Providers can choose not to appear in the online provider search list that claimants commonly use to find providers. This quick reference guide includes the steps to opt out of the online provider search list.

- For new enrollees submitting an OWCP-1168 Provider Enrollment Application online for the first time, proceed to **Step 1**.
- For existing providers who no longer want to appear in the provider search feature, proceed to **Page 8** for instructions on submitting a new maintenance request.

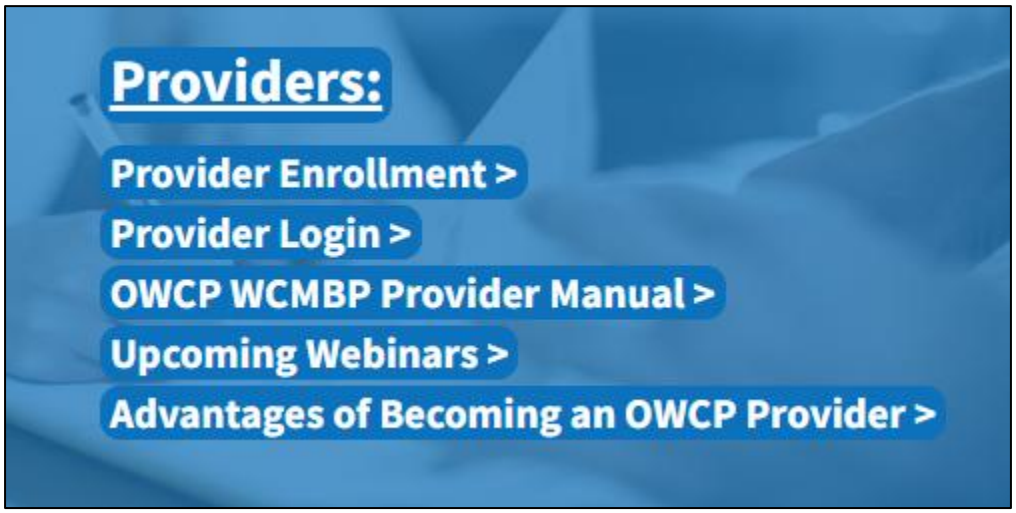
Before starting a new enrollment or accessing the new system, providers must register with OWCP Connect. OWCP Connect verifies and authenticates user identities.

Submitting the OWCP-1168 Enrollment Application Online

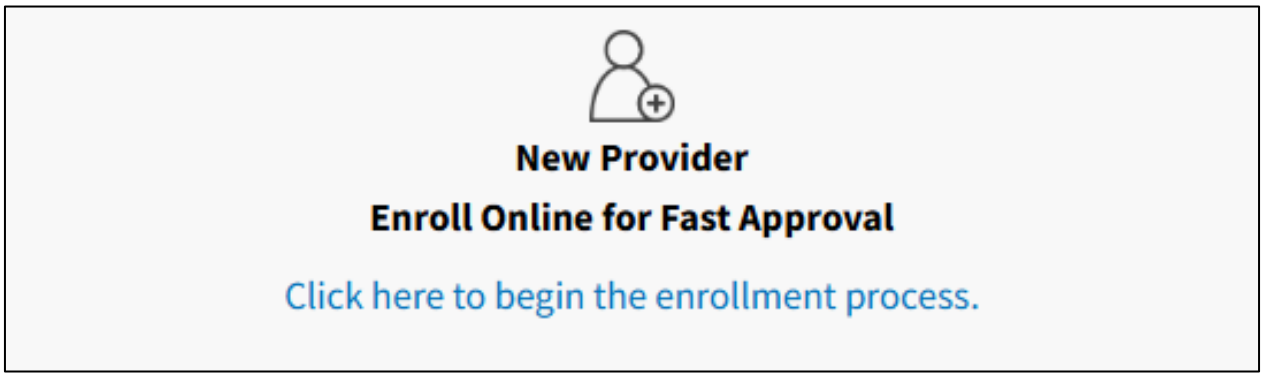
1. Go to the Office of Workers' Compensation Programs (OWCP) Medical Bill Processing Portal.

