

WCMBP System

# How to Complete a Provider Enrollment Application Individual Provider



# Overview

This PowerPoint provides instructions on how to complete an application for an individual provider via the Workers' Compensation Medical Bill Process (WCMBP) Portal.



# Accessing the WCMBP System

Go to the [WCMBP Portal home page \(https://owcpmed.dol.gov\)](https://owcpmed.dol.gov).

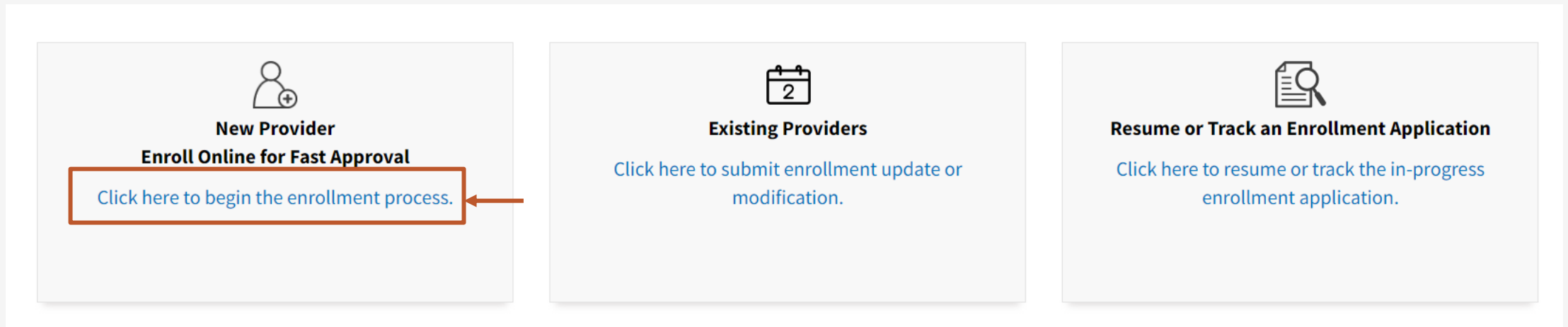
Select **Provider Enrollment**.



The screenshot shows the top section of the WCMBP Portal. On the left is the Department of Labor seal. To its right is the text "OFFICE OF WORKERS' COMPENSATION PROGRAMS" and "MEDICAL BILL PROCESSING PORTAL". On the right side of the header are links for "FAQs" and "CONTACT US", and a search bar with a magnifying glass icon. Below the header is a blue navigation bar with the following items: "Home", "Provider" (with a dropdown arrow), "Claimant", "Login" (with a dropdown arrow), "Resources" (with a dropdown arrow), "Pharmacy/LMN" (with a dropdown arrow), and "Contact Us". The main content area is split into two columns. The left column, titled "Injured and Ill Workers:", contains links for "Find a Provider >", "How to Search for a Provider >", and "Claimant Login >". The right column, titled "Providers:", contains links for "Provider Enrollment >", "Provider Login >", "Provider Manual >", "Upcoming Webinars >", and "Interested in treating OWCP workers >". The "Provider Enrollment >" link is highlighted with a red rectangular box.

# Accessing the WCMBP System for New Providers

Select the **Click here to begin the enrollment process** hyperlink.



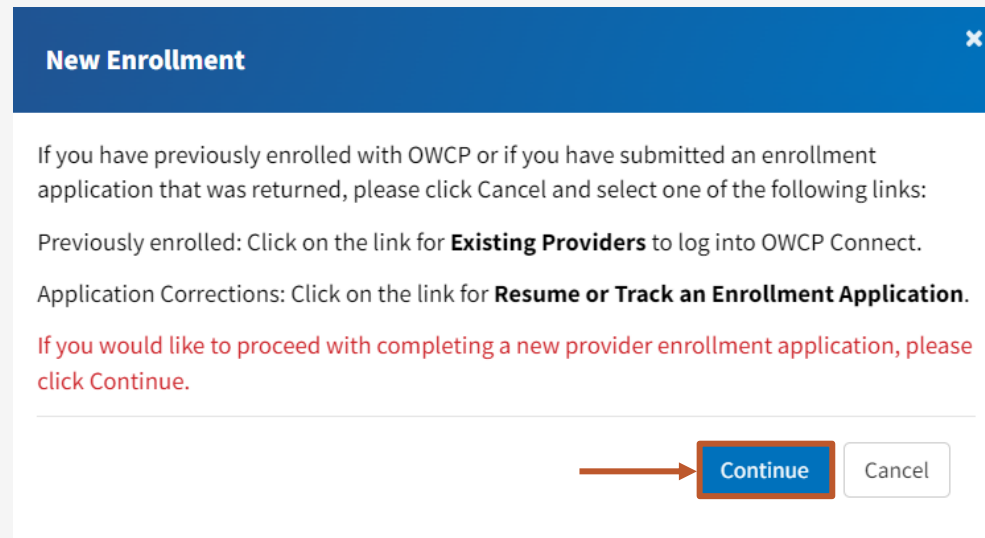
The screenshot displays three distinct options for provider enrollment, each with an icon, a title, and a description:

- New Provider** (Icon: person with plus sign)  
**Enroll Online for Fast Approval**  
Click here to begin the enrollment process. (This link is highlighted with a red box and an arrow.)
- Existing Providers** (Icon: calendar with number 2)  
Click here to submit enrollment update or modification.
- Resume or Track an Enrollment Application** (Icon: document with magnifying glass)  
Click here to resume or track the in-progress enrollment application.

# Accessing the WCMBP System for New Providers, continued

After selecting “Click here to begin the enrollment process link”, a dialogue box confirms that you want to begin a new enrollment.

Select **Continue** to begin a new application.



