



### Updating Provider Information: Table of Contents

In this quick reference guide, examples of steps are from a provider enrolled as a group, individual, or facility. Servicing Providers step is applicable to groups.

The ability to update provider information requires users be assigned one or more of the following profiles:

- **EXT Provider File Maintenance**
- **EXT Provider Super User**

- [Selecting Provider ID and Profile](#)
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- [Submitting Maintenance Request for Review](#)
- [Updating Servicing Provider Information](#)
- [Changing Profiles](#)


**Note:** This quick reference guide (QRG) is intended for Providers with an existing Provider Portal account. Select a link above to be redirected to the steps required to update Provider information within the Provider Portal.



### Selecting Provider ID and Profile

1. After logging into the [WCMBP System](#) portal with the applicable username and password, select the appropriate Provider ID from the **Available Provider IDs** drop-down list.

Welcome to the WCMBP Provider Portal



Select a Provider ID Number to continue to the Provider Portal:


Available Provider IDs:

\*

*Users can toggle between multiple OWCP Provider IDs using the Switch OWCP Provider ID link on the Provider Portal.*

2. To continue to the Provider Portal, select **Go**.

Welcome to the WCMBP Provider Portal



Select a Provider ID Number to continue to the Provider Portal:

Available Provider IDs:

\*

*Users can toggle between multiple OWCP Provider IDs using the Switch OWCP Provider ID link on the Provider Portal.*




### Selecting Provider ID and Profile

3. Select the applicable profile from the **Profile** drop-down list:



- EXT Provider File Maintenance
- EXT Provider Super User

**Note:** If a Provider does not have access, they can contact the institution's administrator

Welcome to the Workers' Compensation Medical Bill Process System


**eCAMS<sup>TM</sup>**  
**HCE** 

Select a profile to use during this session:



Profile:   \* 

4. Select **Go**.

Welcome to the Workers' Compensation Medical Bill Process System

**eCAMS<sup>TM</sup>**  
**HCE** 

Select a profile to use during this session:

Profile:   \* 



### Updating Information

To navigate to the **View/Update Provider Data** page, select the **Maintain Provider Information** link from the **View/Update Provider Data-Individual** page.

<b>Bills</b>
<a href="#">Bill Inquiry</a>
<a href="#">View Payment</a>
<a href="#">Bill Adjustment</a>
<a href="#">On-line Bills Entry</a>
<a href="#">Resubmit Denied Bill</a>
<a href="#">Retrieve Saved Bills</a>
<a href="#">Manage Templates</a>
<a href="#">Create Bills from Saved Templates</a>
<a href="#">View Accounts Receivable</a>
<a href="#">Fee Schedule Calculator</a>
<b>Claimant</b>
<a href="#">Eligibility Inquiry</a>
<a href="#">Case Look-up</a>
<b>Authorization</b>
<a href="#">On-line Authorization Submission</a>
<b>Provider</b>
<a href="#">Maintain Provider Information</a>
<b>HIPAA</b>
<a href="#">Submit HIPAA Batch Transaction</a>
<a href="#">Retrieve HIPAA Batch Responses</a>
<a href="#">SFTP User Details</a>
<b>Admin</b>
<a href="#">Maintain Users</a>
<a href="#">Switch OWCP Provider ID</a>
<b>My Interactions</b>
<a href="#">Correspondences</a>



### Updating Basic Information

#### 1. Select **Step 1: Basic Information**.

<input type="checkbox"/>	Step	Required
<input checked="" type="checkbox"/>	Step 1: Basic Information	Required
<input type="checkbox"/>	Step 2: Location	Required
<input type="checkbox"/>	Step 3: Taxonomies	Required

#### 2. Make the necessary updates to any of the editable fields, then select **OK**.

**Note:** If this is the only step requiring an update, the provider can proceed to the final step, [Submitting Maintenance Request for Review](#). Otherwise, the provider proceeds to the next step.

Provider Type: 25-Physician (MD) & Physician (DC) \*

If you select "Other Provider" (96) or Non-Medical Vendor (53), please explain:

Program: ☒ DFEC ☒ DCMWC ☒ DEEOIC ☐ DLHWC

Provider Name(Organization Name): (as shown on Income Tax Return)

Organization Business Name: Federal Employer Identification Number(FEIN):

National Provider Identifier(NPI): Email Address:

Entity Type: C Corporation \* If Other, please explain:

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

Reason:

Status: Approved

OK Cancel



### Updating Location

1. Select **Step 2: Location**.

OWCP ID/NPI: [REDACTED] N

[Close](#) [→ Required Credentials](#) [← Undo Update](#)

#### View/Update Provider Data - Individual

Business Process Wizard - Provider Data Modification (Individual).  
Submit Maintenance Request for Review.

<input type="checkbox"/>	Step ▲▼	Required ▲▼
<input type="checkbox"/>	Step 1: Basic Information	Required
<input type="checkbox"/>	Step 2: Location	Required
<input type="checkbox"/>	Step 3: Taxonomies	Required

2. To review the physical and mailing addresses, select the **Location Name**.  
The **Location Details** page opens.

#### Provider Locations

Filter By :  And   
 [Go](#) [Clear Filter](#) [Save Filter](#) [My Filters ▼](#)

<input type="checkbox"/>	Location Name ▲▼	Location Details ▲▼	Start Date ▲▼	End Date ▲▼	Status ▲▼	Business Status ▲▼
<input type="checkbox"/>	[REDACTED]	[REDACTED]	01/01/1964	12/31/2999	Approved	Active





### Updating Location

- On the **Location Details** page, verify the **Contact Last Name**, **Contact First Name**, and **Phone Number** fields.

Close Save

#### Location Details

Business Name:  ND/\*

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

Phone Number: \* Fax Number:

Email Address: f.com

☐ 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 provider enrollment status correspondence.  
Note: OWCP is not responsible for undelivered correspondence notification emails due to invalid or outdated email address.

System Status: Approved Location Start Date: 01/01/1974 Location End Date: 12/31/2022  
Business Status: Active Business Status Start Date: 02/09/2022 Business Status End Date: 12/31/2022

- To modify the Mailing or Physical address, select the hyperlink corresponding to the address type, which will allow updates to the address.

#### Address List

Filter By:   Go

<input type="checkbox"/>	Address Type ▲▼	Address ▲▼	Start Date ▲▼	End Date ▲▼	Status ▲▼
<input type="checkbox"/>	Mailing			12/31/2999	APPROVED
<input type="checkbox"/>	Physical			12/31/2999	APPROVED

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### Updating Location

5. Enter the new zip code in the **Zip Code** field.

The screenshot shows a form titled "Address details" with a grid icon in the top left corner. The form contains the following fields:

- Address Line 1:  \*
- (Enter Street Address or PO Box Only)
- Address Line 3:
- City/Town:  \*
- State/Province:  \*
- County:  \*
- Country:  \*
- Zip Code:  -

The "Zip Code" field is highlighted with a red box.