Submitting the OWCP-1168 Enrollment Application Online

2. Select **Provider Enrollment.**



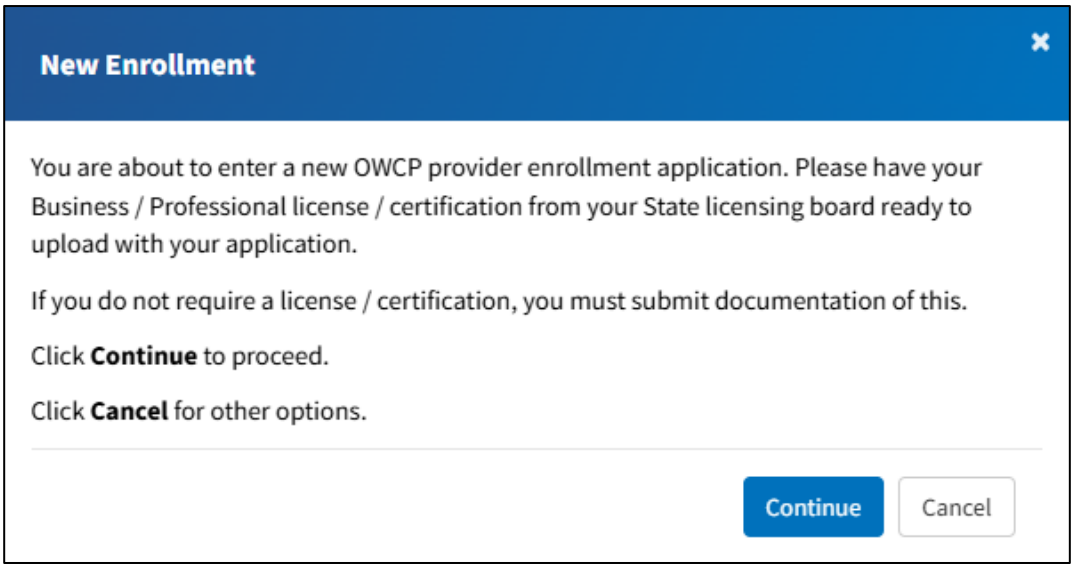
3. Select the **Click here to begin the enrollment process** link.



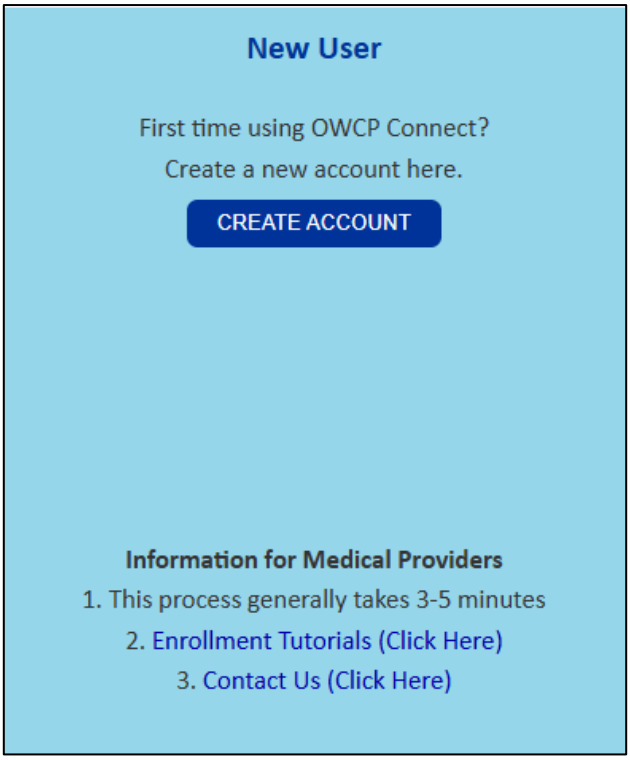
Submitting the OWCP-1168 Enrollment Application Online

A dialogue box confirms the provider wants to begin a new enrollment.

