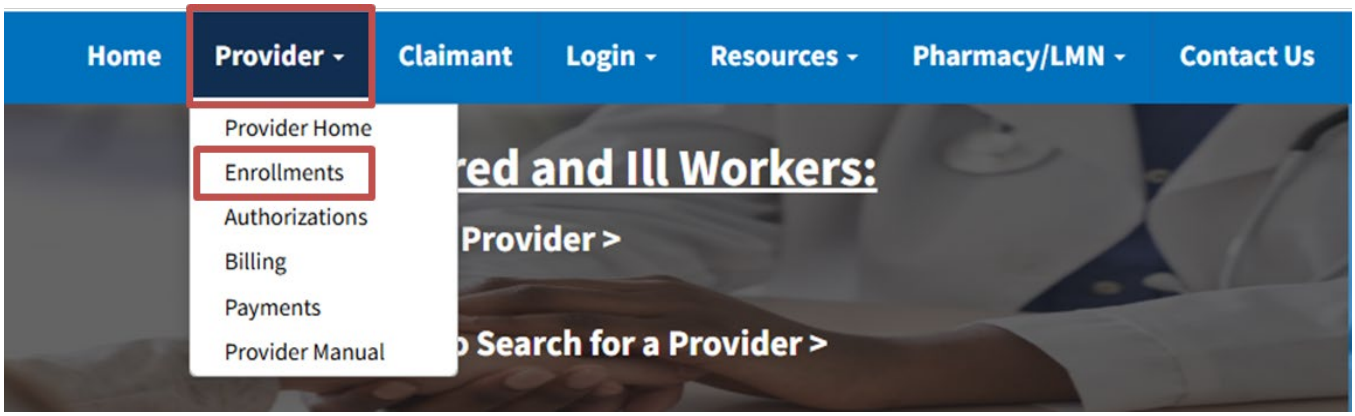
Resubmitting a Returned to Provider Enrollment Application

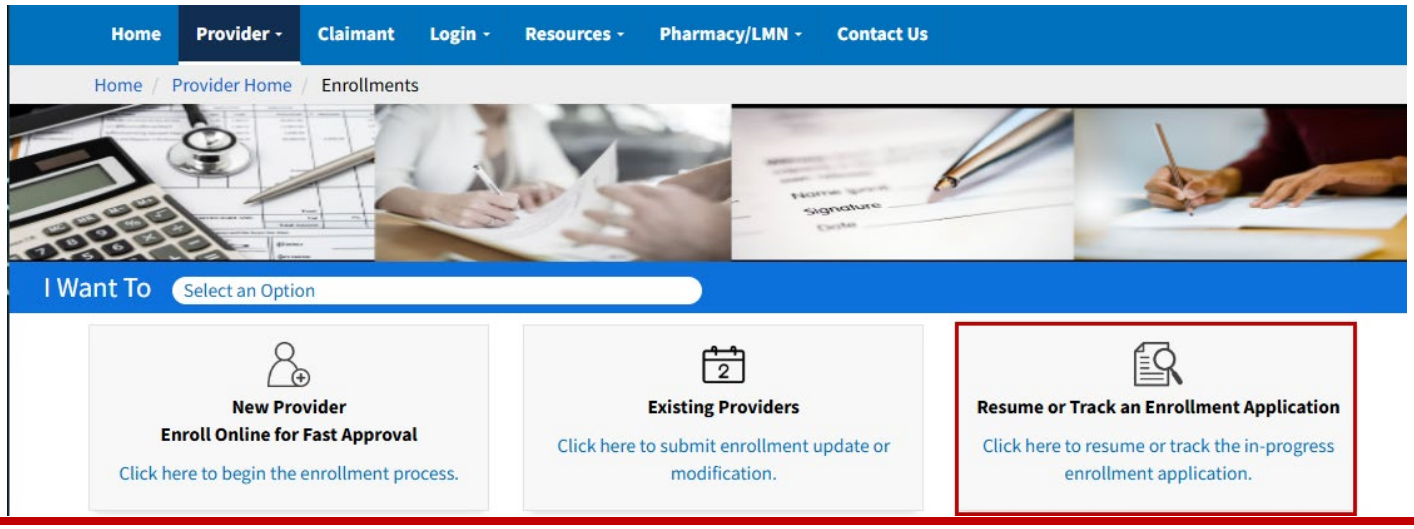
If a provider receives a Return to Provider (RTP) letter after submitting an enrollment application, the provider can make the necessary updates to the initial application and resubmit it. This update cannot be performed through a resubmission of the initial application.

Note: Corrections or updates to the enrollment type require a new application submission.

1. Go to the Medical Bill Processing Portal homepage (https://owcpmed.dol.gov) and select **Enrollments** from the **Provider** drop-down list.



2. Locate the **Resume or Track an Enrollment Application** section and select the **Click here to resume or track the in-progress enrollment application** link.