**Note:** Providers who previously enrolled and need to update enrollment or track an existing application select **Cancel** and then choose the appropriate “Existing Users” or “Resume or Track Enrollment Application” link.

# Completing an Enrollment Application

1. Select the Enrollment Type.
2. Select **Submit**.

**Note:** Enrollment Type Definitions are provided on the bottom portion of the screen. Be sure to select the appropriate type for your practice, organization, or business.

The screenshot shows a web form titled "Enrollment Type" with a sub-header "Please select the applicable Enrollment Type". Below the sub-header is a list of radio buttons: "Individual", "Group Practice", "Billing Agent/Clearinghouse", "Facility/Agency/Organization/Institution", and "Special Considerations". The "Individual" option is selected and highlighted with a red box and a blue circle containing the number "1". Below the radio buttons are two buttons: "Close" and "Submit". The "Submit" button is highlighted with a red box and a blue circle containing the number "2". Below the "Enrollment Type" section is a section titled "Enrollment Type Definition" which contains a definition for "Individual" with two bullet points.

**Enrollment Type**

Please select the applicable Enrollment Type

\*  
 Individual  
 Group Practice  
 Billing Agent/Clearinghouse  
 Facility/Agency/Organization/Institution  
 Special Considerations

**Enrollment Type Definition**

**Individual -**

- Any provider who is eligible to receive a Type I National Provider Identifier (NPI) through the [National Plan and Provider Enumeration System \(NPPES\)](#). Providers e  
[the Social Security Act, 42 U.S.C. 1395x\(s\)](#).
- Individuals providing only non-medical services, attendant care, or personal care services, who do not need an NPI.

# Completing an Enrollment Application

1. Select a Provider Type from drop-down menu.
2. Check Program(s) to enroll in.
3. Select the Tax Identifier Type (Federal Employer Identification Number (FEIN) or Social Security Number (SSN)).
4. If FEIN is selected in Step 3, enter the Organization Name (Legal Business Name ), the Organization Business Name (Doing Business As), and the Federal Employer Identification Number (FEIN). If SSN was selected in step 3, enter Last Name, First Name, Middle Name (if applicable), and Social Security Number (SSN).  
**Note:** The system will validate that the Name/ Tax Identification Number combination matches IRS records.
5. Enter an NPI and an Entity Type based on your W9.
6. Check if you do not want to be on the online searchable provider listing. If checked, please supply a reason.
7. Click "Finish".

The screenshot shows a web form titled "Basic Information" with the following fields and callouts:

- 1:** Points to the "Provider Type" dropdown menu.
- 2:** Points to the "Program" section with checkboxes for DFEC, DCMWC, DEEOIC, and DLHWC.
- 3:** Points to the "Tax Identifier Type" section with radio buttons for FEIN and SSN.
- 4:** A red box highlights the name and identification number fields: "Organization Name" (Legal Business Name), "Organization Business Name" (Doing Business As), "FEIN", "Last Name", "First Name", "Middle Name", and "SSN".
- 5:** Points to the "National Provider Identifier" (NPI) field.
- 6:** Points to the "Entity Type" dropdown menu and the checkbox "I do not wish to be included in an online searchable list of OWCP providers." with a "Reason" field below it.
- 7:** Points to the "Finish" and "Cancel" buttons at the bottom right.

# Completing an Enrollment Application

Write down your application number for your records and click "OK".

The application number will also be emailed to you.

Application Number : 202      Name: Test, Test      Enrollment Type: Individual

**Basic Information**

You have successfully completed the basic information on the Enrollment Application. This is your Application #: 202. Please make note of this application number. This is the number you will be required to use to track the status of your enrollment application. Do not lose this number once you log off.

Ok



# Completing an Enrollment Application

Complete each step      Start/End Date      Complete vs Incomplete Status

Application Number : 20230615619166      Name: Individual Reg      Enrollment Type: Individual

Close    Required Credentials    **Purge**

Optional vs Required

Enroll Provider -Individual

Business Process Wizard-Provider Enrollment (Individual). Click on the Step # under the Step column

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/15/2023	06/15/2023	Complete	
Step 2: Add Location	Required	06/15/2023	06/15/2023	Complete	
Step 3: Add Taxonomies	Required	06/15/2023	06/15/2023	Complete	
Step 4: Add Ownership Details	Optional			Incomplete	
Step 5: Add Professional Licenses and Certifications	Required	06/15/2023		Incomplete	
Step 6: Add Identifiers	Optional			Incomplete	
Step 7: Add EDI Submission Method	Optional			Incomplete	
Step 8: Add EDI Submitter Details	Optional			Incomplete	
Step 9: Add EDI Contact Information	Optional			Incomplete	
Step 10: Add Payment Details	Required			Incomplete	
Step 11: Complete Provider Disclosure	Required			Incomplete	
Step 12: View/Upload Attachments	Optional			Incomplete	
Step 13: Submit Enrollment Application for Review	Required			Incomplete	

View Page: 1    Go    + Page Count    SaveToCSV      Viewing Page: 1      << First    < Prev    Next >    >> Last

Step 1 is completed. Based on the information provided in step 1, the enrollment steps display.

**Note:** If you selected the incorrect enrollment type or provider type, use the **Purge** button to delete all information and restart the enrollment application.

# Completing an Enrollment Application

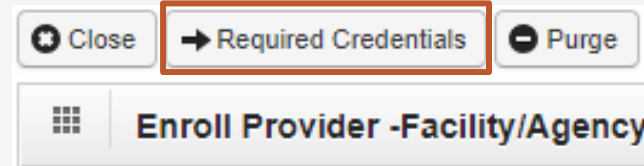
Before completing the next steps, click "Required Credentials."

A separate window will appear and display the credentials that are required for your provider type.