6. Select **+ Validate Address**.

**Note:** If the address is valid, the **City/Town**, **State/Province**, **County**, and **Country** fields will auto-populate.

The screenshot shows the same "Address details" form as above. The "City/Town", "State/Province", "County", and "Country" fields are now populated with placeholder text. The "+ Validate Address" button is highlighted with a red box.





### Updating Location

7. Once the system validates the address, select **OK** at the bottom right.

The screenshot shows a web form titled "Address details". At the top, a blue message box states "Address validation successful". Below this, there are several input fields: "Address Line 1:" (with a red asterisk), "Address Line 2:" (with a red asterisk), "Address Line 3:", "City/Town:" (with a dropdown arrow and red asterisk), "State/Province:" (with a dropdown arrow and red asterisk), "County:" (with a dropdown arrow and red asterisk), "Country:" (with a dropdown arrow and red asterisk), and "Zip Code:" (with a red asterisk). A "Validate Address" button is located below the "Country:" field. At the bottom right of the form, there are two buttons: "OK" (with a checkmark icon) and "Cancel" (with an 'X' icon). The "OK" button is highlighted with a red rectangle.

8. Review your information, then select **Save**.

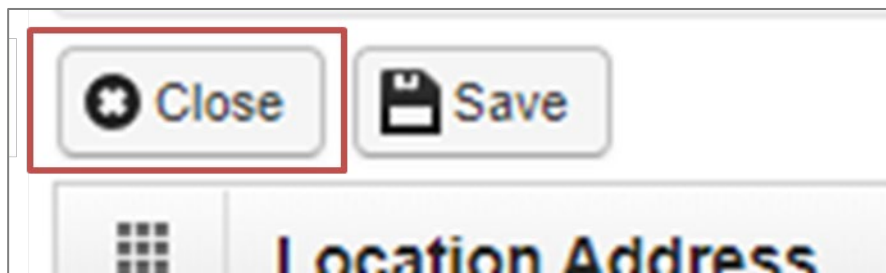
The screenshot shows a web form titled "Location Address". At the top, there are two buttons: "Close" (with a red 'X' icon) and "Save" (with a floppy disk icon). The "Save" button is highlighted with a red rectangle. Below the buttons, there is a grid icon and the text "Location Address".



### Updating Location

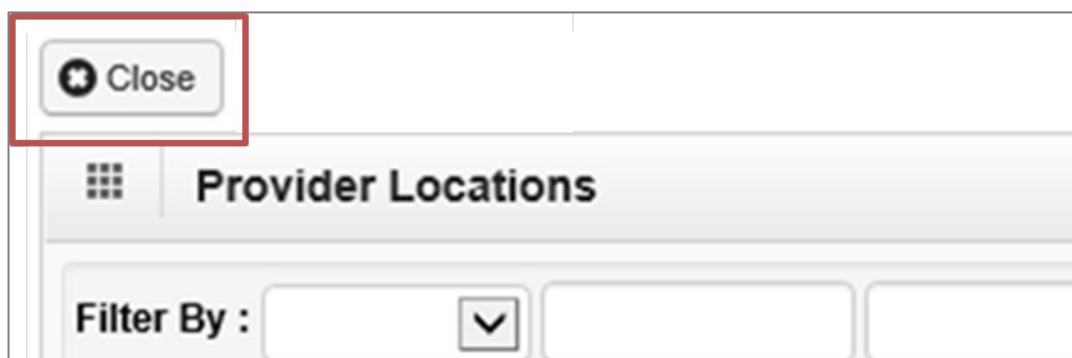
9. Select **Close**.

**Note:** When the updated location is approved, the new entry will replace the previous location entry. This ensures that any modifications are reflected accurately in the system without removing historical data until approval.



10. To exit, select **Close** at the top of the **Provider Locations List** page.

**Note:** If this is the only step requiring an update, the provider can proceed to the final step, [Submitting Maintenance Request for Review](#). Otherwise, the provider proceeds to the next step.





### Updating Taxonomies

#### 1. Select **Step 3: Taxonomies**.

**Note:** Depending on the Provider Type selected during enrollment, this step may not be required.

OWCP ID/NPI: [redacted]

Close Required Credentials Undo Update

View/Update Provider Data - Individual

Business Process Wizard - Provider Data Modification (Individual).  
Submit Maintenance Request for Review.

<input type="checkbox"/>	Step ▲▼	Required ▲▼
<input type="checkbox"/>	Step 1: Basic Information	Required
<input type="checkbox"/>	Step 2: Location	Required
<input type="checkbox"/>	Step 3: Taxonomies	Required

The provider can choose to add more taxonomies with the **Add** button, remove or modify an existing taxonomy with the **Update** button, or exit this page with the **Close** button. There is no limit to the number of taxonomies that can be added to an application.

**Note:** If this is the only step requiring an update, the provider can proceed to the final step, [Submitting Maintenance Request for Review](#). Otherwise, the provider proceeds to the next step.

Close Add Update

Taxonomy List

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

<input type="checkbox"/>	Taxonomy Code ▲▼	Type ▲▼	Specialty/Subspecialty ▲▼
<input type="checkbox"/>	207RG0100X	20-Allopathic & Osteopathic Physicians	7R-Internal Medicine/G0100-Gastroenterology
<input type="checkbox"/>	207RC0001X	20-Allopathic & Osteopathic Physicians	7R-Internal Medicine/C0001-Clinical Cardiac Electrophysiology
<input type="checkbox"/>	207RC0000X	20-Allopathic & Osteopathic Physicians	7R-Internal Medicine/C0000-Cardiovascular Disease
<input type="checkbox"/>	207RB0002X	20-Allopathic & Osteopathic Physicians	7R-Internal Medicine/B0002-Obesity Medicine
<input type="checkbox"/>	207RA0401X	20-Allopathic & Osteopathic Physicians	7R-Internal Medicine/A0401-Addiction Medicine
<input type="checkbox"/>	207P00000X	20-Allopathic & Osteopathic Physicians	7R-Internal Medicine/00000-Internal Medicine



### Updating Taxonomies

2. To add more taxonomies, select **Add**.

The screenshot shows a horizontal bar with three buttons: 'Close' (with a minus icon), 'Add' (with a plus icon and highlighted by a red border), and 'Update' (with a pencil icon).

3. Select the taxonomy code and specialty from the **Taxonomy Code Type** and **Specialty** drop-down lists for the drop-down list of code types.