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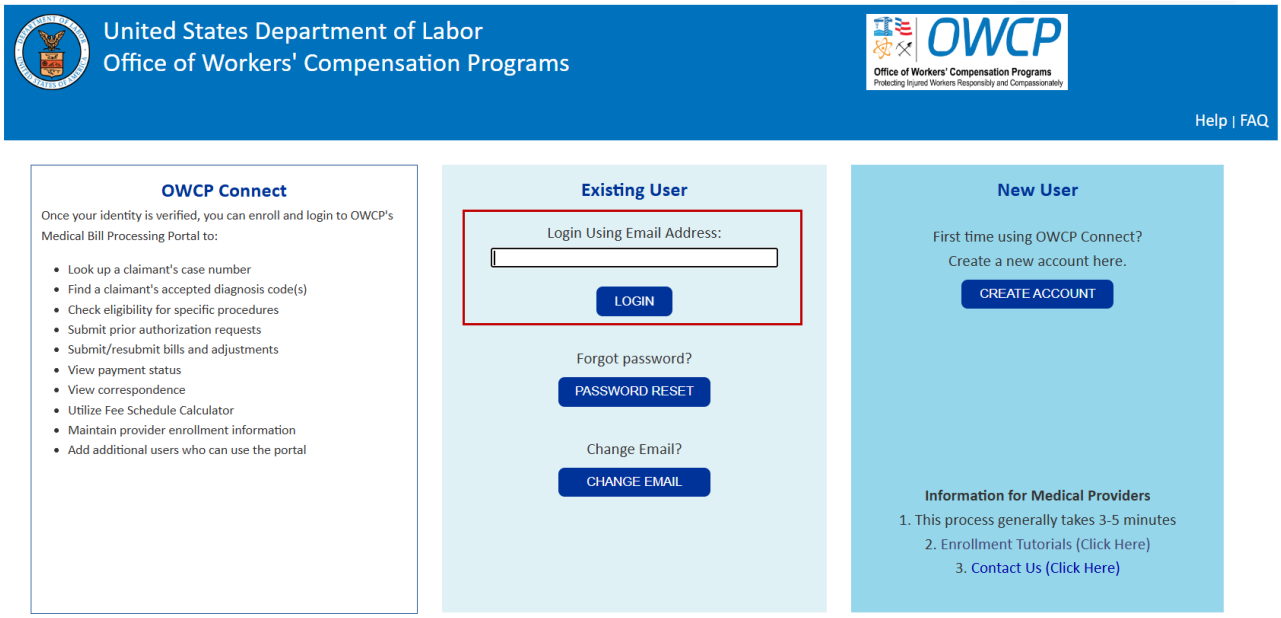
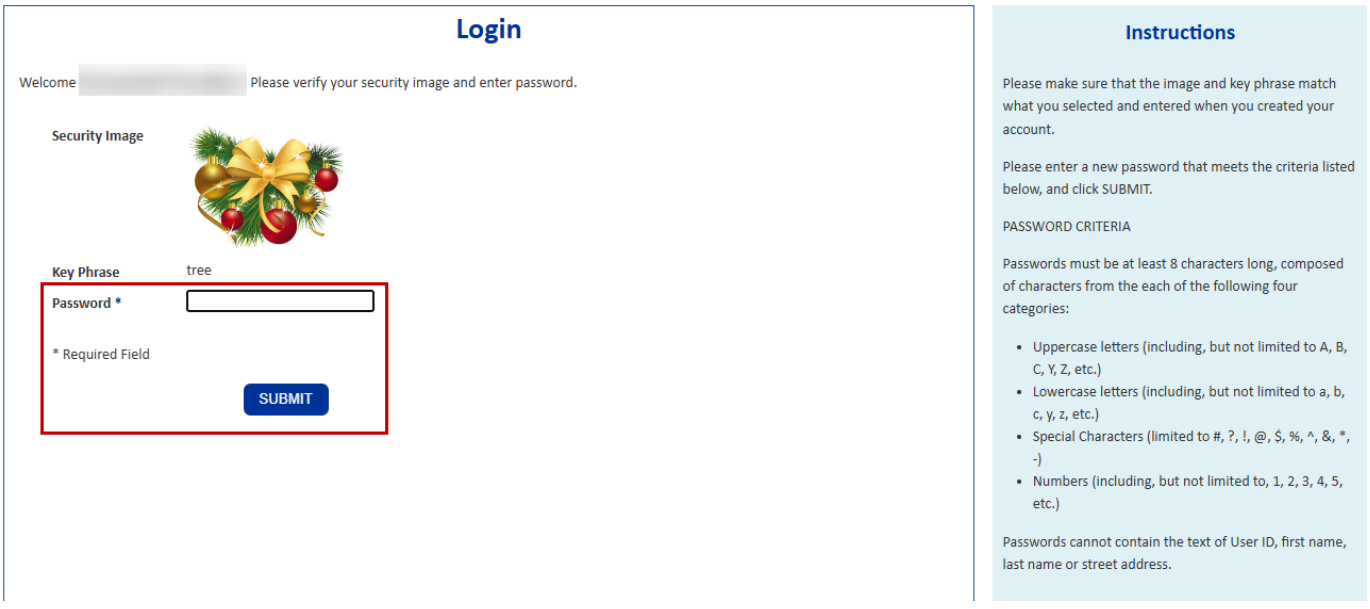
3. In the **Existing User** section, enter the email address used during OWCP Connect registration and select **LOGIN**.