**Note:** Credentials requirements will change as per your provider type.

1. Exit out of this window to move on to the next step, "Add Location."

**Note:** Cancel will not close this page.



Provider Type ▲▼	Step ▲▼	Data Element ▲▼	Credentialing Note ▲▼
01-General HospitaLs	Step 01: Provider Basic Information	NPI	REQUIRED
01-General HospitaLs	Step 03: Add Taxonomies	TAXONOMIES	REQUIRED
01-General HospitaLs	Step 05: Add Licenses and Certifications	LICENSE & CERTIFICATION	REQUIRED
01-General HospitaLs	Step 06: Add Identifiers	Provider Medicare Number	REQUIRED
01-General HospitaLs	Step 12: View/Upload Attachments	ACH FORM	REQUIRED
01-General HospitaLs	Step 12: View/Upload Attachments	COPY OF LICENSE/CERTIFICATION	REQUIRED ; IF LICENSE IS NOT REQUIRED BY STATE, ATTACH STATE APPROVAL LETTER
01-General HospitaLs	Step 12: View/Upload Attachments	PROVIDER ENROLLMENT FORM SIGNATURE PAGE	REQUIRED

View Page: 1    Go    + Page Count    SaveToCSV    Viewing Page: 1    << First    < Prev    Next >    >> Last    Cancel

# Step 2: Add Location

Close Add

Locations List

Add Provider Location

Business Name: \*

Contact Last Name: \* Contact First Name: \*

Phone Number: \* Fax Number:

Email Address: \*

I wish to opt-in for paperless correspondence.  
By selecting this option, correspondence will only be available via Medical Bill Processing Portal and will not be mailed, except for IRS letters and provider enrollment status correspondence.  
Note: OWCP is not responsible for undelivered correspondence notification emails due to invalid or outdated email address.

Next Cancel

1. Select **Add**.
2. Enter the Location **Business Name**.
3. Enter the **Contact Last Name** and **Contact First Name**.
4. Enter the Contact's **Phone Number** (do not add dashes or spaces).
5. If applicable, to opt-in for paperless correspondence, select the checkbox.
6. Enter the Contact **Email Address**.
7. Select **Next**.


**Note:** The **Fax Number** field is optional.

# Step 2: Add Location

1. You must add your physical address, click "+Address."

Type of Address:  ▾

Address Input Option:  Manually Input

End Date:  

Address Line 1: \* Address Line 2:

Address Line 3:

City/Town: \*

State/Province: \* County: \*

Country: \* Zip Code:  -   ← 1

# Step 2: Add Physical Location

1 → Address Line 1: \* (Enter Street Address or PO Box Only) Address Line 2:

Address Line 3:

City/Town: \*

State/Province: \*

County: \*

Country: \*

2 → Zip Code:  -  3 → + Validate Address

4 → OK Cancel

ontgomery\*

1850 - 3224 + Address

5 → Next Cancel

1. Enter the Physical Address Street Number and Street Name.
2. Enter the Zip Code.
3. Click "Validate Address" . (Complete address will auto populate after validation)

## Possible Validation Results

- Address not found with Street Address and Zip Code Combination
- Address validation successful

4. Click "OK".
5. When you return to the Location Address page, select the "Next" button.

# Step 2: Add Mailing Location

The screenshot shows a form for adding a mailing location. At the top, there is a dropdown menu for "Type of Address" set to "Mailing". Below it, the "Address Input Option" section has two radio buttons: "Manually Input" (selected) and "Same as Physical Address". A red box highlights the "Same as Physical Address" option, with a blue circle containing the number "1" and an arrow pointing to it. To the right of this section is an "End Date" field with a calendar icon and the date "12/31/2999". Below these are several text input fields: "Address Line 1:", "Address Line 2:", "Address Line 3:", "City/Town:", "State/Province:", "Country:", "County:", and "Zip Code:". A red box highlights a "+ Address" button next to the "Zip Code" field, with a blue circle containing the number "2" and an arrow pointing to it. At the bottom right, there are "OK" and "Cancel" buttons. A red box highlights the "OK" button, with a blue circle containing the number "3" and an arrow pointing to it.

1. If mailing address is the same as the physical address, check the bubble that states "Same as Physical Address".

OR

2. Click "+Address" to Enter Mailing Address Street Number and Street Name if the address is different.

3. Click "OK."

# Step 2: Add Mailing Location

The screenshot shows a web interface for managing locations. At the top left, there are two buttons: 'Close' (with a red square around it) and 'Add'. Below them is a header for 'Locations List'. The main area contains a table with two columns: 'Business Name' and 'Location Details'. The 'Business Name' column has a dropdown arrow and contains the text 'Angel PA'. The 'Location Details' column has a dropdown arrow and contains the number '1447'. A red arrow points from the 'Close' button to the 'Locations List' header, with a blue circle containing the number '2' next to it. Another red arrow points from the 'Location Details' column to the '1447' value, with a blue circle containing the number '1' next to it.

Business Name ▲▼	Location Details ▲▼
Angel PA	1447

1. The system displays the Location List, which confirms your address information entered.
2. Click "Close" to move on to the next step, Add Taxonomies.

# Step 3: Add Taxonomies

1. Click "Add."
2. Use the dropdown menu to view and select your Taxonomy Code Type.
3. Select Specialty type.
4. Available Taxonomy codes will populate. Highlight the codes that are applicable to your organization. Move applicable codes to Associated Taxonomy Codes.
5. Click "OK."
6. Click "Close" to move on to the next step, "Add Ownership Details."

The screenshot shows a 'Taxonomy List' dialog box with the following components and callouts:

- 1:** Points to the '+ Add' button at the top right.
- 2:** Points to the 'Taxonomy Code Type' dropdown menu.
- 3:** Points to the 'Specialty' dropdown menu.
- 4:** Points to the 'Available Taxonomy Codes' list.
- 5:** Points to the 'OK' button at the bottom right.
- 6:** Points to the 'Close' button at the top left.