The screenshot shows a dialog box titled 'Select Taxonomy Code Type/Specialty'. It has fields for 'OWCP ID/NPI:', 'Name:', and 'Enrollment Type:'. Below these are two dropdown menus: 'Taxonomy Code Type:' and 'Specialty:'. The 'Taxonomy Code Type:' dropdown is open, showing '19-Group' and '20-Allopathic & Osteopathic Physicians'. The 'Specialty:' dropdown is also open, showing '20-Allopathic & Osteopathic Physicians'. Below these are two more dropdown menus: 'Add Taxonomy Code' and 'Available Taxonomy Codes'. The 'Available Taxonomy Codes' dropdown is open, showing '20-Allopathic & Osteopathic Physicians'. The 'Associated Taxonomy Codes \*' dropdown is also open, showing '20-Allopathic & Osteopathic Physicians'. At the bottom right are 'OK' and 'Cancel' buttons.



### Updating Taxonomies

- To update an existing taxonomy, select the taxonomy code the provider wishes to update then select **Update**.

Taxonomy List

Filter By :  And

And Operational Status: Active

<input checked="" type="checkbox"/>	Taxonomy Code ▲▼	Type ▲▼	Specialty/Subspecialty ▲▼	Start Date ▲▼	End Date ▲▼	Operational Status ▲▼	Status ▲▼	Inactivation Date ▲▼	End Reason ▲▼
<input checked="" type="checkbox"/>		20-Allopathic & Osteopathic Physicians	7R-Internal Medicine/00000-Internal Medicine			Active	Approved		

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**Note:** The **Update** button is located on the right side of the **Add** button.



### Updating Taxonomies

The **Manage Taxonomy** page opens.

5. Make the necessary updates to any of the editable fields, then select **OK**.

**Note:** If this is the only step requiring an update, the provider can proceed to the final step, [Submitting Maintenance Request for Review](#). Otherwise, the provider proceeds to the next step.

Manage Taxonomy

Taxonomy Code	Taxonomy Type	Specialty/Subspecialty	Start Date	End Date	Status
	20-Allopathic & Osteopathic Physicians	7R-Internal Medicine/00000-Internal Medicine			Approved

View Page: 1

Go

+ Page Count

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< Prev

> Next

>> Last

SaveToCSV

OK

Cancel





### Updating Ownership Details

1. Select **Step 4: Ownership Details**.

OWCP ID/NPI: [REDACTED]

**View/Update Provider Data - Individual**

Business Process Wizard - Provider Data Modification (Individual). In order to finalize

<input type="checkbox"/>	Step ▲▼	Required ▲▼
<input type="checkbox"/>	Step 1: Basic Information	Required
<input type="checkbox"/>	Step 2: Location	Required
<input type="checkbox"/>	Step 3: Taxonomies	Required
<input type="checkbox"/>	Step 4: Ownership Details	Optional

2. To add ownership details, select **Add**.

**Ownership List (Optional)**

Filter By : [Dropdown] [Input]

<input type="checkbox"/>	Owner ID ▲▼
<input type="checkbox"/>	[REDACTED]



### Updating Ownership Details

- To update the Ownership List, select the **Owner ID** link and make the designated changes.

**Note:** If this is the only step requiring an update, the provider can proceed to the final step, [Submitting Maintenance Request for Review](#). Otherwise, the provider proceeds to the next step.

Ownership List (Optional)	
Filter By : <span>▼</span>	
<input type="checkbox"/>	Owner ID ▲ ▼
<input type="checkbox"/>	<div><div></div><div></div><div></div><div></div><div></div></div>



### Updating Licenses and Certifications

1. Select **Step 5: Professional Licenses and Certifications** (based on enrollment type). The example used here reflects Individual Provider Enrollment.
  - Individual providers will select “Step 5: Professional Licenses and Certifications.”
  - Facility, Agency, Organization, and Institution Provider will select “Step 5: Business Licenses and Certifications.”

**Note:** Group Providers will select step 10 for updating professional license details for servicing providers.

<input type="checkbox"/>	Step ▲▼	Required ▲▼	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/>	<a href="#">Step 1: Basic Information</a>	Required	07/07/2025	07/07/2025	Complete		
<input type="checkbox"/>	<a href="#">Step 2: Location</a>	Required	07/07/2025	07/07/2025	Complete		
<input type="checkbox"/>	<a href="#">Step 3: Taxonomies</a>	Required	07/07/2025	07/07/2025	Complete		
<input type="checkbox"/>	<a href="#">Step 4: Ownership Details</a>	Optional	07/07/2025	07/07/2025	Complete		
<input type="checkbox"/>	<a href="#">Step 5: Professional Licenses and Certifications</a>	Required	07/07/2025	07/07/2025	Complete		



### Updating Licenses and Certifications

2. On the **License/Certification List** page, select the **License Category** field to display the link for License and Certification.

The screenshot shows the 'License/Certification List' page. At the top, there are 'Close' and 'Add' buttons. Below them is a 'Filter By' section with a dropdown menu and two input fields. The main table has two columns: 'License Category' and 'License/Certification Number'. The 'License Category' column has a dropdown menu with 'Certification' and 'License' options. The 'License/Certification Number' column has a dropdown menu with 'Certification' and 'License' options. The 'License Category' dropdown menu is highlighted with a red box.

<input type="checkbox"/>	License Category ▲▼	License/Certification Number ▲▼
<input type="checkbox"/>	Certification	
<input type="checkbox"/>	License	

3. Select **Add** at the top of the **License/Certification List** page.

**Note:** The **Add** button is available to add a new license number and info.

The screenshot shows the 'License/Certification List' page. At the top, there are 'Close' and 'Add' buttons. The 'Add' button is highlighted with a red box. Below them is a 'Filter By' section with a dropdown menu and two input fields. The main table has two columns: 'License Category' and 'License/Certification Number'. The 'License Category' column has a dropdown menu with 'Certification' and 'License' options. The 'License/Certification Number' column has a dropdown menu with 'Certification' and 'License' options.

<input type="checkbox"/>	License Category ▲▼	License/Certification Number ▲▼
<input type="checkbox"/>	Certification	
<input type="checkbox"/>	License	



### Updating Licenses and Certifications

4. Update the desired field(s) on the “**Manage  
<Business/Professional> License/Certification**” page.

**Note:** Fields with the “\*” are required. Verify the content information is present and correct before proceeding.

Close Save

Manage 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.

Status: Approved

License/Certification Category

☒ C-Certification  
☐ L-License  
☐ N-License or Certification not required

Name:

License or Certification Type:

Initial Issue Date:

Issued State:

Licence/Certification #:

Expiration Date:

Issuer Agency:

Web Link:



### Updating Licenses and Certifications

5. To save the license or certification information, select **Save** at the top of the section.

The screenshot shows a web form titled "Manage Professional License/Certification". At the top left, there are two buttons: "Close" and "Save". The "Save" button is highlighted with a red rectangle. Below the title bar, there is a list of instructions: "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.", and "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." Below the instructions, the "Status" is set to "Approved". There are three radio buttons: "C-Certification", "L-License" (which is selected), and "N-License or Certification not required". The "Name" field is empty. The "License or Certification Type" is set to "MEDICAL DOCTOR". The "Licence/Certification #" field is empty. The "Initial Issue Date" is "07/01/1995" and the "Expiration Date" is "06/30/2025". The "Issued State" is "New Jersey" and the "Issuer Agency" field is empty. The "Web Link" field is empty.