4. Enter the password created during OWCP Connect registration, then select **SUBMIT**.



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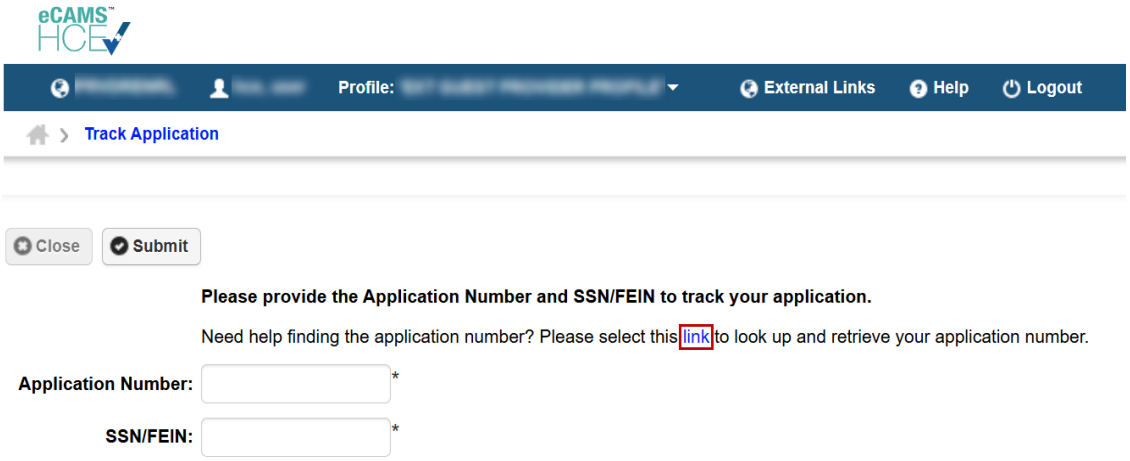
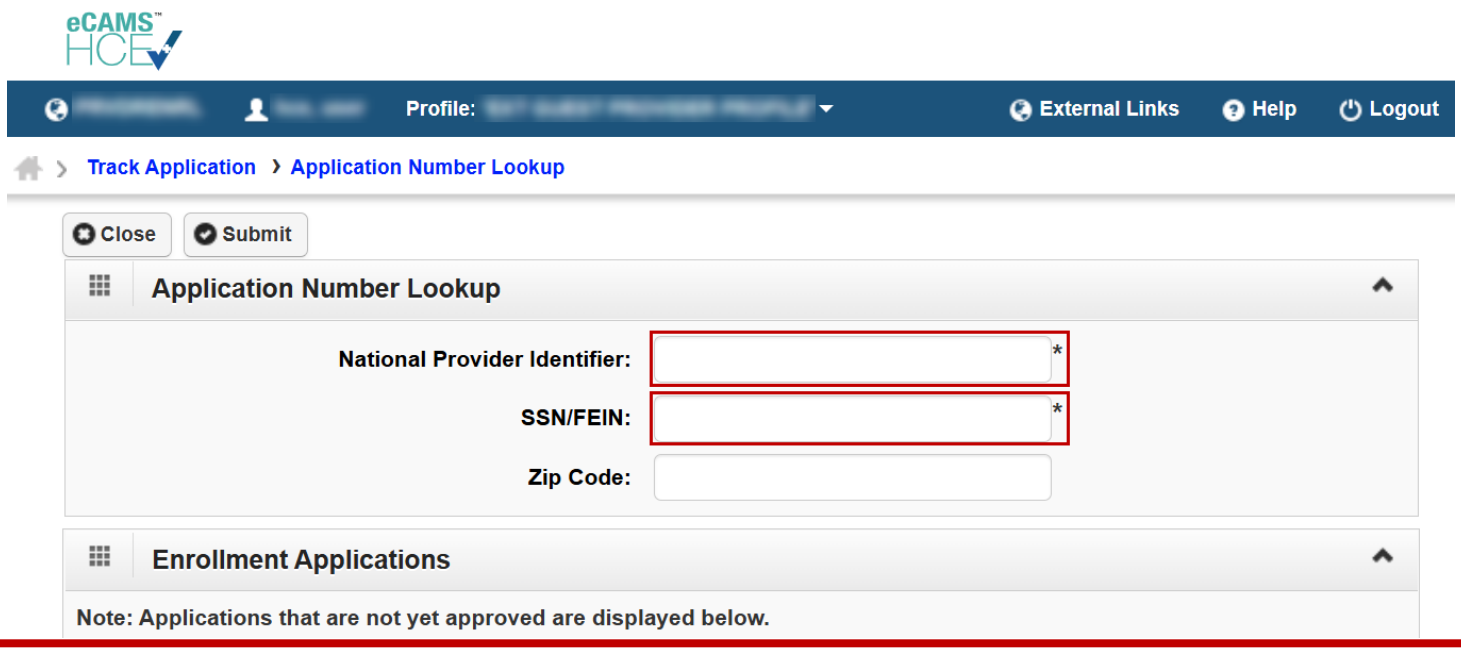
5. Enter the **Application Number** and **social security number (SSN)** or **Federal Employee Identification Number (FEIN)**.
   - If you know the Application Number and SSN or FEIN, Select here for next steps.
   - If you do not know the Application Number, select the **link** after the "Need help finding the application number?" text.



