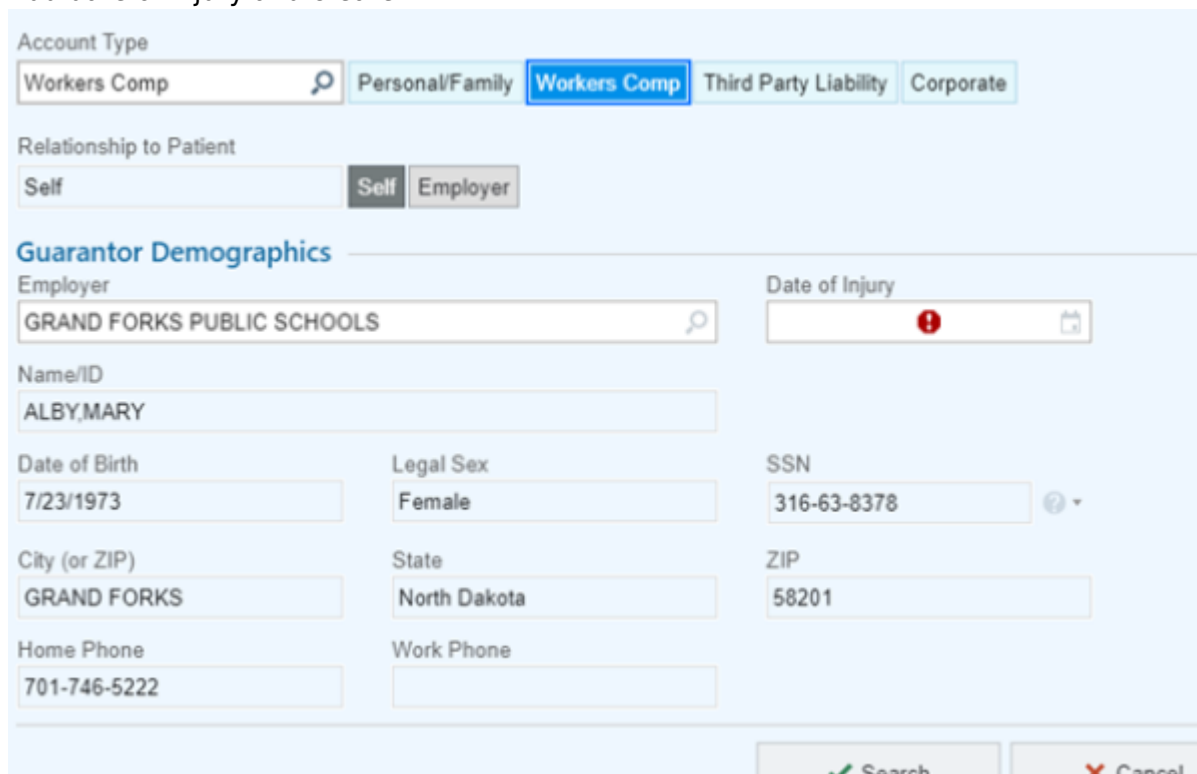
This information was copied from the document “wsi - copy”

**Note: this guide was created using a test environment. No real-world PHI is used in this guide.**

1. Create a new guarantor.



2. Select Workers Comp.
3. Add date of injury and create.



4. Make sure the workers' comp guarantor is attached to the visit, then we will add WSI insurance to the visit.

Encounter Guarantor and Coverages Transaction Inquiry Guarantor Account + Add Coverage

Am05202025grand Forks Public Schools [400000470] No coverages for this encounter

W/C - Self  
Address same as patient  
701-746-5222  
Inactive  
Employer: Grand Forks Public Schools - Full Time  
Date of Injury: 5/20/2025

Payments Payment Collection

### + Add Coverage

Add a New or Existing Coverage

#### \* Create New Coverage

wsj

Filters

**WORKFORCE SAFETY AND INS [401]**  
**WORKFORCE SAFETY AND INSURANCE [276]**  
PO BOX 5585, BISMARCK, ND 58506-5585

Indemnity      Worker's Comp      PO BOX 5585, WORK COMP, WSI, ND ...

#### Member Effective Dates

Effective From	Effective To	Member ID	Verification Status
			New

This coverage is effective for this member for all dates

#### Subscriber

<b>Subscriber Name</b> ALBY,MARY	<b>SSN</b> 316-63-8378	<b>Employment</b> Employment Status: Full Time Employer: GRAND FORKS PUBLIC SC... Employment Date: Employee ID: Occupation: TEACHER	<b>Address</b> EDUCATIONAL CENTER 2400 47TH AVE S City (or ZIP): GRAND FORKS State: ND      ZIP: 58201 County:      Country: USA Phone: 701-746-2200 Fax:
<b>Sex</b> : Female <b>Date of Birth</b> : 7/23/1973	<b>Subscriber's Patient Record</b> ALBY,MARY [1012863] <span>Remove</span>	<b>Demographics</b> Address Linked?: No Address: 6597 MAPLE VALLEY DR City (or ZIP): GRAND FORKS State: ND      ZIP: 58201 County: GRAND FORKS Country: United States of America	<b>Subscriber ID</b> Rel to Guarantor: Self Home Phone: 701-746-5222 Work Phone: Fax:

5. Add the workers comp number for the subscriber ID

Encounter Guarantor and Coverages Transaction Inquiry Guarantor Account + Add Coverage

Am05202025grand Forks Public Schools [400000470] **WORKFORCE SAFETY AND INS [401]/WORKFORCE SAFETY AND INSURANCE [276]**

W/C - Self  
Address same as patient  
701-746-5222  
Inactive  
Employer: Grand Forks Public Schools - Full Time  
Date of Injury: 5/20/2025

Member ID 125649235	Group —	Relationship to Subscriber Self
Subscriber ID 125649235	Effective for all dates	

6. Scan all paperwork into the document center

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