6. Select **Close**.

This screenshot is identical to the one above, showing the "Manage Professional License/Certification" form. In this instance, the "Close" button at the top left is highlighted with a red rectangle, while the "Save" button is not.





### Updating Licenses and Certifications

**Note:** Should there be a need to add more licenses or certifications to the **Licenses/Certification List** page, refer to Steps 2-5 for each item mentioned to complete the update.

The screenshot shows the 'License/Certification List' page. At the top, there are 'Close' and 'Add' buttons. Below them is a filter section with 'Filter By:' dropdowns and an 'And Operational Status:' dropdown set to 'Active'. A 'Go' button is next to the status dropdown. The main table has the following columns: License Category, License/Certification Number, License/Certification Type, Issued State, Initial Issue Date, and Expiration Date. The 'License Category' column has two rows: 'Certification' and 'License', both with checkboxes. The 'Issued State' column shows 'Virginia' for both. The 'Initial Issue Date' is '06/06/2021' for Certification and '06/16/2021' for License. The 'Expiration Date' is '12/31/2999' for both. The 'Close' button at the top left is highlighted with a red box.

- After updating the licenses and certifications, select **Close** at the top of the **Licenses/Certification List** page to return to the **View/Update Provider Data-Group Practice** page. There is not a limit to the number of licenses and certification that can be added to an application.

**Note:** If this is the only step requiring an update, the provider can proceed to the final step, [Submitting Maintenance Request for Review](#). Otherwise, the provider proceeds to the next step.

This screenshot is similar to the one above, showing the 'License/Certification List' page. The 'Close' button at the top left is highlighted with a red box. The table structure and data are the same as in the previous screenshot.



### Updating Identifiers

1. Select **Step 6: Identifiers**.

<input type="checkbox"/>	Step ▲▼	Required ▲▼	Last Modified
<input type="checkbox"/>	Step 1: Basic Information	Required	11/04/2024
<input type="checkbox"/>	Step 2: Location	Required	12/07/2020
<input type="checkbox"/>	Step 3: Taxonomies	Required	12/07/2020
<input type="checkbox"/>	Step 4: Ownership Details	Optional	
<input type="checkbox"/>	Step 5: Professional Licenses and Certifications	Required	06/21/2023
<input type="checkbox"/>	Step 6: Identifiers	Optional	

2. To add Identifiers, select **Add**.

Close

Add

Required Credentials

Provider Identifiers

Filter By :

Identifier Type  
▲▼

8/9/2025

22



### Updating Identifiers

3. Select the identifier type from the **Identifier Type** drop-down list and complete these steps.

The screenshot shows a web form titled "Add New Identifier". At the top, there are three input fields: "OWCP ID/NPI:", "Name:", and "Enrollment Type:". Below these, the form has four main fields: "Identifier Type:" (a drop-down menu, highlighted with a red box), "Identifier Value:" (a text input field), "Start Date:" (a date picker), and "End Date:" (a date picker). At the bottom right, there are "OK" and "Cancel" buttons.

4. Enter the identifier value in the **Identifier Value** field.

This screenshot is identical to the previous one, showing the "Add New Identifier" form. In this step, the "Identifier Value:" text input field is highlighted with a red box, indicating where the user should enter the identifier value.



### Updating Identifiers

5. Enter or select the start and end dates in the **Start Date** and **End Date** fields.

The screenshot shows a web form titled "Add New Identifier". At the top, there are three input fields: "OWCP ID/NPI:", "Name:", and "Enrollment Type:". Below these, the form has a header "Add New Identifier" with a close button. The main content area contains four input fields: "Identifier Type:" (with a dropdown arrow), "Identifier Value:" (with a dropdown arrow), "Start Date:" (with a calendar icon), and "End Date:" (with a calendar icon). The "Start Date:" and "End Date:" fields are highlighted with red rectangles. At the bottom right, there are two buttons: "OK" (with a checkmark icon) and "Cancel" (with an X icon).

6. Select **OK**.

This screenshot is identical to the one above, showing the "Add New Identifier" form. In this step, the "OK" button at the bottom right is highlighted with a red rectangle, indicating the final action to be taken.



### Updating Identifiers

7. To update an identifier type, select the **Identifier Type** link.

Close Add Required Credentials

**Provider Identifiers**

Filter By :   And   And Operational Status:

Active

<input type="checkbox"/>	Identifier Type ▲▼	Identifier Value ▲▼	Start Date ▲▼	End Date ▲▼	Status ▲▼	Operational Status ▲▼	Inactivation Date ▲▼
<input type="checkbox"/>	Provider Medicare Number						
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

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### Updating Identifiers

8. Select **Save** and then **Close**.

**Note:** If updating more than one Identifier type, repeat step 3 for each.

OWCP ID/NPI:  Name:

**Manage Identifier**

**IdentifierType:** Provider Medicare Number

**Status:** Approved

**Start Date:**  \*

**Note:** If this is the only step requiring an update, the provider can proceed to the final step, [Submitting Maintenance Request for Review](#). Otherwise, the provider proceeds to the next step.





### Updating EDI Submission Method

1. Select **Step 7: EDI Submission Method**.

<input type="checkbox"/>	Step ▲▼	Required ▲▼	Last Modified
<input type="checkbox"/>	<a href="#">Step 1: Basic Information</a>	Required	11/04/2024
<input type="checkbox"/>	<a href="#">Step 2: Location</a>	Required	12/07/2020
<input type="checkbox"/>	<a href="#">Step 3: Taxonomies</a>	Required	12/07/2020
<input type="checkbox"/>	<a href="#">Step 4: Ownership Details</a>	Optional	
<input type="checkbox"/>	<a href="#">Step 5: Professional Licenses and Certifications</a>	Required	06/21/2023
<input type="checkbox"/>	<a href="#">Step 6: Identifiers</a>	Optional	
<input type="checkbox"/>	<a href="#">Step 7: EDI Submission Method</a>	Optional	
<input type="checkbox"/>	<a href="#">Step 8: EDI Submission Method</a>	Optional	

2. To add one or more EDI submission methods, select **Add**; or to update EDI submission methods, select the **EDI Submission Method** link.

✖ Close

⊕ Add

☰

EDI Submission Method

Filter By :

▼

☐

EDI Submission Method  
▲▼

☐

[Web Interactive](#)



### Updating EDI Submission Method

3. To update previously selected modes of submission, select the **EDI Submission Method** link.

The screenshot shows a web interface for updating the EDI Submission Method. At the top, there are two buttons: 'Close' (with a star icon) and 'Add' (with a plus icon). Below these is a header bar with a grid icon and the text 'EDI Submission Method'. Under the header, there is a 'Filter By' section with a dropdown menu and two empty input fields. Below the filter section is a table with two rows. The first row has a checkbox and the text 'EDI Submission Method' with a small triangle icon. The second row has a checkbox and the text 'Web Interactive', which is highlighted with a red box.