6. To retrieve the **Application Number**, enter the National Provider Identifier (NPI) and SSN or FEIN in the **National Provider Identifier** and **SSN/FEIN** fields.

Note: The application number is located in the Return to Provider (RTP) letter.



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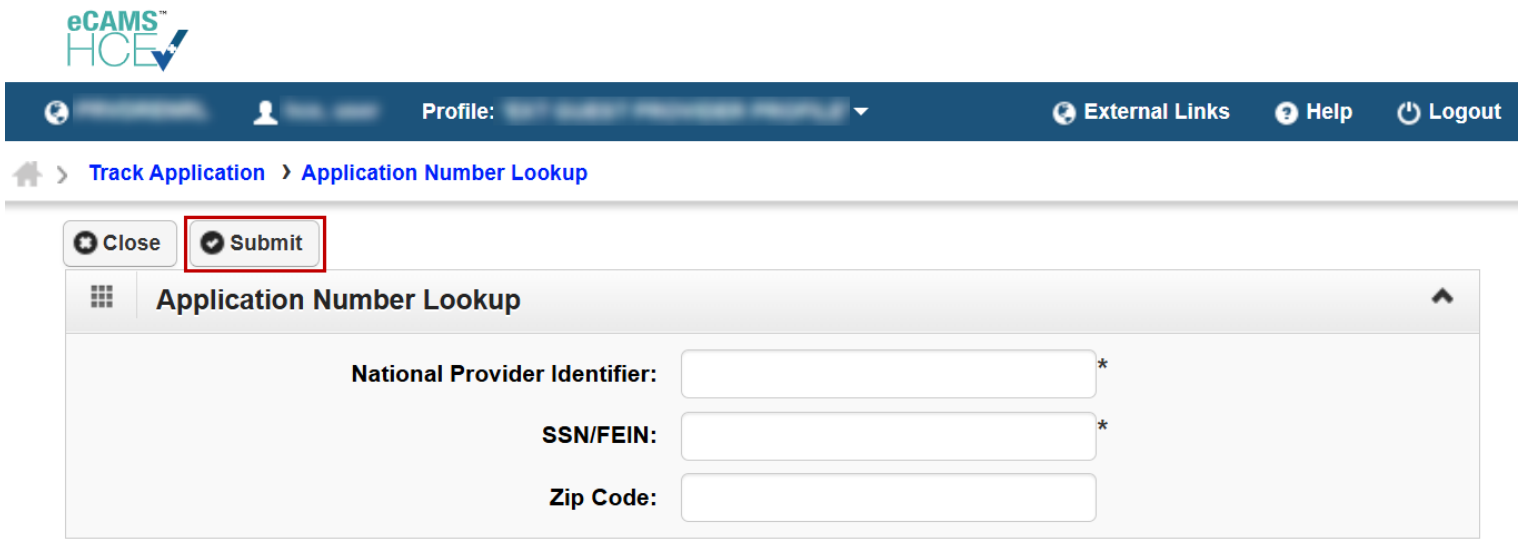
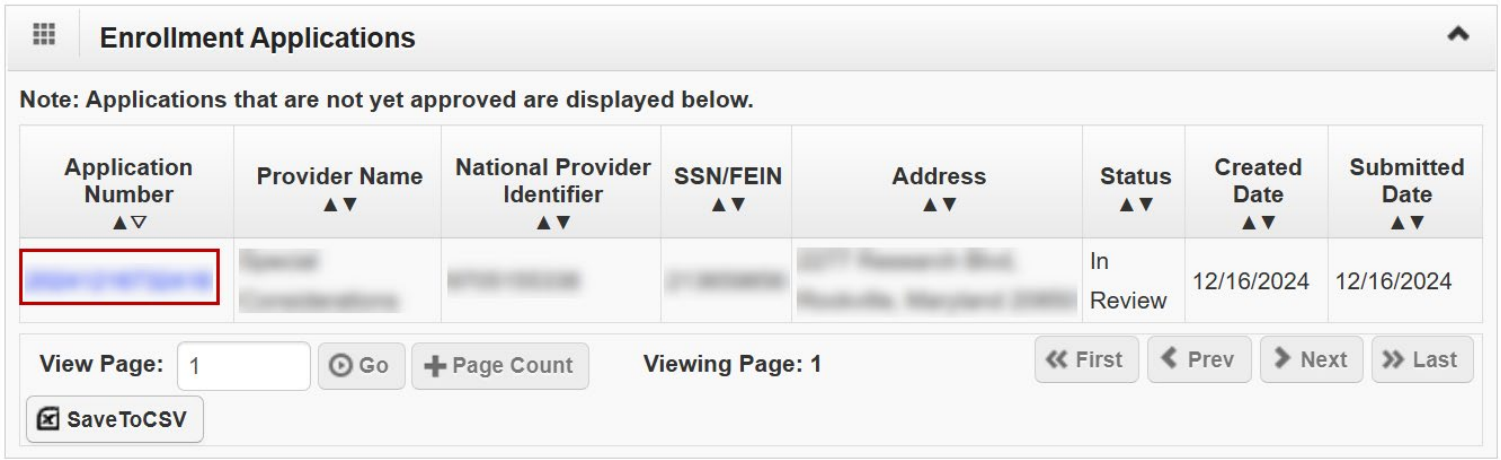
7. To view the application number, select **Submit** above the **Application Number Lookup** section.