4. To begin a new application, select **Continue**.

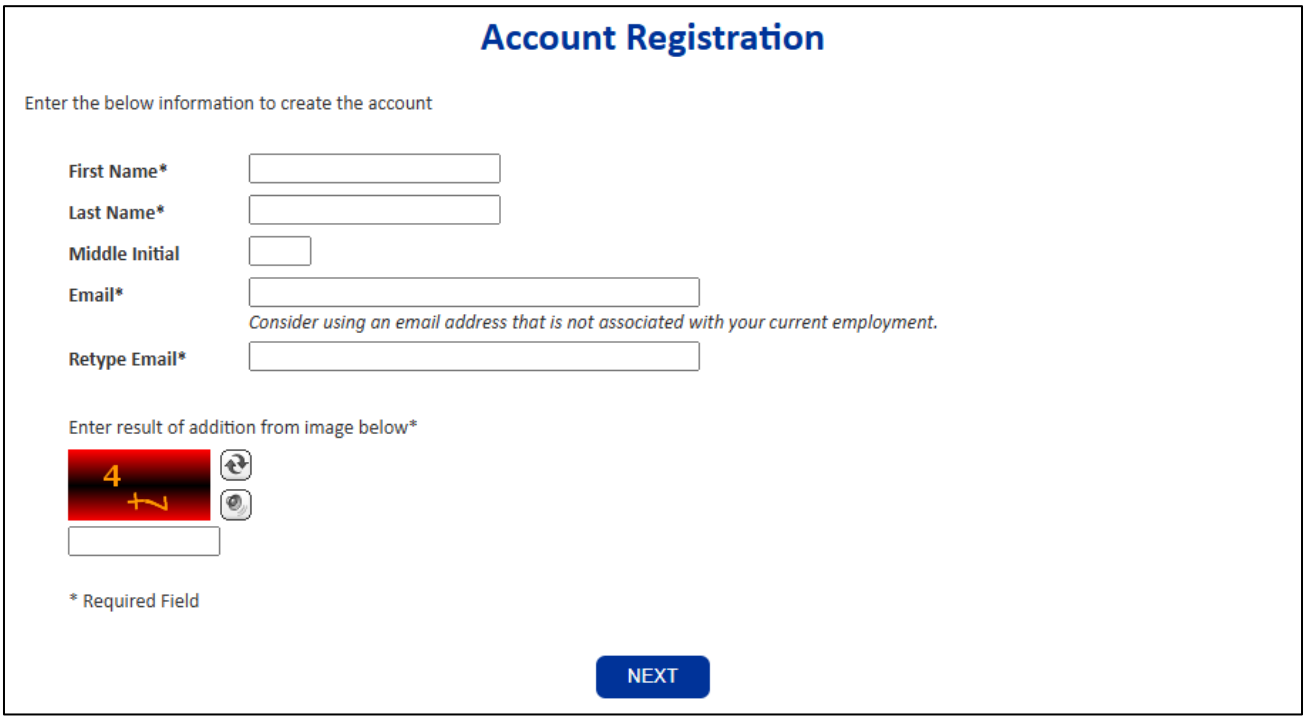


5. To begin the OWCP Connect Registration, select **Create Account** under **New User**.



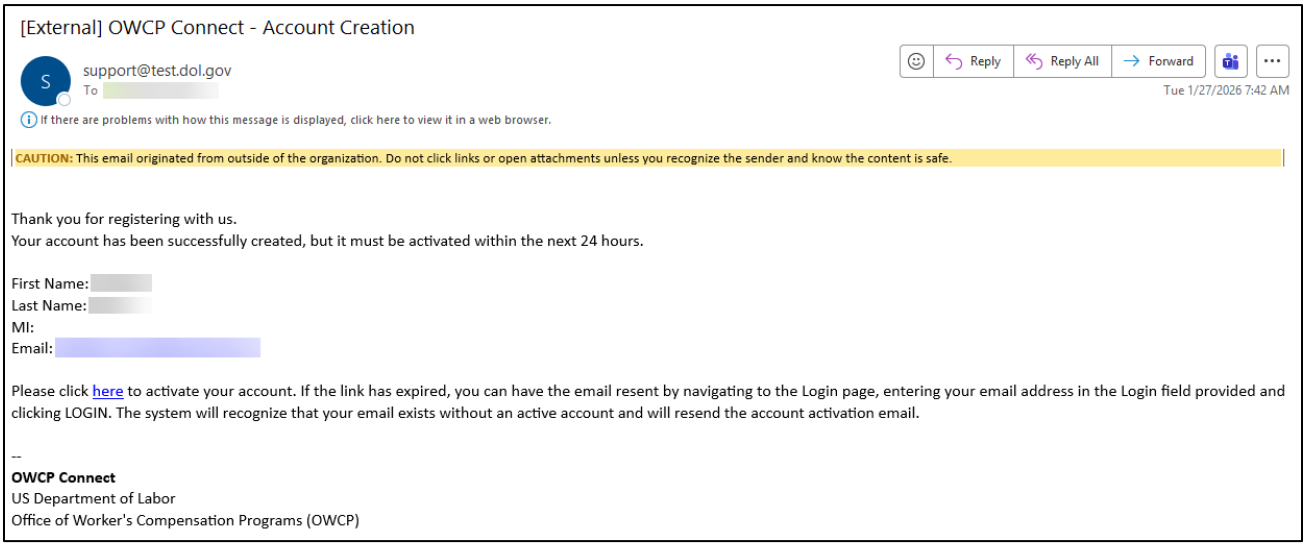
Submitting the OWCP-1168 Enrollment Application Online

6. Follow the steps to register your OWCP Connect account. The system creates an account and sends an account activation link to the provider's email address used during registration.