The dialog box contains the following sections:

- Taxonomy List:** Header section.
- Select Taxonomy Code Type/Specialty:** Section containing 'Taxonomy Code Type:' and 'Specialty:' dropdown menus.
- Add Taxonomy Code:** Section containing two lists: 'Available Taxonomy Codes' and 'Associated Taxonomy Codes \*', with arrows between them for moving items.
- Buttons:** 'Close', '+ Add', 'OK', and 'Cancel' buttons.

**Note:** Taxonomy codes refer to the Healthcare Provider Taxonomy Code Set, which categorize the type, classification, and/or specialization of health care providers.



# Step 4: Add Ownership Details

Ownership Details list any business with more than a 5% interest in or where involvement is at an officer, director or agent of the company.

This step optional. If completed, you must complete required fields and click OK.

1. Select the Disclosure Type (Individual or Organization) Ownership.
2. Enter SSN or FEIN.
3. Enter Organization Name or First/Last Name.
4. Click "+Address" to enter Street Number, Street Name and Zip Code.
5. Click "OK."

**Note:** If the ownership information is the same name, FEIN and address as previously entered, click "Copy Name and Tax." The information will auto populate.

The screenshot shows the 'Add Ownership' form with the following fields and annotations:

- 1:** Disclosure Type: Individual Ownership (dropdown menu)
- 2:** SSN/FEIN: (text input field)
- 3:** Organization Name: (text input field) and Last Name: (text input field)
- 4:** Address section including Address Line 1, Address Line 2, Address Line 3, City/Town, State/Province, County, Country, and Zip Code. A '+Address' button is located at the bottom right of this section.
- 5:** OK button (highlighted with a red box)

At the bottom of the form, there are three buttons: 'Copy Name and Tax', 'OK', and 'Cancel'. The 'OK' button is highlighted with a red box and an arrow pointing to it from the number 5.

# Step 4: Add Ownership Details

2 →

Close Add

Ownership List

Filter By : [ ] [ ] [ ] Go Clear Filter Save Filter My Filters

	Owner ID ▲▼	Owner Name ▲▼	Ownership Type ▲▼
<input type="checkbox"/>	654-98-6120	Test, Test	Individual

Delete View Page: 1 Go Page Count SaveToCSV Viewing Page: 1 First Prev Next Last

1. The system displays the Ownership List, which was entered.
2. Click "Close" to move on to the next step, "Add Professional License or Certification."

# Step 5: Add Professional License/Certification

1. Select **Add** to enter License or Certification information.
2. Indicate if this is a required certification or required license, or if this specifies that a certification or license is not required.
3. In the Name field, enter the recipient's name.
4. In the **License/Certification Type** field, enter the license or certification type.
5. In the **License/Certification #** field, enter the license or certificate number.

The screenshot shows a web application interface for adding professional license/certification information. At the top, there are 'Close' and 'Add' buttons, with a red arrow pointing to the 'Add' button and a blue circle containing the number '1'. Below this is a 'License/Certification List' header. The main form is titled 'Add Professional License/Certification' and contains several fields and instructions. A blue circle with the number '2' points to a radio button group with three options: 'C-Certification' (selected), 'L-License', and 'N-License or Certification not required'. Below this are several text input fields, each with an asterisk indicating it is required. A blue circle with the number '3' points to the 'Name' field. A blue circle with the number '4' points to the 'License/Certification Type' field. A blue circle with the number '5' points to the 'Licence/Certification #' field. Other fields include 'Initial Issue Date' (with a calendar icon), 'Expiration Date' (with a calendar icon), 'Issued State' (a dropdown menu), 'Issuer Agency', and 'Web Link'. At the bottom right, there are 'OK' and 'Cancel' buttons.

# Step 5: Add Professional License/Certification, Continued

6. In the **Initial Issue Date** and the **Expiration Date** fields, enter or select the initial issue date and expiration date.
7. Within the **Issued State** drop-down list, select the state where the license or certification was issued. **(Must match the state of physical address)**
8. In the **Issuer Agency** field, enter the issuing agency.
9. In the **Web Link** field, enter the web link to the issuing agency.
10. Select **OK**.

**Add Professional License/Certification**

- Please provide all professional license/certification required by your State to perform the service under your Provider Type.
- OWCP will verify all your professional license/certification with your State's license issuer agency before your enrollment can be approved.
- After your enrollment is approved, you are responsible to keep your professional license/certification information up to date.
- Expired license/certification will cause the termination of the provider status.
- If you have a renewed professional license/certification under a different number, please make sure to enter it using the exact same License/Certification Type.

\*  
 C-Certification  
 L-License  
 N-License or Certification not required

Name: \*

License/Certification Type: \*

Initial Issue Date: \* ← **6**

Issued State: \* ← **7**

Expiration Date: \* ← **6**

Issuance #: \*

Issuer Agency: \* ← **8**

Web Link: \* ← **9**

**10** →

# Step 5: Add Professional License/Certification, Continued

1. The system displays the License/Certification List, which confirms your license/certification information entered.
2. Click "Close" to move on to the next step "Add Identifiers", which is optional.

The screenshot shows a web interface for managing licenses. At the top left, a blue circle with the number '2' has an arrow pointing to a 'Close' button. Below this, a blue circle with the number '1' has an arrow pointing to a table row. The table has columns for License Category, License/Certification Number, License/Certification Type, Issued State, Initial Issue Date, and Expiration Date. The first row contains the text 'License' and some blurred data. At the bottom of the interface, there are navigation buttons like 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', and 'Viewing Page: 1'.