The system identifies the matching enrollment application and displays the application's details in the **Enrollment Applications** section.

8. To access the application, select the **Application Number** link.

Note: Only those enrollment applications that have not been approved display.



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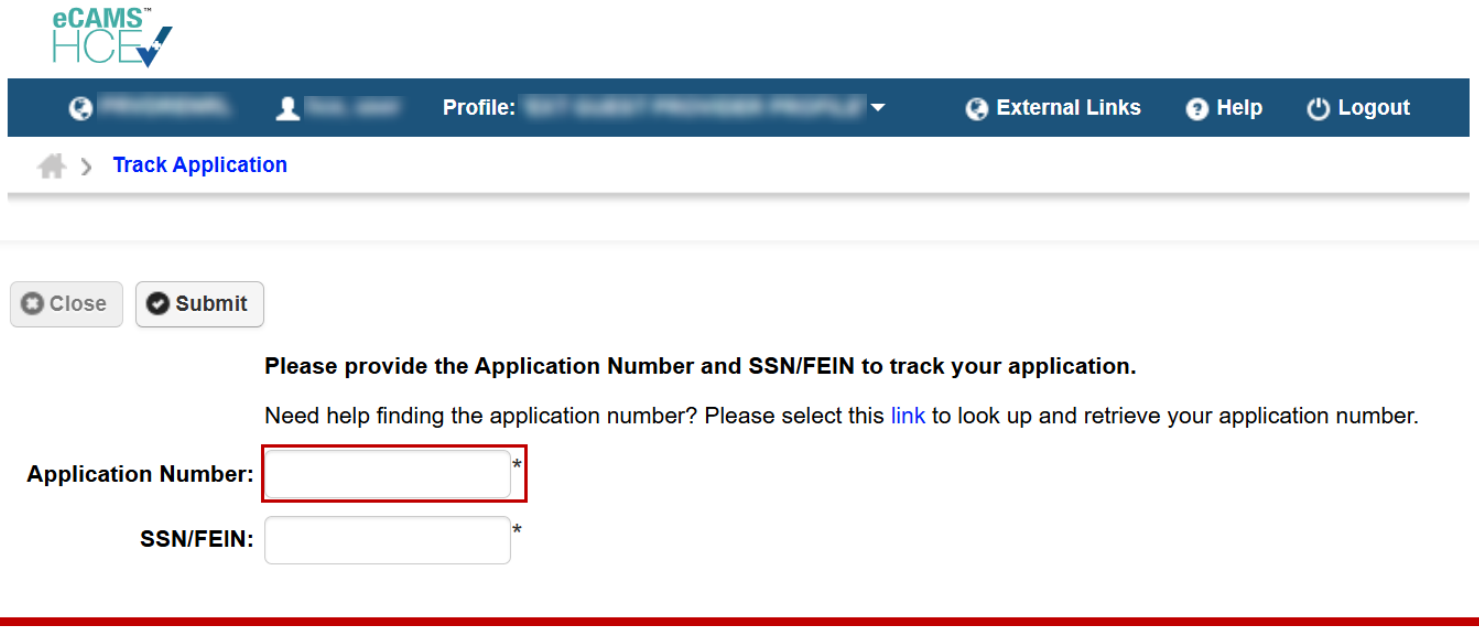
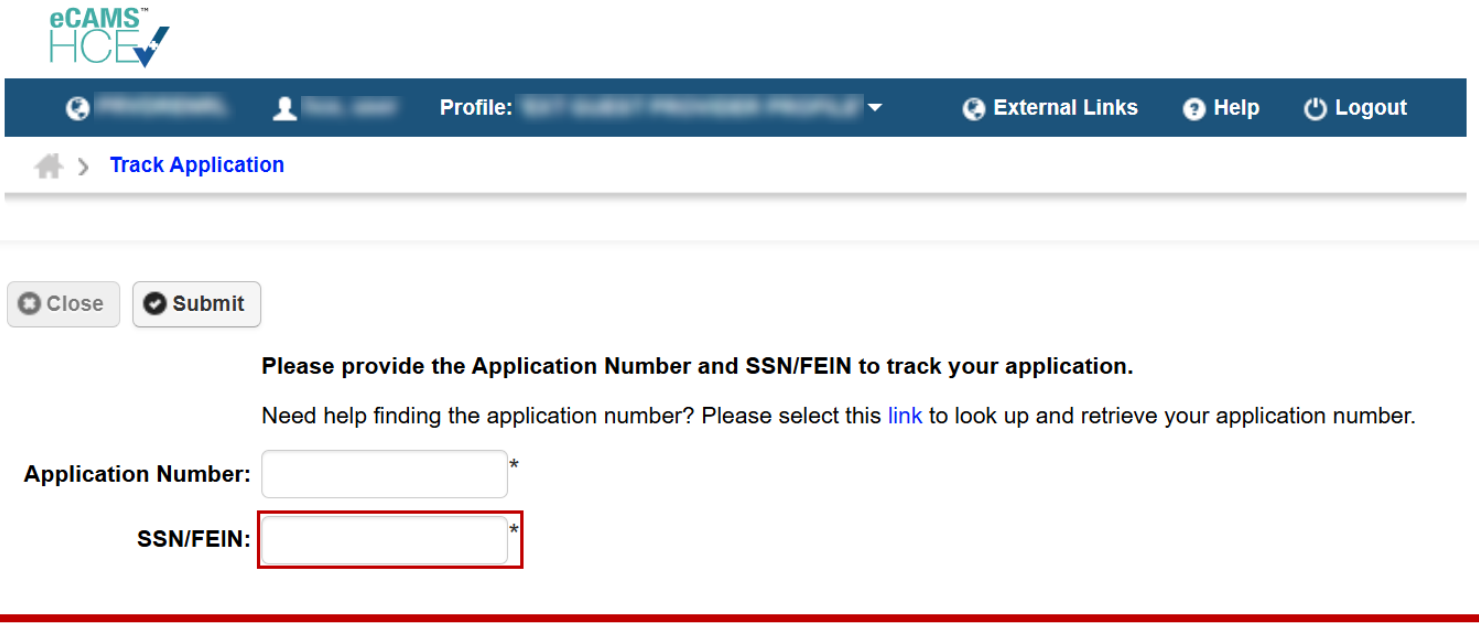
9. For providers who know their application number, enter the application number received during the initial enrollment in the **Application Number** field.