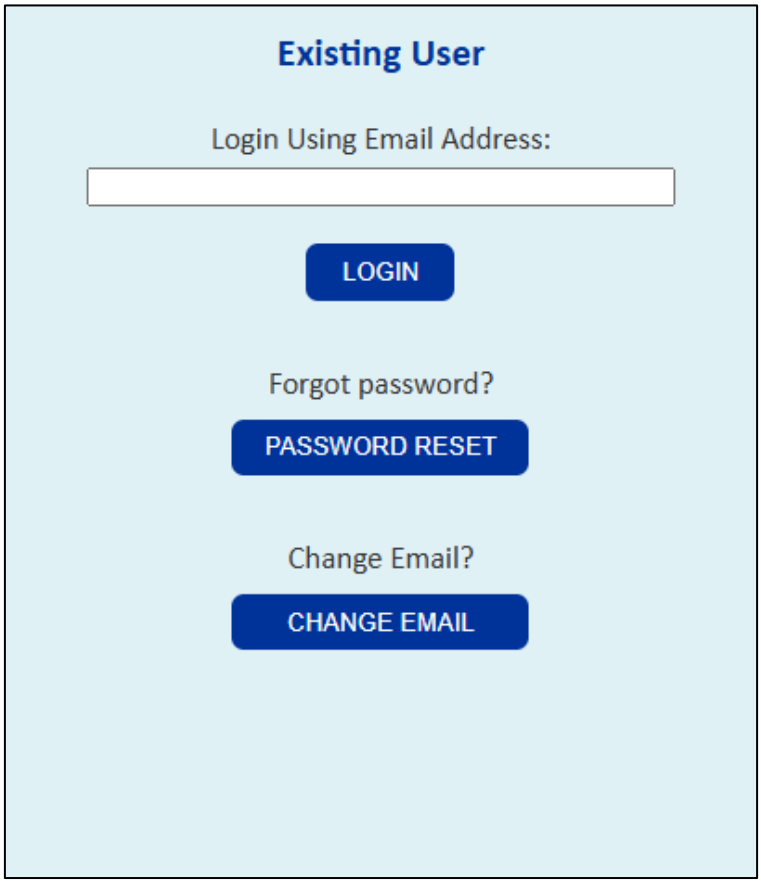
Note: The account must be activated within 24 hours.

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



Submitting the OWCP-1168 Enrollment Application Online

8. Log in.



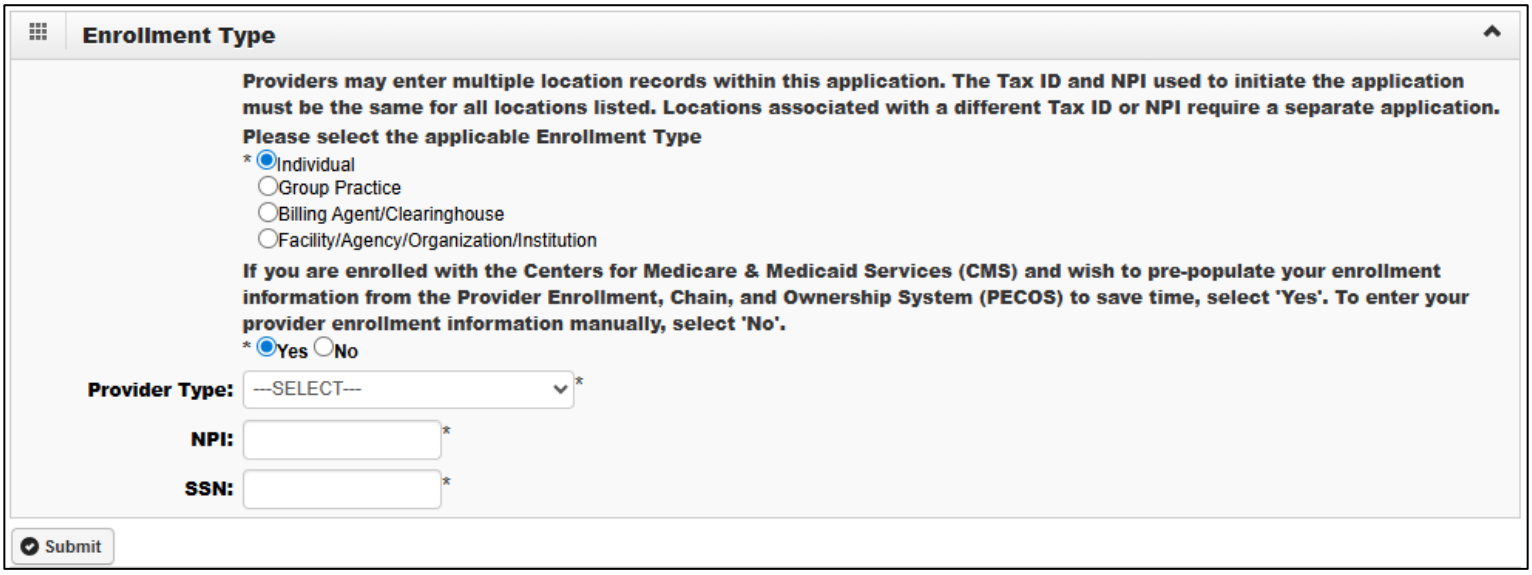
9. Select the applicable **Enrollment Type**.

