



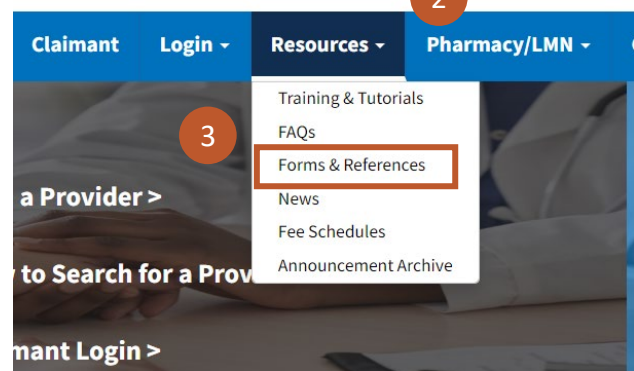
When submitting the OWCP-1168 Provider Enrollment Application, via mail / fax or Direct Data Entry (DDE), Providers can elect to not be included in the online provider search list commonly used by Claimants to locate a Provider. This quick reference guide shows the steps of how to opt-out of being included in the online provider search list using the paper enrollment form and via DDE.

Note: Existing Providers, who are currently a part of the search feature but no longer want to be included, must submit a new form and follow the steps shown below to opt-out.

## Submitting the OWCP-1168 Enrollment Application via Mail or Fax

1. Go to <https://owcpmed.dol.gov>.
2. Select **Resources**.
3. Select **Forms & References**.

### COMPENSATION PROGRAMS PROCESSING PORTAL



4. Select **Provider Enrollment Application (OWCP-1168)**. The OWCP-1168 form opens.

#### Claimant Reimbursement

- Claimant Medical Reimbursement (OWCP-915)
- Medical Travel Refund Request (OWCP-957)

#### Miscellaneous Templates

- Adjustment Request
- Fee Schedule Appeal
- Carrier Reimbursement

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#### Provider Enrollment

- Provider Enrollment Application (OWCP-1168)**
- EDI Enrollment Template (For Billing Agent/Clearinghouse Only)
- EFT Form | (Instructions)

#### Supporting Document Cover Sheet

- Provider Enrollment Cover Sheet
- Authorization Cover Sheet
- Bills Cover Sheet

**Note:** The application includes a cover page providing important information about OWCP and Provider enrollment.

Previous editions unusable

OWCP-1168  
(Revised 04/2020)  
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5. Fill in the information.

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1. Are you applying for a new enrollment or updating your record?  
 New Enrollment  Re-Enrollment  Re-Validation  Update

1a. If Update, Re-Enrollment or Re-Validation,

Enter Provider ID or Federal Employer Identification Number (FEIN)

**PART A: BASIC INFORMATION (Required)**

2. Enrollment Type

Individual

6. To **choose not to be included** in the online OWCP Provider's search, select the checkbox next to the statement in Part A, box 10 that reads: **"I do not wish to be included in an online searchable list of OWCP providers."**

7. If box 10 checkbox is selected, complete box 10a. **Reason** to describe the reason for opting out.

**Note:** If box 10 is selected, box 10a is required.

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8a. If Other, please explain

9. Email Address

10.  I do not wish to be included in an online searchable list of OWCP providers.

10a. Reason

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8. Complete the remainder of the form, then **print, sign, and submit** the paper form via mail or fax.

**Note:** All Providers (new and existing) must submit the entire application along with the signature page.

**Submit Paper Form via Mail to:**  
**Provider Enrollment Department of Labor OWCP**  
P.O. Box 8312  
London, KY 40742-8312

**Submit Paper Form via Fax to:**  
888-444-5335

**Note:** If the OWCP-1168 Provider Enrollment form is approved, then the Provider information **will not be added** to the Provider search list. The request to opt-out of the Provider search list remains in effect until the Provider requests otherwise.





## Submitting the OWCP-1168 Enrollment Application Online (DDE)

**Note:** Providers must first register with OWCP Connect before starting a new enrollment or accessing the new system. OWCP Connect is the mechanism by which all users are authenticated.

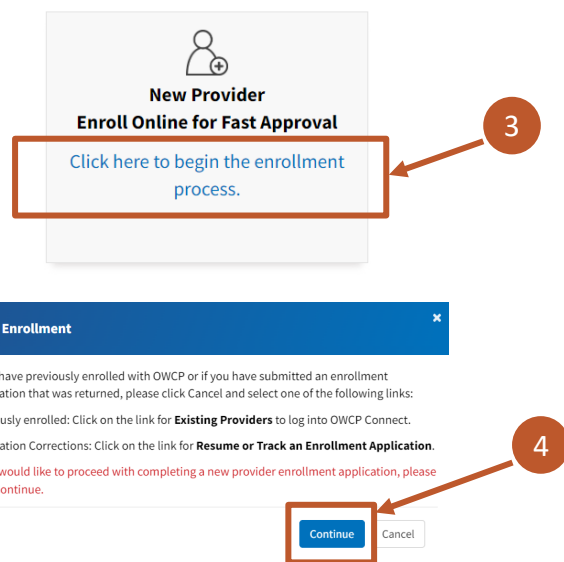
1. Go to <https://owcpmed.dol.gov>.
2. Select **Provider Enrollment**.