2

1

Close Add

License/Certification List

Filter By : [ ] [ ] [ ] Go Clear Filter Save Filter My Filters

<input type="checkbox"/>	License Category ▲▼	License/Certification Number ▲▼	License/Certification Type ▲▼	Issued State ▲▼	Initial Issue Date ▲▼	Expiration Date ▲▼
<input type="checkbox"/>	License	[blurred]	[blurred]	[blurred]	03/01/2020	03/06/2020

Delete View Page: 1 Go Page Count SaveToCSV Viewing Page: 1 First Prev Next Last

# Step 6: Add Identifiers (Optional)

1. Click "Add."

2. Select the identifier type from the "Identifier Type" drop-down menu.

3. Enter the identifier value in the "Identifier Value" field.

4. Enter or select the start and end dates in the "Start Date" and "End Date" fields.

5. Select "Ok."

1. Click "Add."
2. Select the identifier type from the "Identifier Type" drop-down menu.
3. Enter the identifier value in the "Identifier Value" field.
4. Enter or select the start and end dates in the "Start Date" and "End Date" fields.
5. Select "Ok."

**Note:** This step is optional because all provider types do not require Identifiers. Identifiers are typically issued by external entities that uniquely identify the provider. Please refer to the "Required Credentials" button to check if your provider type requires an identifier

# Step 6: Add Identifiers, Continued

1. The system displays the Provider Identifiers list, which confirms your identifiers entered.
2. Click "Close" to move on to the next step, "Add EDI Submission Method."

The screenshot shows a web interface for managing Provider Identifiers. At the top, there are buttons for 'Close', 'Add', and 'Required Credentials'. Below this is a section titled 'Provider Identifiers' with a filter bar containing 'Filter By', 'Go', 'Clear Filter', 'Save Filter', and 'My Filters'. A table with the following columns is displayed: 'Identifier Type', 'Identifier Value', 'Start Date', and 'End Date'. The table contains one row with the following data: 'NPI', '1831277425', '03/07/2020', and '03/07/2020'. At the bottom, there are buttons for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'Save To CSV', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

<input type="checkbox"/>	Identifier Type ▲▼	Identifier Value ▲▼	Start Date ▲▼	End Date ▲▼
<input type="checkbox"/>	NPI	1831277425	03/07/2020	03/07/2020

# Step 7: Add EDI Submission Method (Optional)

Electronic Data Interchange (EDI) is the computer-to-computer exchange of business documents in a standard electronic format between business partners.

1. Select your "Mode of Submission."
2. Click "Ok."

**Note:** If the Mode of Submission is Billing Agent/Clearinghouse, you must provide the billing agent/clearinghouse OWCP ID in Step 8.

**EDI Submission Details**

Mode of Submission:  Billing Agent/Clearinghouse  Web Interactive  FTP Secured Batch  Web Batch  None

Method	When to Use
Billing Agent/Clearinghouse	For providers who use a 3rd party to bill
Web Interactive	For entering (keying) bills directly in the System
FTP Batch	For submitting files via an SFTP site
Web Batch	For upload/download of files in the System
None	For submission through paper form ONLY.

- Web Batch method is often used by providers who submit their own HIPAA batch transactions. It allows a maximum file size of 50 MB.  
- Your EDI submission method is FTP Secured Batch if you submit and retrieve batches at a secure web folder assigned to you by OWCP. This method was designed with clearinghouses and billing agents in mind. It allows a maximum file size of 100 MB.  
- Don't select "None" if other submission method is selected. You can always submit paper form in addition to EDI Submission.

OK Cancel



# Step 8: Add EDI Submitter Details (Optional)

**Note:** Step 8 is required if the EDI Submission Method is Billing Agent/Clearinghouse in Step 7.

1. Select the "Add" button on the Billing Agent/Clearinghouse/Submitter List page.
2. Enter the "Billing Agent/Clearinghouse OWCP ID."
3. Enter the date(s).
4. Click "OK."

Close Add

Billing Agent/Clearinghouse/Submitter List

Filter By : [dropdown] [input] [input]

Associate Billing Agent/Clearinghouse

- Your Billing Agent/Clearinghouse must be enrolled with OWCP first.
- Please obtain the Billing Agent/Clearinghouse's OWCP ID to complete this section.
- If they are not yet enrolled, you can still complete your enrollment by temporarily choosing not to use Billing Agent/Clearinghouse.
- You can add them later after they are enrolled with OWCP.

Billing Agent/Clearinghouse OWCP ID: [input] \*

Start Date: [calendar icon] \*

End Date: [calendar icon]

OK Cancel

# Step 8: Add EDI Submitter Details (Optional)

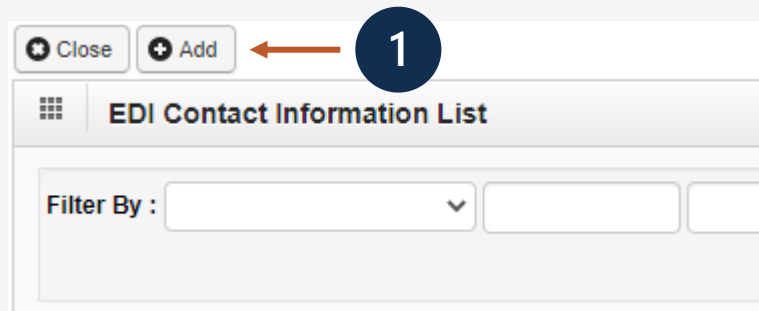
1. The system displays the Billing Agent/Clearinghouse, which confirms their OWCP ID was entered.
2. Click "Close" to move on to the next step, "Add EDI Contact Information."

The screenshot shows a web interface for managing Billing Agent/Clearinghouse/Submitter information. At the top, there are 'Close' and 'Add' buttons. Below is a table with the following columns: OWCP ID, Billing Agent/Clearinghouse, Start Date, and End Date. A single row is visible with the OWCP ID '700031100', Billing Agent 'ABC Billing', Start Date '02/23/2020', and End Date '12/31/2999'. The interface also includes a filter section, a 'Go' button, and pagination controls at the bottom.