10. In the **SSN/FEIN** field, enter the Social Security Number (SSN) or Federal Employer Identification Number (FEIN) used during the initial enrollment.



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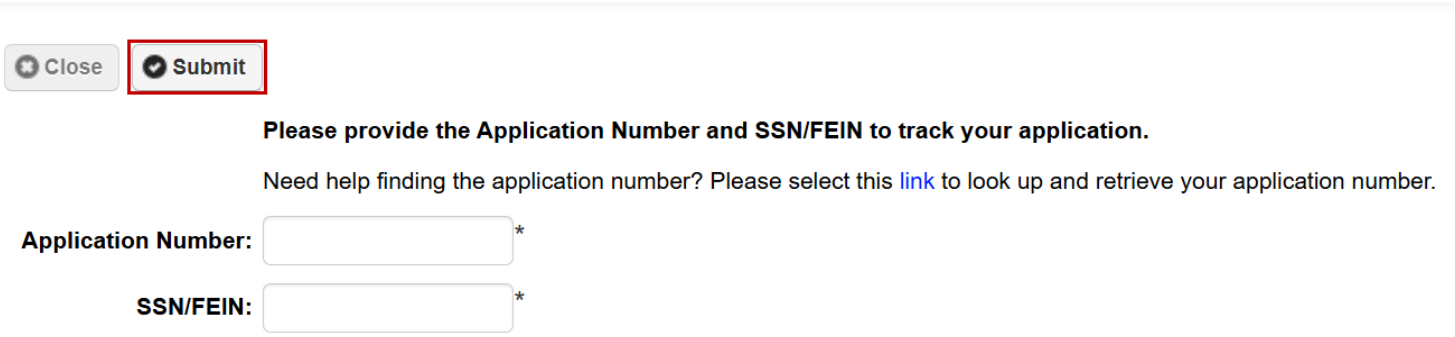
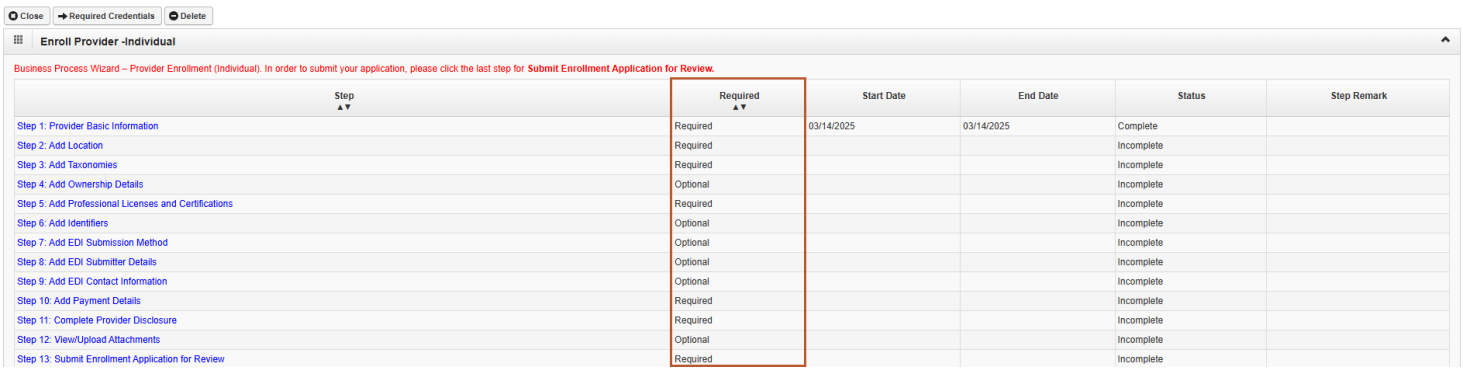
11. To return to the application and make the necessary adjustments as indicated in the RTP letter, select **Submit**.