4. After completing the updates, select **Close**.

**Note:** If this is the only step requiring an update, the provider can proceed to the final step, [Submitting Maintenance Request for Review](#).

This screenshot is identical to the one above, showing the 'EDI Submission Method' update interface. The 'Close' button at the top left is highlighted with a red box, indicating the next step in the process.



### Updating EDI Submitter Details

The provider's billing agent or clearinghouse must first enroll with OWCP. The provider must obtain the billing agent or clearinghouse's OWCP ID to complete this section. If the provider is not yet enrolled, they can still complete their enrollment by temporarily choosing not to use a billing agent or clearinghouse. The provider can add this information later after they are enrolled with OWCP.

- 1. Step 8: EDI Submitter Details** is only required to be completed if EDI Submission Method if Billing Agent/clearinghouse was selected in the previous step.

<input type="checkbox"/>	Step 4: Ownership Details	Optional
<input type="checkbox"/>	Step 5: Professional Licenses and Certifications	Required
<input type="checkbox"/>	Step 6: Identifiers	Optional
<input type="checkbox"/>	Step 7: EDI Submission Method	Optional
<input type="checkbox"/>	Step 8: EDI Submitter Details	Optional



### Updating EDI Submitter Details

2. The **Billing Agent/Clearinghouse/Submitter List** displays, select **Add**.

The screenshot shows a web interface titled "Billing Agent/Clearinghouse/Submitter List". At the top left, there are two buttons: "Close" and "Add". The "Add" button is highlighted with a red rectangular box. Below the buttons is a filter section with the text "Filter By:" followed by two dropdown menus and the word "And" between them. Below the filter section is a table with two columns: "OWCP ID" and "Billing Agent/Clearinghouse". The "OWCP ID" column has a small square checkbox to its left and a small triangle icon below the text. The "Billing Agent/Clearinghouse" column has a small triangle icon below the text. The table is currently empty.

3. In the **Associate Billing Agent/Clearinghouse** page, enter the **OWCP ID** and **Start** and **End Dates**, then select **OK**.

**Note:** Instructions are included in the system for this step.

**Note:** If this is the only step requiring an update, the provider can proceed to the final step, [Submitting Maintenance Request for Review](#). Otherwise, the provider proceeds to the next step.

The screenshot shows a web interface titled "Associate Billing Agent/Clearinghouse". Below the title is a list of instructions:

- Your Billing Agent/Clearinghouse must be enrolled with OWCP first.
- Please obtain the Billing Agent/Clearinghouse's OWCP ID to complete this section.
- If the Billing Agent/Clearinghouse OWCP provider ID is not available at the time of completing your application, please return to the previous step to select None/Paper. This information can be updated after you are enrolled as an active OWCP provider.

Below the instructions are three input fields:

- Billing Agent/Clearinghouse OWCP ID:** A text input field with an asterisk (\*) to its right.
- Start Date:** A date input field with a calendar icon and an asterisk (\*) to its right.
- End Date:** A date input field with a calendar icon and an asterisk (\*) to its right.

Below the input fields is a **Status:** dropdown menu with the text "In Review".

At the bottom right of the form are two buttons: "OK" and "Cancel". The "OK" button is highlighted with a red rectangular box.



### Updating EDI Submitter Details

4. To update the EDI Submitter Details, select the **OWCP ID** link.

Close Add

**Billing Agent/Clearinghouse/Submitter List**

Filter By :   And    
And Operational Status: Active Go Clear Filter Save Filter My Filters

<input type="checkbox"/>	OWCP ID ▲▼	Billing Agent/Clearinghouse ▲▼	Operational Status ▲▼	Start Date ▲▼	End Date ▲▼	Status ▲▼	Inactivation Date ▲▼
<input type="checkbox"/>			Active			In Review	

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

SaveToCSV

5. After making updates to the billing agent or clearinghouse submitter, select **Save** on the **Manage Billing Agent/Clearinghouse Association** page.

Close Save

**Manage Billing Agent/Clearinghouse Association**

- Your Billing Agent/Clearinghouse must be enrolled with OWCP first.
- Please obtain the Billing Agent/Clearinghouse's OWCP ID to complete this section.
- If the Billing Agent/Clearinghouse OWCP provider ID is not available at the time of completing your application, please return to the previous step to select None/Paper. This information can be updated after you are enrolled as an active OWCP provider.

**Billing Agent/Clearinghouse OWCP ID:**   
**Start Date:**   **End Date:**    
**Status:** In Review



### Updating EDI Submitter Details

6. After saving the update, select **Close**.

**Note:** If this is the only step requiring an update, the provider can proceed to the final step, [Submitting Maintenance Request for Review](#). Otherwise, the provider proceeds to the next step.

**Manage Billing Agent/Clearinghouse Association**

- Your **Billing Agent/Clearinghouse** must be enrolled with **OWCP** first
- Please obtain the **Billing Agent/Clearinghouse's OWCP ID** to complete
- If the **Billing Agent/Clearinghouse OWCP** provider ID is not available, this information can be updated after you are enrolled as an active **OWCP**

**Billing Agent/Clearinghouse OWCP ID:**

**Start Date:**

\*

**Status:**





### Updating EDI Contact Information

#### 1. Select **Step 9: EDI Contact Information**.

**Note:** Open the link for Step 9: EDI Contact Information, which is mandatory *if you opted for Web Batch or FTP Secured Batch* as the EDI Submission Method in the earlier step.

<input type="checkbox"/>	Step ▲▼	Required ▲▼	Last Modified
<input type="checkbox"/>	<a href="#">Step 1: Basic Information</a>	Required	11/04/2024
<input type="checkbox"/>	<a href="#">Step 2: Location</a>	Required	12/07/2020
<input type="checkbox"/>	<a href="#">Step 3: Taxonomies</a>	Required	12/07/2020
<input type="checkbox"/>	<a href="#">Step 4: Ownership Details</a>	Optional	
<input type="checkbox"/>	<a href="#">Step 5: Professional Licenses and Certifications</a>	Required	06/21/2023
<input type="checkbox"/>	<a href="#">Step 6: Identifiers</a>	Optional	
<input type="checkbox"/>	<a href="#">Step 7: EDI Submission Method</a>	Optional	
<input type="checkbox"/>	<a href="#">Step 8: EDI Submitter Details</a>	Optional	
<input type="checkbox"/>	<a href="#">Step 9: EDI Contact Information</a>	Optional	
<input type="checkbox"/>	<a href="#">Step 10: Payment Details</a>	Required	08/09/2023

#### 2. To add EDI contacts, select **Add**.

EDI Contact Information List

Filter By :

<input type="checkbox"/>	Contact Title ▲▼	Contact Name ▲▼
<input type="checkbox"/>		ttt, IIII



### Updating EDI Contact Information

- When adding a contact, enter the required information in the **Add EDI Contact Information** section, then select **OK**.