OWCP ID	Billing Agent/Clearinghouse	Start Date	End Date
700031100	ABC Billing	02/23/2020	12/31/2999

# Step 9: Add EDI Contact Information (Optional)

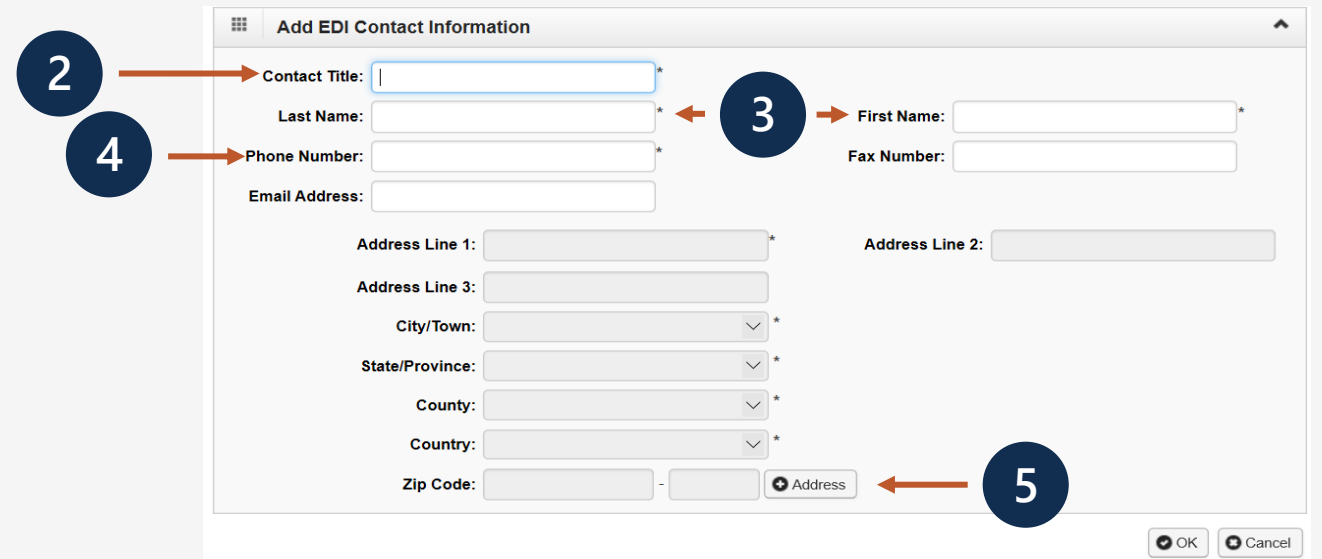
**Note:** EDI Contact Information will need to be on file if we need to ask the Billing Agent/Clearinghouse any questions pertaining to their EDI enrollment and/or future submissions and retrievals.



Close Add

EDI Contact Information List

Filter By :



Add EDI Contact Information

Contact Title: \*

Last Name: \*

Phone Number: \*

Email Address:

First Name: \*

Fax Number:

Address Line 1: \*

Address Line 2:

Address Line 3:

City/Town: \*

State/Province: \*

County: \*

Country: \*

Country: \*

Zip Code: - Address

OK Cancel

**Note:** This step is required if FTP Secured Batch or Web Batch was selected in Step 7.

1. Select the "Add" button on the EDI Contact Information List page.
2. Enter the Title of the contact person to answer EDI questions if needed.
3. Enter contact person's First and Last Name.
4. Enter 10-digit phone number.
5. Click "+Address."

# Step 9: Add EDI Contact Information (Optional)

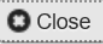

**Note:** This step is required if FTP Secured Batch or Web Batch was selected in Step 7.

1. Enter Street Number and Name in Address Line 1.
2. Enter Zip Code.
3. Click "Validate Address."
4. Click "Ok."





The screenshot shows a form titled "Address details" with the following fields and controls:

- Address Line 1:** A text input field with an asterisk (\*). An arrow labeled "1" points to this field.
- Address Line 2:** A text input field.
- Address Line 3:** A text input field.
- City/Town:** A dropdown menu with a downward arrow and an asterisk (\*).
- State/Province:** A dropdown menu with a downward arrow and an asterisk (\*).
- County:** A dropdown menu with a downward arrow and an asterisk (\*).
- Country:** A dropdown menu with a downward arrow and an asterisk (\*).
- Zip Code:** Two text input fields separated by a hyphen (-). An arrow labeled "2" points to the first field.
- Validate Address:** A button with a plus sign icon and the text "Validate Address". An arrow labeled "3" points to this button.
- OK/Cancel:** Two buttons at the bottom right: "OK" and "Cancel". An arrow labeled "4" points to the "OK" button.





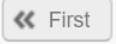
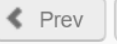
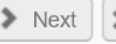

# Step 9: Add EDI Contact Information (Optional)


2  

**EDI Contact Information List**

Filter By :       

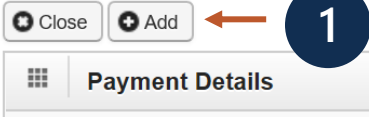
<input type="checkbox"/>	Contact Title ▲▼	Contact Name ▲▼	Contact Phone Number ▲▼	Contact Email ▲▼	End Date ▲▼
<input type="checkbox"/>					12/31/2999

 **View Page:**     **Viewing Page: 1**    

1 

1. The system displays the EDI Contact Information List, which confirms contact information entered.
2. Click Close to move on to the next step, "Add Payment Details."