Note: When returning to the enrollment application, the status of all required steps will display as **Incomplete**.

- Each required step must be opened to verify that the information is correct or to make necessary revisions.
- Selecting the up and down arrows within the **Required** column sorts each step by “Required” or “Optional.”
- You must open each step, verify or adjust the information as needed, and close the step.
- The step **Status** will then be marked as “Complete.”



Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	03/14/2025	03/14/2025	Complete	
Step 2: Add Location	Required			Incomplete	
Step 3: Add Taxonomies	Required			Incomplete	
Step 4: Add Ownership Details	Optional			Incomplete	
Step 5: Add Professional Licenses and Certifications	Required			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	

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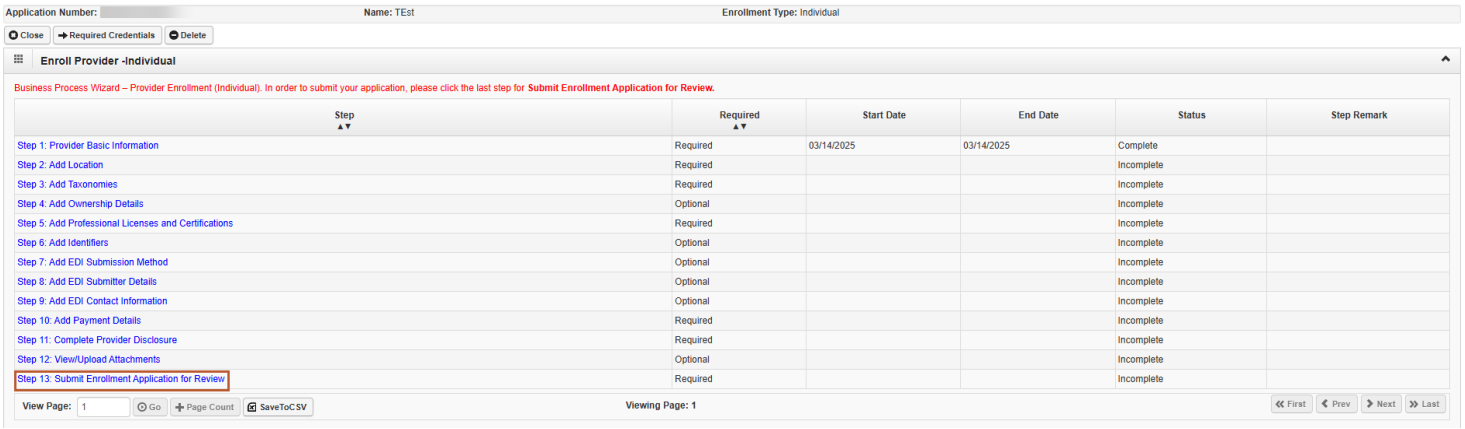
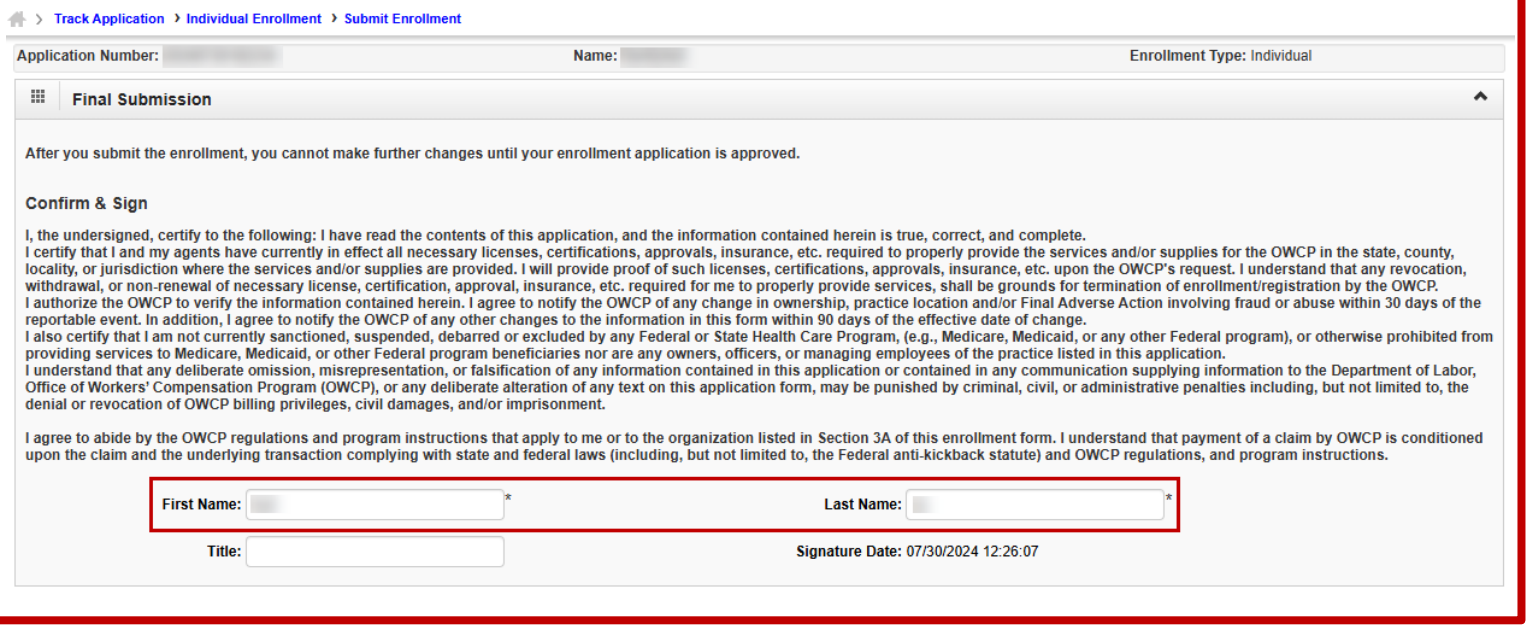
Note: After verifying, revising, or adding the required information for each step, submit the enrollment application as follows.

