NYS Workers' Compensation Board
Health Provider Registration Instructions

Please complete your registration and submit the form as soon as possible. This will ensure you are found on the public directory of authorized providers and remain eligible for the Board's disputed medical bill process. Registration requires three tasks:

1. Browse to the registration form.
2. Complete provider validation.
3. Complete the registration form.

The instructions for each task are given below.

If you are registering more than one authorized provider on their behalf, complete the tasks for the first provider, and then click the **Home** tab at the top left of the page. This will keep the PERDS application open. For each subsequent authorized health care provider you are registering, repeat steps 6-8 in task 1, Browse to the registration form, and then repeat the instructions in tasks 2 and 3.
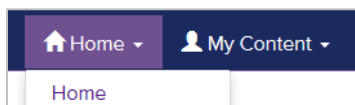
Browse to the registration form

1. Log in to Health Commerce System.
   a. Enter your **User ID** and **Password.**

2. Select **My Content** > All Applications.
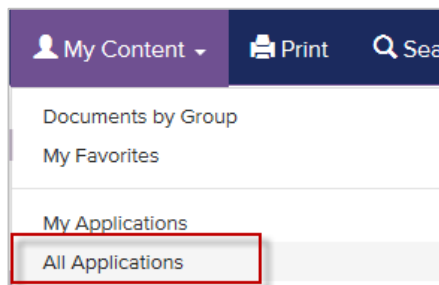
3. **Select P** from the **Browse by** list, and locate **Person-based Electronic Response Data System (PERDS)** in the list. Select the icon corresponding to PERDS under the Add/Remove column to add the application to your **My Applications** list.

4. From the **Home** list on the top right of the page, select **Home**.

5. Select **PERDS** on your application list to open it.

6. In **PERDS**, select the **Data Entry** tab located on the top left of the page.

7. For **Activity,** select **WCB Registration**.

    The default values below are displayed for the **Form, Data Entity Type** and **Data Entity Name** fields.

8. Select the **Search WCB Provider** button. The page below will be displayed.

Complete Provider Validation

When you select the **Search WCB Provider** button, you are brought to the Search Entity page. The field Entity Id must be left blank for your initial registration.

1. Complete the **Profession, License Number, Birth Month,** and **Birth Day** fields, and then click the **Search** button.

   The **Name** field will appear and an Entity Id is displayed. Keep this number for your records. It is not stored in the registration form.

2. If the **Name** displayed is correct, click the **Select** button to see the registration form.
   If the **Name** displayed is **NOT** correct, **discontinue** registration and call the WCB Medical Director's office at 1(800)781-2362, option 6.

Complete the registration form

1. Complete all the required fields for registration. Required fields are those that display a red asterisk (*).

   When complete, review your registration information, make any corrections, and then click the **Save All** button.

   A message like the one below will be displayed if there are errors. Correct any errors, and then click the **Save All** button again.

2. Review your registration information. Click the **Modify** button if necessary to make any corrections and fix any errors.

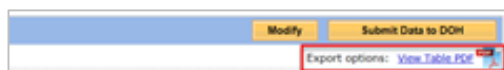   If all your registration information is correct and without errors, click the **Submit Data to DOH** button.

If you have successfully completed your registration, the message below should appear at the top of the page.
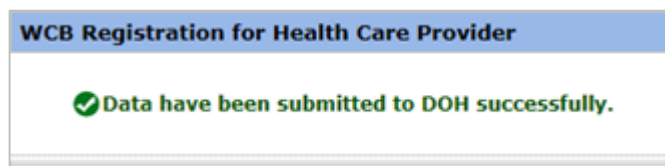
3. If you want to print or save the form, click View Table PDF in the **Export Options**. Print or save the form as usual.

4. If you are completing only one registration, you are done. Close your browser.

If you have general questions regarding health care provider registration, please contact the NYS Workers' Compensation Board Medical Director's Office at (800) – 781-2362, option 6.