# Step 10: Add Payment Details



**Note:** Electronic Funds Transfer (EFT) is mandatory. Payment Details must be entered to receive payment from OWCP. The ACH form must be signed, uploaded, faxed or mailed. If faxed or mailed, the enrollment cover sheet is needed. The ACH form can be found on the WCMBP Portal Forms and References page: <https://owcpmed.dol.gov/portal/resources/forms-and-references/general>.

A screenshot of a 'Payment Details' form. At the top, it says 'Payment Method: Electronic Funds Transfer(Direct Deposit)'. Below that is a section titled 'Financial Institution Information'. The form contains several fields: 'Financial Institution Name' (callout 2), 'Nine-Digit Routing Transit Number' (callout 3), 'ACH Coordinator Name', 'Phone Number', 'Depositor Account Number' (callout 4), 'Type of Account' (callout 5, dropdown menu showing 'Checking'), and 'Depositor Account Title' (callout 6). There are also fields for 'Address Line 1', 'Address Line 2', 'City/Town', 'County', 'State/Province', and 'Zip Code'. At the bottom, there are fields for 'Signed by Representative' (checkbox), 'Title of Representative', and 'Representative Phone Number'. A note at the bottom states: 'The ACH form has to be signed by a Financial Institution Representative. Please upload the copy of the signed form in "View/Upload Attachments" step or mail it in to complete your enrollment.' There are 'OK' and 'Cancel' buttons at the bottom right.

1. Click "Add."
2. Enter the name of the financial institution.
3. Enter the institution's routing number.
4. Your depositor account number.
5. Select the "Type of Account" from the drop down (Checking or Saving).
6. Enter the "Depositor Account Title" (The name that is printed on your checks).

# Step 10: Add Payment Details

The screenshot shows a web form titled "Payment Details" with a sub-section "Financial Institution Information". The form contains several input fields and a checkbox. Numbered callouts are as follows:

- 7**: Points to a "+Address" button located next to the "Zip Code" field.
- 8**: Points to the "Signed by Representative" checkbox.
- 9**: Points to the "Title of Representative" text input field.
- 10**: Points to the "Representative Phone Number" text input field.
- 11**: Points to the "OK" button at the bottom of the form.

Other visible fields include: Financial Institution Name, ACH Coordinator Name, Depositor Account Number, Type of Account (set to "Checking"), Nine-Digit Routing Transit Number, Phone Number, Depositor Account Title, Address Line 1, Address Line 2, City/Town, County, Zip Code, State/Province, and Country.

7. Click **+Address** to add the Financial Institution address. The address details dialog will display.
8. Once address is added, select the "Signed by Representative" check box to indicate that the ACH form has been signed by a representative of the financial institution.
9. Enter the title of the financial institution's representative in the "Title of Representative" field.
10. Enter the representative's phone number in the "Representative Phone Number" field.
11. Click "OK."

# Step 10: Add Payment Details

2 →

1 →

**EDI Contact Information List**

Filter By :

<input type="checkbox"/>	Contact Title ▲▼	Contact Name ▲▼	Contact Phone Number ▲▼	Contact Email ▲▼	End Date ▲▼
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	12/31/2999

View Page:     Viewing Page: 1

1. The system displays the Payment Details List, which confirms payment information was entered.
2. Click Close to move on to the next step 11, "Complete Provider Disclosure."



# Step: 11 Complete Provider Disclosure

1. Answer the two disclosure questions:

**Note:** Provider Disclosure page asks questions of the provider to confirm additional background information. If you answer "Yes" to the first Disclosure question, please provide details under comments section including type of action, agency undertaking adverse action and date of action.

If you are a **FECA** provider enrolling in Provider "75" Durable Medical Equipment (DME) and answer "Yes" to question 2, provide the phone number that you used in your Medicare DMEPOS enrollment.

2. Click "Save" and then click "Close" to move on to the next step, "View/Upload Attachments."

Close Save

**2**

**Provider Disclosure**

If you answer Yes to the first Disclosure question, provide details including type of action, Agency undertaking adverse action and date of action.

Question	Answer	Comments
Within ten years of the date of this statement have you or any individual listed on this application had an action related to fraud or abuse in a government program taken against him or her resulting in (1) a felony or misdemeanor conviction; (2) a liability finding in civil proceedings; or (3) a settlement entered into in lieu of conviction?	Not Completed	
(Required for FECA providers) For Provider Type "Medical Supplies/Durable Medical Equipment (DME) / Prosthetics / Orthotics" (75) only: Are you an accredited DMEPOS supplier enrolled with Medicare? If Yes; provide the phone number that you used in your Medicare DMEPOS enrollment.	No Not Completed Yes	

**1**

View Page: 1 Go Page Count SaveToCSV Viewing Page: 1 << First < Prev > Next >> Last

# Step 12: View/Upload Attachments (Optional)

**Note:** In this Step, you are able to upload required attachments and submit this application electronically (via Direct Data Entry or DDE). If attachments are not uploaded at the time of submission, you have the option to mail or fax required attachments with a provider enrollment cover sheet. The application will stay in an "Awaiting Attachments Status" for 9 days. If the attachments and cover sheet are not received within this timeframe, your application will be Returned to Provider (RTPed). Please select Required Credentials to check what attachments are required for Provider Type.

1. Click "Upload Attachments".
2. Select the document type from the Document Type drop-down menu.
3. Click the "Choose File" button. (The system displays the Open window.)
4. Locate and select the file from your local drive that you need to upload and click the "Open" button. (The system updates the File Name field.)
5. Click "OK."