12. Select the **Step 13: Submit Enrollment Application for Review** link.



13. Enter the first and last name in the **First Name** and **Last Name** fields.



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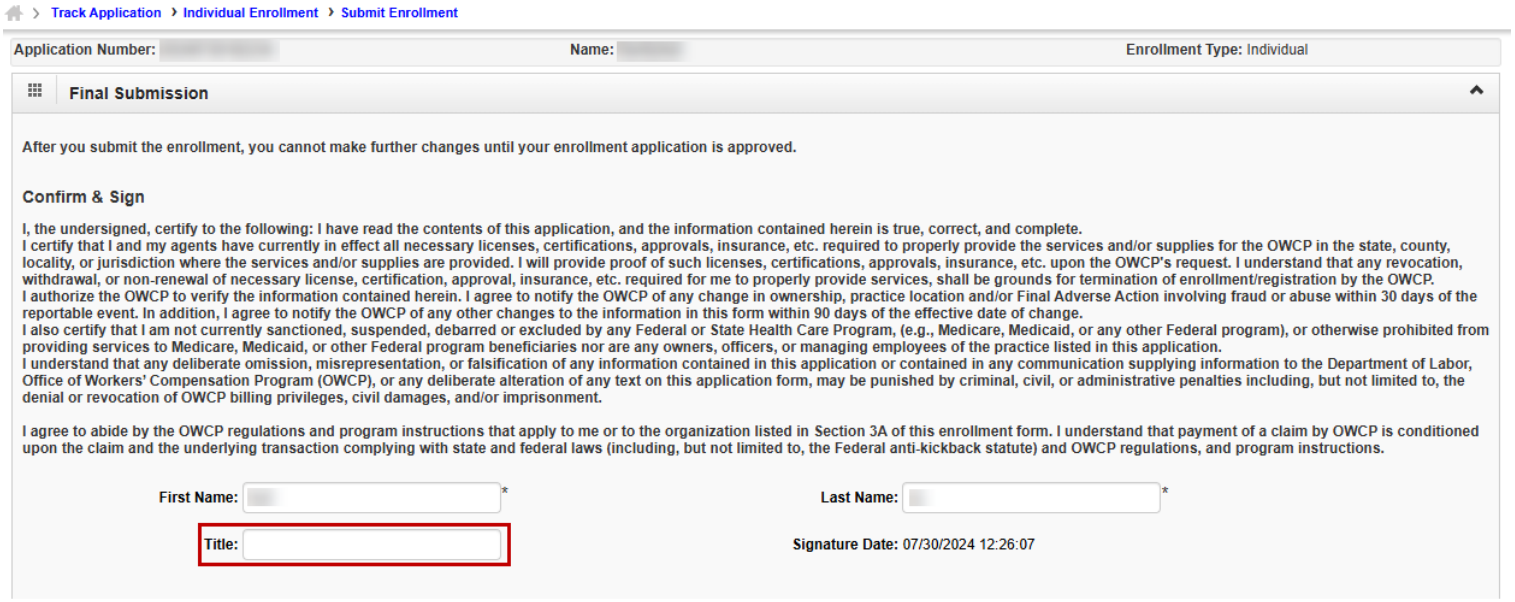
14. Optionally, in the **Title** field, enter the title of the final submitter.



15. The application will go into a submitted status. Once the application completes the IRS validation, the status will change to in review.