The screenshot shows a web form titled "Add EDI Contact Information". The form contains the following fields and controls:

- Contact Title:** Text input field with an asterisk (\*) indicating it is required.
- Last Name:** Text input field with an asterisk (\*) indicating it is required.
- First Name:** Text input field with an asterisk (\*) indicating it is required.
- Phone Number:** Text input field with an asterisk (\*) indicating it is required.
- Fax Number:** Text input field.
- Email Address:** Text input field.
- Start Date:** Date picker field with an asterisk (\*) indicating it is required.
- End Date:** Date picker field.
- Address Line 1:** Text input field with an asterisk (\*) indicating it is required.
- Address Line 2:** Text input field.
- Address Line 3:** Text input field.
- City/Town:** Dropdown menu with an asterisk (\*) indicating it is required.
- State/Province:** Dropdown menu with an asterisk (\*) indicating it is required.
- County:** Dropdown menu with an asterisk (\*) indicating it is required.
- Country:** Dropdown menu with an asterisk (\*) indicating it is required.
- Zip Code:** Text input field with a hyphen (-) separator and a plus (+) icon followed by the word "Address".

At the bottom right of the form, there are two buttons: **OK** and **Cancel**.



### Updating EDI Contact Information

- On the **EDI Contact Information List** page, select **Contact Title** for a drop-down list to update this information, which is already on file, and select **Save**.

	Contact Title ▲▼	Contact Name ▲▼
<input type="checkbox"/>	ttt, IIII	

- After saving the update, select **Close**.

**Note:** If this is the only step requiring an update, the provider can proceed to the final step, [Submitting Maintenance Request for Review](#). Otherwise, the provider proceeds to the next step.

Close Save

Manage EDI Contact Information

Contact Title: \*  
Last Name: \*  
Phone Number: \*  
Email Address: \*  
Start Date: \*  
Status: Approved

First Name: \*  
Fax Number: \*  
End Date: \*

Address Line 1: \*  
Address Line 3: \*  
City/Town: \*  
State/Province: \*  
County: \*  
Country: \*  
Zip Code: - Address



### Updating Payment Details

1. Select **Step 10: Payment Details**.

**Note:** If you are enrolled as a **Group Provider**, one additional step, **Servicing Provider Information** is required before completing the **Payment Details** and the step number may be **Step 11**.

<input type="checkbox"/>	Step 7: EDI Submission Method	Optional
<input type="checkbox"/>	Step 8: EDI Submitter Details	Optional
<input type="checkbox"/>	Step 9: EDI Contact Information	Optional
<input type="checkbox"/>	Step 10: Payment Details	Required
<input type="checkbox"/>	Step 11: Complete Provider Disclosure	Required
<input type="checkbox"/>	Step 12: View/Upload Attachments	Optional

After selecting **Payment Details**, the **Payment Details** page will display.

2. To add payment details when there are no current payment details listed, select **Add** at the top of the page.

Payment Details

Filter By :   And

<input type="checkbox"/>	Account Number ▲▼	Account Type ▲▼	Bank Name ▲▼
<input type="checkbox"/>	*****1901	Checking	



### Updating Payment Details

- On the **Payment Details** page, enter the **Requested Electronic Fund Transfer (EFT) Start Date and End Date**.

OWCP ID/NPI: [ ] Name: [ ] Enrollment Type: Group Practice

**Payment Details**

Payment Method: Electronic Funds Transfer(Direct Deposit)

**Requested EFT Start Date:** [ ] **End Date:** [ ]

Status: Approved

**Financial Institution Information**

This information is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information. The information being collected required under the provision of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearinghouse Payment System.

**Financial Institution Name:** [ ] **Nine-Digit Routing Transit Number:** [ ]

**Financial Institution ACH Coordinator Name:** [ ] **Phone Number:** [ ]

**Depositor Account Number:** [ ] **Depositor Account Title:** [ ]

**Type of Account:** [ ]

**Address Line 1:** [ ] **Address Line 2:** [ ]

**Address Line 3:** [ ]

**City/Town:** [ ]

**State/Province:** [ ] **County:** [ ]

**Country:** [ ] **Zip Code:** [ ] - [ ] **Address**

**Signed by Representative:** ☒ **Title of Representative:** [ ] **Representative Phone Number:** [ ]

**OK** **Cancel**

- Complete the required **Financial Institution Information** section.

**Financial Institution Information**

This information is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information. The information being collected required under the provision of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearinghouse Payment System.

**Financial Institution Name:** [ ] **Nine-Digit Routing Transit Number:** [ ]

**Financial Institution ACH Coordinator Name:** [ ] **Phone Number:** [ ]

**Depositor Account Number:** [ ] **Depositor Account Title:** [ ]

**Type of Account:** [ ]

**Address Line 1:** [ ] **Address Line 2:** [ ]

**Address Line 3:** [ ]

**City/Town:** [ ]

**State/Province:** [ ] **County:** [ ]

**Country:** [ ] **Zip Code:** [ ] - [ ] **Address**

**Signed by Representative:** ☒ **Title of Representative:** [ ] **Representative Phone Number:** [ ]

**OK** **Cancel**



### Updating Payment Details

5. Select **Close**.

**Note:** If this is the only step requiring an update, the provider can proceed to the final step, [Submitting Maintenance Request for Review](#).

Payment Details

Filter By :

<input type="checkbox"/>	Account Number ▲▼	Account Type ▲▼
<input type="checkbox"/>	*****2139	Checking



### Updating Payment Details

- To update the account information, select the link under the **Account Number** section.

**Payment Details**

Filter By :  And

<input type="checkbox"/>	Account Number ▲▼	Account Type ▲▼	Bank Name ▲▼
<input type="checkbox"/>	*****1901	Checking	

- On the **Payment Details** page, update the desired information and select **OK**.

OWCP ID/INPI:  Name:  Enrollment Type: Group Practice

**Payment Details**

Payment Method: Electronic Funds Transfer(Direct Deposit)

Requested EFT Start Date:  End Date:

Status: Approved

**Financial Institution Information**

This information is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information. The information being collected required under the provision of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearinghouse Payment System.