The screenshot displays the 'Attachment List' section of the application. At the top, there are buttons for 'Close', 'Upload Attachments' (highlighted with a red box and callout 1), and 'Required Credentials'. Below this is the 'Attachment List' table. The 'Document Type' dropdown menu is highlighted with a red box and callout 2. The 'File Name' field has a 'Choose File' button highlighted with a red box and callout 3. An 'Open' file selection dialog is shown, with the 'Documents' folder selected and a file highlighted. The 'Open' button in the dialog is highlighted with a red box and callout 4. At the bottom of the attachment form, the 'OK' button is highlighted with a red box and callout 5. Below the form, there is a note: 'The acceptable file extensions for the upload are .doc, .docx, .gif, .gzip, .htm, .html, .jpeg, .jpg, .ppt, .rtf, .tif, .tiff, .tst, .txt, .xls, .bmp, .pdf, .xlsx, .zip. Filename cannot be longer than 50 characters. If you are unable to upload attachment(s) here, you can choose to mail or fax the copy following the instruction on the Submit Enrollment Application for Review step.'

# Step 12: View/Upload Attachments (Optional)

1. The system displays the Attachment List, which confirms an attachment uploaded.
2. Click Close to move on to the next step 13, "Submit Enrollment Application for Review."

The screenshot shows a web interface for managing attachments. At the top, there are three buttons: 'Close' (with a close icon), 'Upload Attachments' (with an upload icon), and 'Required Credentials' (with a right-pointing arrow). Below this is a section titled 'Attachment List' with a grid icon on the left and an upward-pointing arrow on the right. The list contains one entry with the following columns: 'Repository Key' (with a checkbox), 'File Name' (containing 'Provider Enrollment Application.pdf'), 'Document Type' (containing 'ACH Form'), and 'Uploaded Date' (containing '03/08/2020 12:50:43 AM'). Below the table is a control bar with a 'Delete' button (with a minus icon), a 'View Page: 1' input field, a 'Go' button (with a target icon), a '+ Page Count' button, and a 'SaveToCSV' button (with a download icon). To the right of the control bar, it says 'Viewing Page: 1' and has navigation buttons: '<< First', '< Prev', '> Next', and '>> Last'. Two callouts are present: a blue circle with the number '1' and an arrow pointing to the checkbox in the first row of the table; and a blue circle with the number '2' and an arrow pointing to the 'Close' button.

<input type="checkbox"/>	Repository Key	File Name	Document Type	Uploaded Date
<input type="checkbox"/>		Provider Enrollment Application.pdf	ACH Form	03/08/2020 12:50:43 AM

[-] Delete   View Page: 1   [Go]   [+ Page Count]   [SaveToCSV]   Viewing Page: 1   << First   < Prev   > Next   >> Last

# Step 13: Submit Enrollment Application for Review

1. Enter your first and last name in the **First Name** and **Last Name** fields.
2. (Optional) Enter the title of the signer in the **Title** field.

**Note: Signature Date** shows the current date and cannot be changed.

3. Select **Submit Enrollment**.

Close Submit Enrollment 3

### Final Submission

After you submit the enrollment, you cannot make further changes until your enrollment application is approved.

**Confirm and Sign:**

I, the undersigned, certify to the following: I have read the contents of this application, and the information contained herein is true, correct, and complete. I certify that I and my agents have currently in effect all necessary licenses, certifications, approvals, insurance, etc. required to properly provide the services and/or supplies for the OWCP jurisdiction where the services and/or supplies are provided. I will provide proof of such licenses, certifications, approvals, insurance, etc. upon the OWCP's request. I understand that a renewal of necessary license, certification, approval, insurance, etc. required for me to properly provide services, shall be grounds for termination of enrollment/registration by the OWCP if I fail to provide such proof. I agree to notify the OWCP of any change in ownership, practice location and/or Final Adverse Action involving fraud or abuse within 30 days of the reportable date of such change. I agree to notify the OWCP of any other changes to the information in this form within 90 days of the effective date of change. I certify that I am not currently sanctioned, suspended, debarred or excluded by any Federal or State Health Care Program, (e.g., Medicare, Medicaid, or any other Federal program).

1

First Name :  \* Last Name :  \*

Title :  Signature Date : 10/31/2023

2

**Privacy Act Statement**

Collection of this information by OWCP is necessary for its administration of the Federal Employees' Compensation Act, the Black Lung Benefits Act, the Longshore and Harbor Workers' Compensation Act, and the Energy Employees Occupational Illness Compensation Program Act, and is authorized under 20 CFR 10.800, 20 CFR 30.700, 20 CFR 702.145, 20 CFR 725.714 and 30 CFR 41.100. This information provided will be used to ensure accurate payment of medical and vocational rehabilitation provider bills and is protected by the Privacy Act of 1974, as amended (5 USC 552a). Systems of records: DOL/GOVT-1, DOL/OWCP-4 DOL/OWCP-9 and DOL/OWCP-11, published in the Federal Register, Vol. 81, page 25766, April 29, 2016, or as updated and amended. Submission of this form is voluntary; however, failure to provide the information (including SSN or EIN) will result in substantially delayed payment of bills. This information may be disclosed to medical and other provider review boards. Additional disclosures may be made through the routine uses for information contained in the referenced systems of records.

# Submitting an Enrollment Application

Once the enrollment application is completed, the provider can submit attachments that were not uploaded to:

**Via Mail** **Provider Enrollment**  
**Department of Labor OWCP**  
PO Box 8312  
London, KY 40742-8312

**Via Fax** 888.444.5335

**Via DDE** [owcpmed.dol.gov](http://owcpmed.dol.gov)

**Note:** If all steps are completed and attachments are uploaded via DDE, allow 7 business days for processing.

- If application is submitted with an “awaiting attachments” status, you have 9 days to fax or mail the attachments.
- If attachments are received within that timeframe, allow 7 business days for processing from the date on which the attachments were received.
- If attachments are not received in 9 days when application is submitted via DDE, the application will be RTPed.
- Faxed and/or Mailed applications will be RTPed if incomplete and/or have missing attachments.
- Allow 7 business days for processing from date of receipt for faxed and/or mailed applications.