Submitting the OWCP-1168 Enrollment Application Online

10. Proceed as applicable
    - To pre-populate enrollment information from the Provider Enrollment, Chain, and Ownership System (PECOS), select **Yes**.
    - To enter the information manually, select **No**.

11. Enter the required information based on selecting **Yes** or **No**.

12. Select **Submit**.

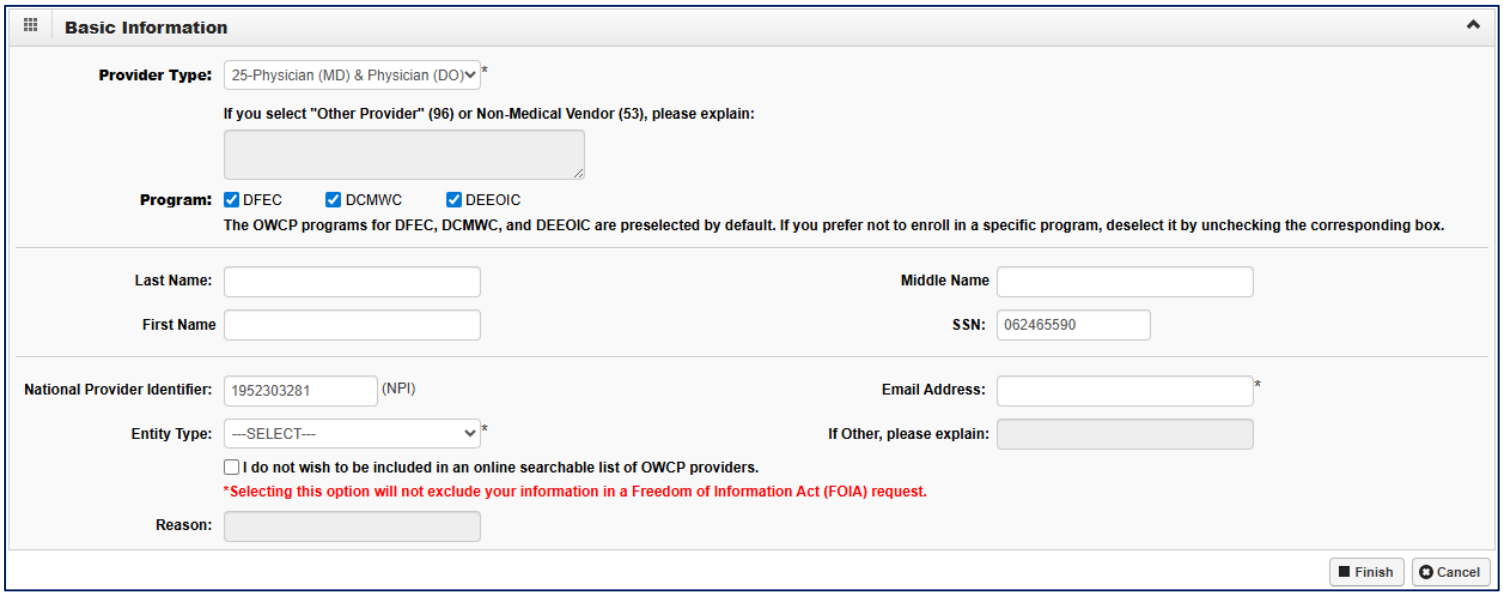


Submitting the OWCP-1168 Enrollment Application Online

13. 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."**

14. If selecting the checkbox in Step 13, provide a description for the reason for opting out in the **Reason** field.

Note: If the checkbox is selected in Step 13, the **Reason** field is required.