Financial Institution Name:  Nine-Digit Routing Transit Number:

Financial Institution ACH Coordinator Name:  Phone Number:

Depositor Account Number:

Type of Account:

Depositor Account Title:

Address Line 1:  Address Line 2:

Address Line 3:

City/Town:

State/Province:  County:

Country:  Zip Code:

Signed by Representative: ☒

Title of Representative:

Representative Phone Number:





### Updating Payment Details

8. Select **Close**.

**Close** **Add**



#### Payment Details

Filter By :



And



Account Number



Account Type



Bank Name



\*\*\*\*\*1901

Checking

\*\*\*\*\*1901



### Completing Provider Disclosure

1. Select **Step 11: Complete Provider Disclosure** link. The **Provider Disclosure** page opens.

<input type="checkbox"/> Step 7: EDI Submission Method	Optional	
<input type="checkbox"/> Step 8: EDI Submitter Details	Optional	
<input type="checkbox"/> Step 9: EDI Contact Information	Optional	
<input type="checkbox"/> Step 10: Payment Details	Required	12/21/2
<input type="checkbox"/> Step 11: Complete Provider Disclosure	Required	12/21/2

2. On the lower right side of the **Provider Disclosure** page, update the answers to the two questions on the left and add comments if needed.

Close Save

**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?	No	
(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	

**View Page:** 1 Go Page Count SaveToCSV **Viewing Page:** 1

First Prev Next Last



### Completing Provider Disclosure

3. After completing the required information on the **Provider Disclosure** page, select **Save** at the top of the page.

**Provider Disclosure**

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

Question
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?
(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.

4. Select **Close**

**Provider Disclosure**

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

Question
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?
(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.



### Viewing and Uploading Attachments

1. If a license, certification, or any other correspondence is necessary for processing the modification, select **Step 12: View/Upload Attachments**. The **Attachment List** page opens to upload documentation.

<input type="checkbox"/>	Step 7: EDI Submission Method	Optional	
<input type="checkbox"/>	Step 8: EDI Submitter Details	Optional	
<input type="checkbox"/>	Step 9: EDI Contact Information	Optional	
<input type="checkbox"/>	Step 10: Payment Details	Required	12/21/2
<input type="checkbox"/>	Step 11: Complete Provider Disclosure	Required	12/21/2
<input type="checkbox"/>	Step 12: View/Upload Attachments	Optional	12/21/2

2. To upload attachments, select **Upload Attachments** at the top of the page.

Close

Upload Attachments

Required Credentials

Attachment List

Filter By :

☐

Repository Key

▲▼

☐

View Page: 1

Go

+ Page Count

SaveToCSV



### Viewing and Uploading Attachments

- To view previously uploaded attachments, select the **Repository Key** link.

Close Upload Attachments Required Credentials

**Attachment List**

Filter By :    Go

<input type="checkbox"/>	Repository Key ▲▼	File Name ▲▼	Document Type ▲▼	
<input type="checkbox"/>	<a href="#">ATT723984379</a>	licence_test.docx	Copy of License/Certification	11/05

View Page: 1 Go + Page Count SaveToCSV Viewing Page: 1

- Select **Close** on the top left side of the page.

Close Upload Attachments Required Credentials

**Attachment List**

Filter By :    Go

<input type="checkbox"/>	Repository Key ▲▼	File Name ▲▼	Document Type ▲▼	
<input type="checkbox"/>	<a href="#">ATT723984379</a>	licence_test.docx	Copy of License/Certification	11/0

View Page: 1 Go + Page Count SaveToCSV Viewing Page: 1





### Submitting Maintenance Request for Review

Step 13: Submit Maintenance Request for Review is required for review when submitting updated information.

1. If needed, select **Step 13: Submit Maintenance Request for Review**. The **Final Modification Submission** page opens.

<input type="checkbox"/> Step 7: EDI Submission Method	Optional	
<input type="checkbox"/> Step 8: EDI Submitter Details	Optional	
<input type="checkbox"/> Step 9: EDI Contact Information	Optional	
<input type="checkbox"/> Step 10: Payment Details	Required	12/21/2
<input type="checkbox"/> Step 11: Complete Provider Disclosure	Required	12/21/2
<input type="checkbox"/> Step 12: View/Upload Attachments	Optional	12/21/2
<input type="checkbox"/> Step 13: Submit Maintenance Request for Review	Required	

2. Read the instructions on this page carefully and check the **First Name** and **Last Name** fields at the bottom to ensure they are correct and make changes if needed. The **Title** field is optional.

Final Modification Submission

Instructions for submitting modification:

Note: When updating license details  
1. If your licensing agency does not allow online verification free of charge, please upload your current license as your business status is at risk of being terminated for expired licenses.  
2. After you submit the modification, you cannot make further changes until your modification application is approved.  
3. You must press **SUBMIT MODIFICATION** for your update to be reviewed.

Confirm & 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 in the state, county, locality, or 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 any revocation, withdrawal, or non-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.  
I authorize the OWCP to verify the information contained herein. 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 event. In addition, 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 also 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), or otherwise prohibited from providing services to Medicare, Medicaid, or other Federal program beneficiaries nor am any owners, officers, or managing employees of the practice listed in this application.  
I understand that any deliberate omission, misrepresentation, or falsification of any information contained in this application or contained in any communication supplying information to the Department of Labor, Office of Workers' Compensation Program (OWCP), or any deliberate alteration of any text on this application form, may be punished by criminal, civil, or administrative penalties including, but not limited to, the denial or revocation of OWCP billing privileges, civil damages, and/or imprisonment.  
  
I agree to abide by the OWCP regulations and program instructions that apply to me or to the organization listed in Section 3A of this enrollment form. I understand that payment of a claim by OWCP is conditioned upon the claim and the underlying transaction complying with state and federal laws (including, but not limited to, the Federal anti-kickback statute) and OWCP regulations, and program instructions.

First Name:

Last Name:

Title:

Signature Date: 08/05/2025 13: 10: 23

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 33 USC 918(b). The 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) in accordance with the following 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 republished. Completion and 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 will be furnished to OWCP and its data processing contractors, and may also be disclosed to other federal and state agencies in connection with the administration of other programs, to the Department of Justice for litigation purposes, and 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.

Close

Submit Modification



### Submitting Maintenance Request for Review


3. Select **Submit Modification** at the very bottom of the page.
- Note:** Acentra Health staff must first complete their review of this submitted modified content. Only after this step are additional modifications to the submitted information allowed.

and that payment of a claim by OWCP is conditioned upon the claim and the underlying  
ons.

Last Name:  \*

Signature Date: 01/27/2025 12:39:35

shore and Harbor Workers' Compensation Act and the Energy Employees Occupational Illness  
ed will be used to ensure accurate payment of medical and vocational rehabilitation provider  
L/OWCP-9 and DOL/OWCP-11, published in the Federal Register, Vol. 81, page 25766, April 29,  
will result in substantially delayed payment of bills. This information will be furnished to OWCP  
the Department of Justice for litigation purposes, and to medical and other provider review

 Close

 **Submit Modification**





### Submitting Maintenance Request for Review

- Existing Group Practice Providers must read and select the checkbox next to the revised attestation verbiage to acknowledge their consent.