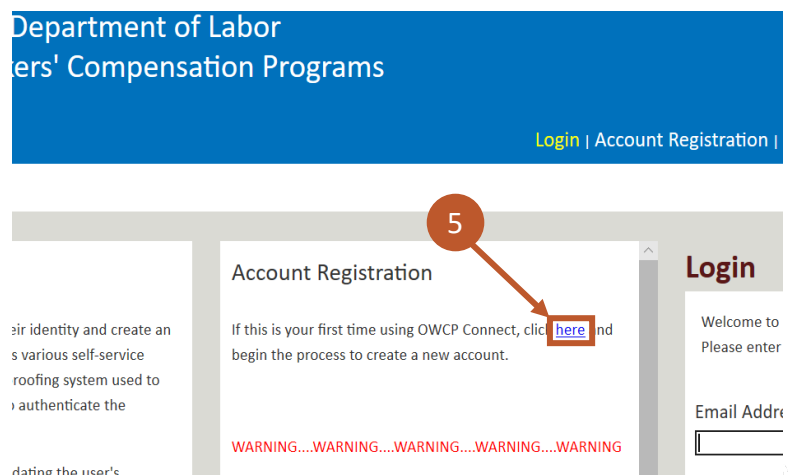
3. Select the **Click here to begin the enrollment process** link.

A dialogue box confirms that you want to begin a new enrollment.

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



5. Select the **here** link under **Account Registration** to begin the OWCP Connect Registration.

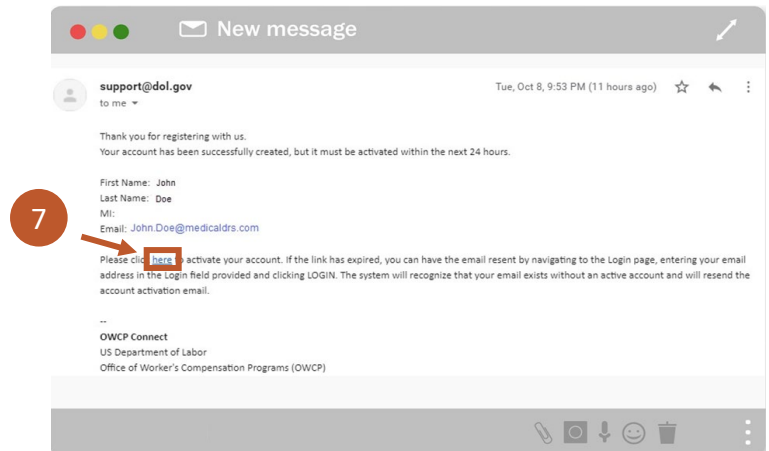




6. Follow the steps to register your OWCP Connect account. The system creates an account and sends a link to activate the account to your email address used during registration.

**Note:** The account must be activated within 24 hours.

7. Look for an email from “support@dol.gov” and select the **here** link.



8. Log in.

9. Select the **Enrollment Type**.
10. Select **Submit**.





11. To **choose not to be included** in the online OWCP Provider's search, select the checkbox next to the statement under the **Basic Information** section that reads: **"I do not wish to be included in an online searchable list of OWCP providers."**

12. If selecting the checkbox in Step 10, complete the **Reason** field to describe the reason for opting out.

**Note:** If the checkbox is selected in Step 10, the **Reason** field is required.

12. Select **Finish**.

The screenshot shows the 'Basic Information' section of a web form. It includes fields for 'Provider Type', 'Tax Identifier Type' (FEIN/SSN), 'Organization Name', 'Organization Business Name', 'FEIN', 'Last Name', 'Middle Name', 'First Name', 'SSN', 'National Provider Identifier', and 'Email Address'. A checkbox labeled 'I do not wish to be included in an online searchable list of OWCP providers.' is highlighted with a red box and an arrow labeled '11'. Below it is a 'Reason:' text field, also highlighted with a red box and an arrow labeled '12'. At the bottom right, there are 'Finish' and 'Cancel' buttons, with the 'Finish' button highlighted by a red box and an arrow labeled '13'.

**Note:** If the OWCP-1168 Provider Enrollment form is approved, then the Provider information **will not be added** to the Provider search list. The request to opt-out of the Provider search list remains in effect until the Provider requests otherwise.