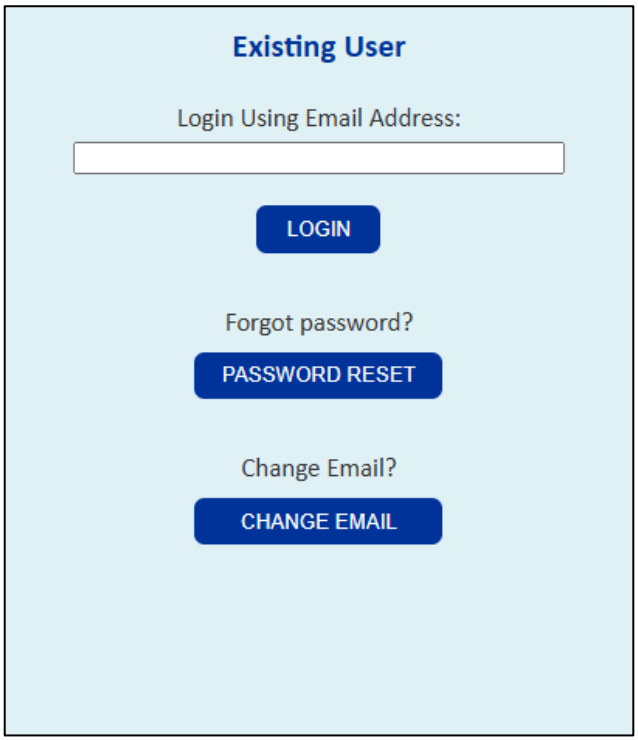


15. Select **Finish**.

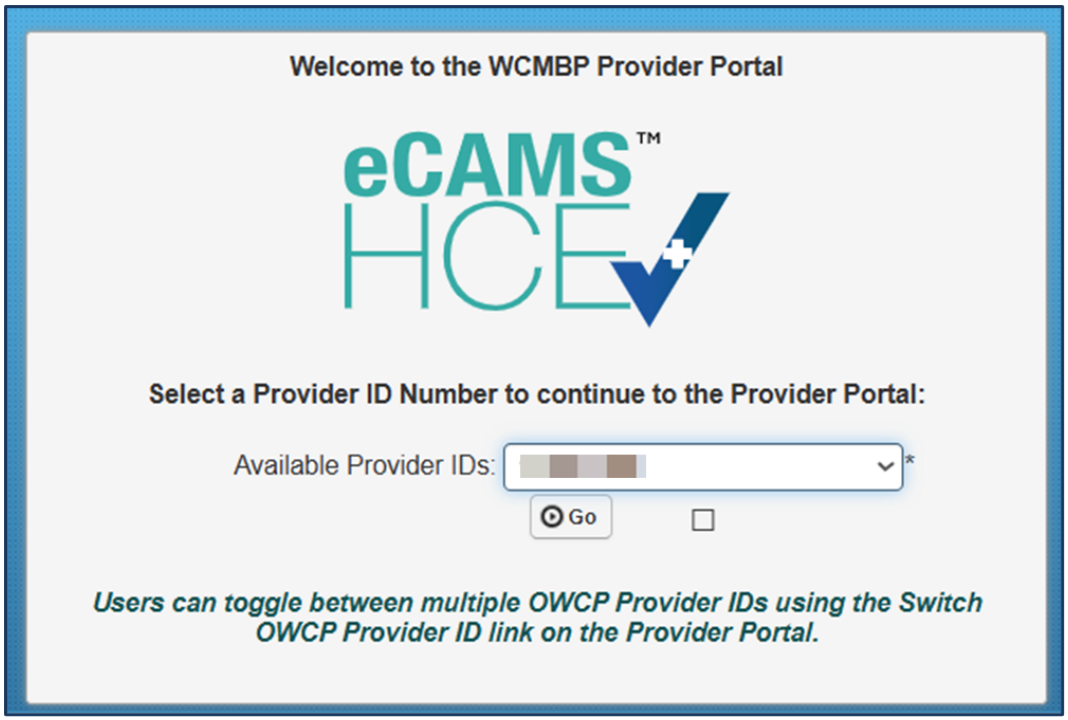
Note: If the OWCP-1168 Provider Enrollment form is approved, then the Provider information **will not be added** to the Provider search list. The request to opt-out of the Provider search list remains in effect until the Provider requests otherwise.