OWCP has removed the requirement that Group Practices submit business license annually and have replaced it with revised attestation verbiage. Please read and acknowledge the following:

☐ 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 in the state, county, locality, or 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 any revocation, withdrawal, or non-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.

By selecting the checkbox, I agree to this attestation.



### Updating Servicing Provider Information *(For Providers Enrolled as Group Providers)*

For the Providers enrolled as Group Providers, an additional Step 10: Servicing Provider Information link will appear before Step 11: Payment Details.

1. Select **Step 10: Servicing Provider Information**. The **Servicing Provider List** page opens.

<input type="checkbox"/>	<a href="#">Step 9: EDI Contact Information</a>	Required
<input type="checkbox"/>	<a href="#">Step 10: Servicing Provider Information</a>	Required
<input type="checkbox"/>	<a href="#">Step 11: Payment Details</a>	Required

2. In the **Servicing Provider List**, select **Add**, enter the required information, and select **OK**. The new provider will then be added to the **Servicing Provider List**.

Close Add Reconsider Inactivate

**Servicing Provider List**

Filter By :

Go

If the group or facility has more than 9 servicing providers, the

<input type="checkbox"/>	SSN/FEIN ▲▼	Provider Name ▲▼	NPI ▲▼
<input type="checkbox"/>	<div>UnMask</div>		
<input type="checkbox"/>	<div>UnMask</div>		



### Updating Servicing Provider Information *(For Providers Enrolled as Group Providers)*

3. To inactivate a servicing provider, select the checkbox next to the **SSN/FEIN** link.

The screenshot shows the 'Servicing Provider List' interface. At the top, there are four buttons: 'Close', 'Add', 'Reconsider', and 'Inactivate'. Below these is a 'Filter By' section with two dropdown menus and an 'And' connector. A note states: 'If the group or facility has more than 9 servicing providers, the group/facility itself is responsible'. The main table has two columns: 'SSN/FEIN' and 'Provider Name'. The first row of the table has a checkbox in the first column, which is highlighted with a red box. The second row also has a checkbox. Each row has an 'UnMask' button next to the SSN/FEIN column.

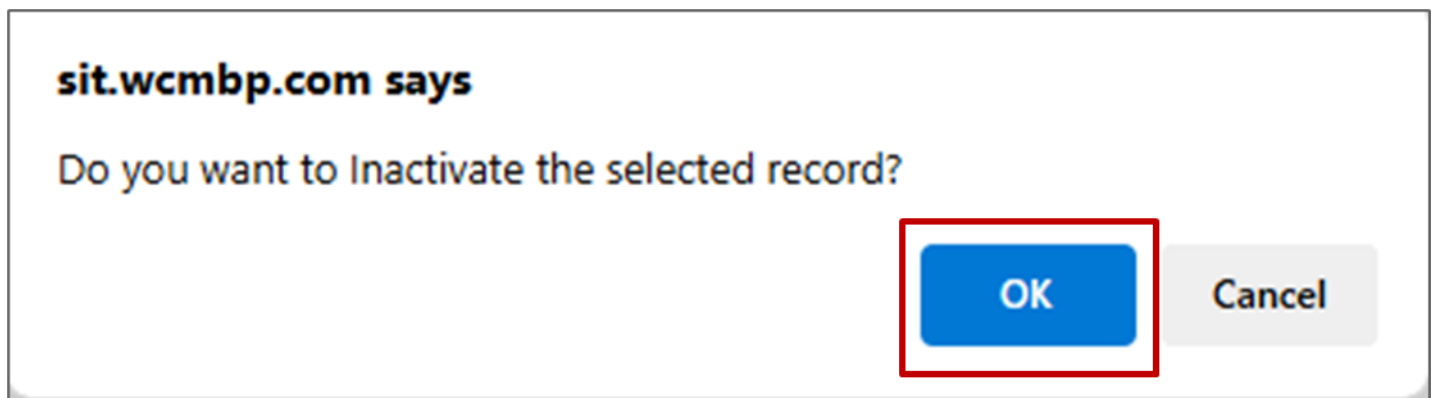
4. Select **Inactivate** at the top of the page.

This screenshot is identical to the one above, but the 'Inactivate' button at the top of the page is highlighted with a red box, indicating the next step in the process.



### Updating Servicing Provider Information *(For Providers Enrolled as Group Providers)*

5. To confirm, select **OK** on the confirmation window.



6. To update the respective servicing provider information, select the **SSN/FEIN** links.



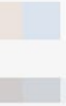

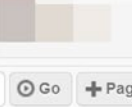

Close Add Reconsider Inactivate

#### Servicing Provider List

Filter By : [ ] And [ ] And Operational Status: [ ]

Active [ ] Go [ ] Clear Filter [ ] Save Filter [ ] My Filters [ ]

If the group or facility has more than 9 servicing providers, the group/facility itself is responsible for validating its providers' individual licenses.

	SSN/FEIN ▲▼	Provider Name ▲▼	NPI ▲▼	Provider Type ▲▼	Business Status ▲▼	Business Status Effective Date ▲▼	Status ▲▼	Operational Status ▲▼	Inactivation Date ▲▼
<input type="checkbox"/>				30 - Advanced Registered Nurse Practitioner (ARNP)	Inactivate servicing providers	02/03/2023	In Review	Active	
<input type="checkbox"/>				30 - Advanced Registered Nurse Practitioner (ARNP)			In Review	Active	

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



### Updating Servicing Provider Information *(For Providers Enrolled as Group Providers)*

- When updates have been made to the selected servicing providers, select **Save** and return to the list of steps.

**Close** **Save**

**Manage Servicing Provider Association**

**Status:** Approved

**Last Name:**  **Middle Name:**

**First Name:**  **SSN:**

**Provider Type:** ---SELECT--- \* **National Provider Identifier (NPI):**

**Taxonomy:**

- After saving the updated information, select **Close** at the top of the **Servicing Provider List** page.

**Note:** If these are the only updates needed, proceed to the required final step, [Submitting Maintenance Request for Review](#).

**Close** **Add** **Reconsider** **Inactivate**

**Servicing Provider List**

**Filter By :**

If the group or facility has more than 9 servicing providers,

SSN/FEIN	Provider Name
<input type="text"/>	<input type="text"/>



### Changing Profiles

#### Notes:

- Profiles can be switched at any point while you are in the Provider Portal. Providers can select the **Profile** link in the menu bar near the top of the **Provider Portal** page to view the drop-down list for a list of profiles.
- By selecting the applicable profile from the drop-down list, the Provider Portal functions are accessible to a provider to be updated.

**Profile: EXT Provider Bills Submitter ▼**

EXT Provider Claims Payment Status  
Checker

EXT Provider Eligibility Checker - Auth  
Submitter

EXT Provider Eligibility Checker-Claims  
Submitter

EXT Provider File Maintenance

EXT Provider Super User

EXT Provider System Administrator