Submitting a New Maintenance Request for Existing Providers

1. Log in to the WCMBP System using the email and password provided during registration.

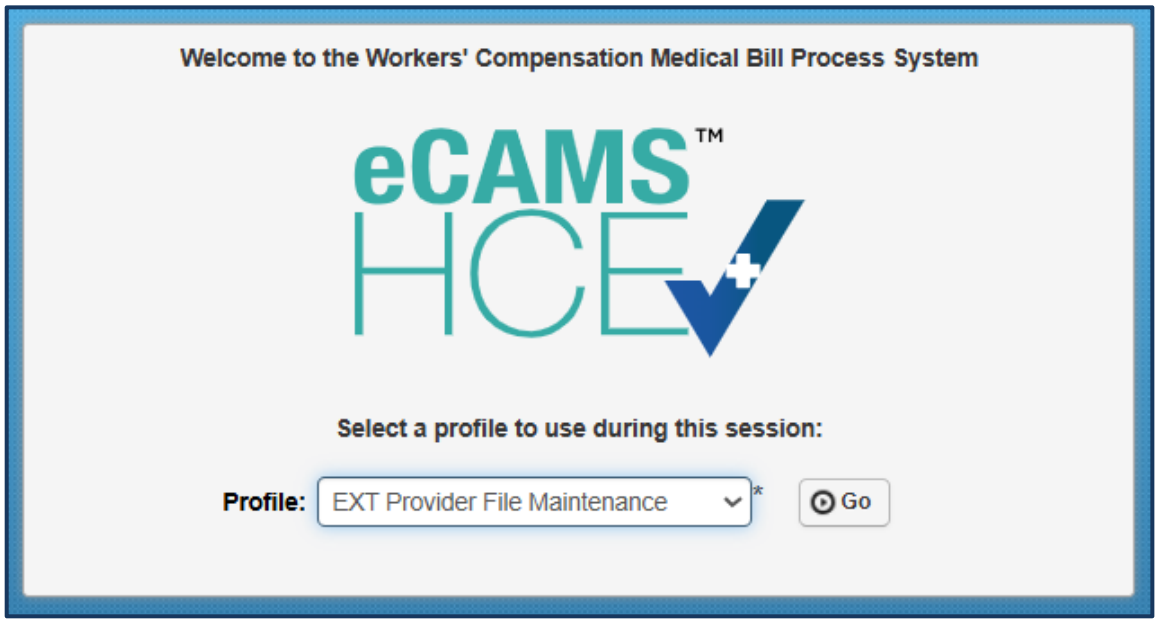


2. On the **Provider Portal** page, select the applicable provider ID from the **Available Provider IDs** drop-down list and select **Go**.

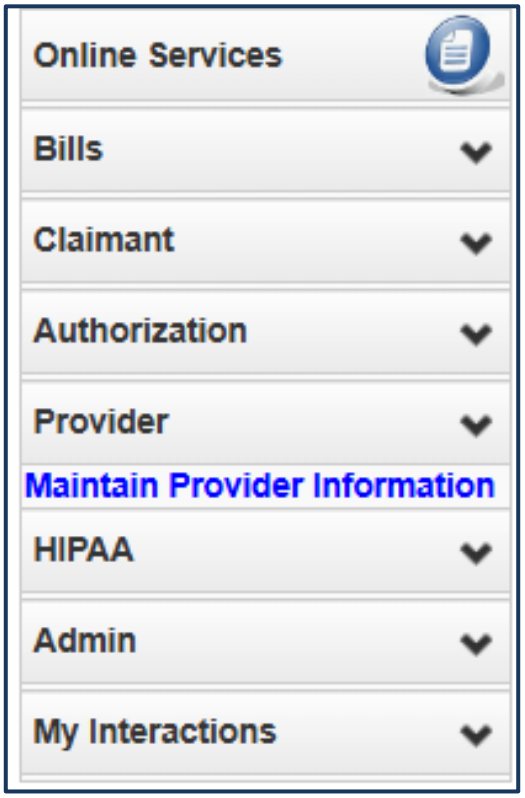


Submitting a New Maintenance Request for Existing Providers

3. Select the **EXT Provider File Maintenance** profile from the **Profile** drop-down list, then select **Go**.



4. Select the **Maintain Provider Information** link in the **Online Services** section on the left under **Provider**.

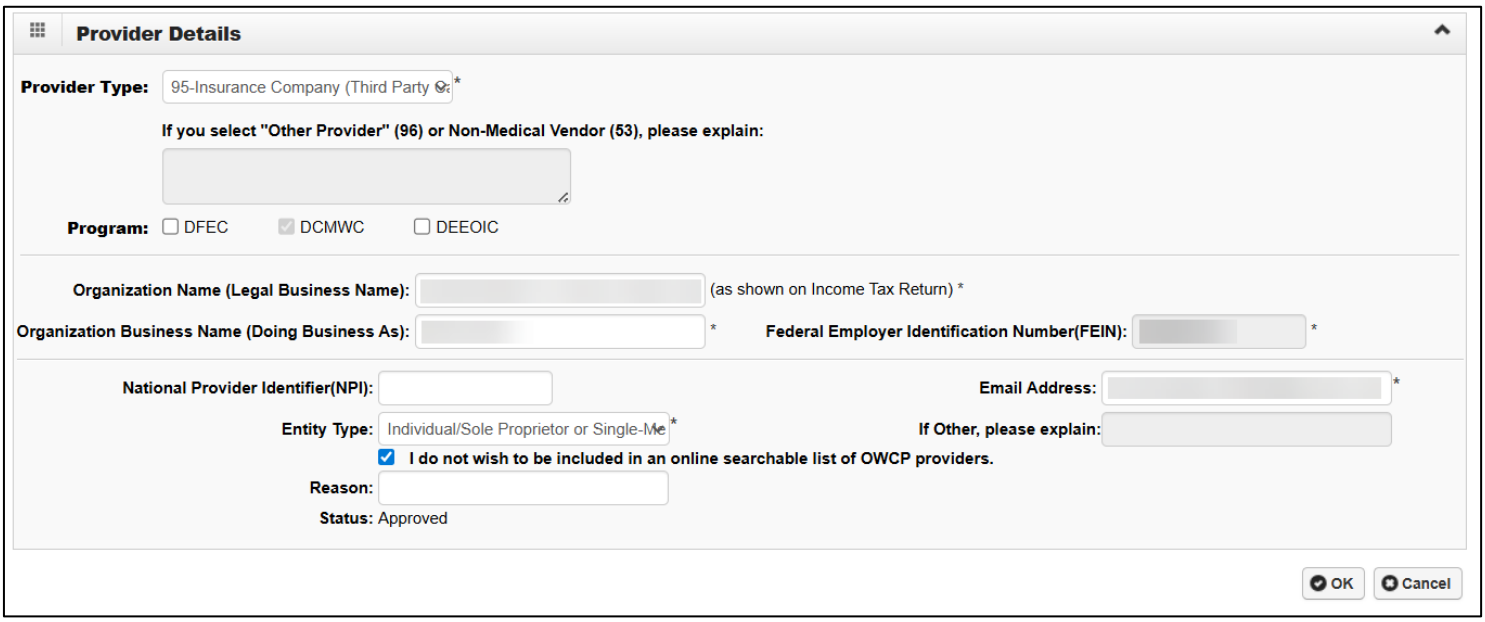


Submitting a New Maintenance Request for Existing Providers

5. Select **Step 1: Basic Information** from the **View/Update Provider** page.

6. 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."**

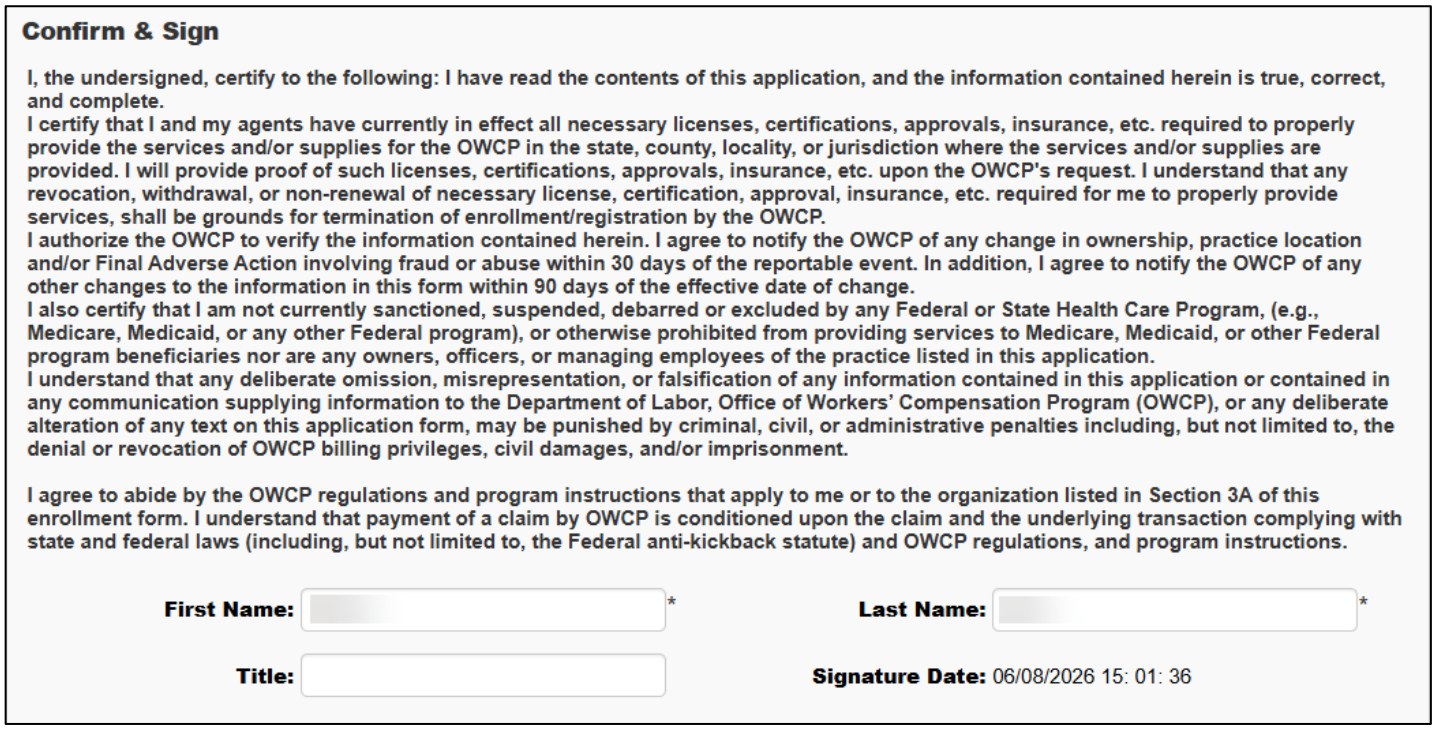
7. Select **OK**.



Submitting a New Maintenance Request for Existing Providers

8. Select **Step 13: Submit Maintenance Request for Review** from the **View/Update Provider** page.

9. Providers must enter the **First Name** and **Last Name** of the signer.



10. At the bottom, select **Submit Modification.**