



Updating Provider Information: Table of Contents

This quick reference guide (QRG) provides examples of steps from a provider enrolled as a group, individual, or facility. The 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**

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- [Submitting Maintenance Request for Review](#)
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- [Changing Profiles](#)

Note: This QRG is intended for Providers with an existing Provider Portal account. To be redirected to the steps required to update Provider information within the Provider Portal, select a link above.



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

eCAMS™
HCE

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

eCAMS™
HCE

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™ HCE

Select a profile to use during this session:

Profile: EXT Provider File Maintenance

4. Select **Go**.

Welcome to the Workers' Compensation Medical Bill Process System

eCAMS™ HCE

Select a profile to use during this session:

Profile: EXT Provider File Maintenance



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.

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



Updating Basic Information

1. Select Step 1: Basic Information.

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.

	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. 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 Details

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): [REDACTED] (as shown on Income Tax Return)

Organization Business Name: [REDACTED] Federal Employer Identification Number(FEIN): [REDACTED]

National Provider Identifier(NPI): [REDACTED] Email Address: [REDACTED]

Entity Type: C Corporation * If Other, please explain: [REDACTED]

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

Reason: [REDACTED]

Status: Approved

OK Cancel



Updating Location

1. Select Step 2: Location.

OWCP ID/NPI: [REDACTED] N

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 checked="" 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

<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

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

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: 12/31/2023
Business Status: Active	Business Status Start Date: 02/09/2022	Business Status End Date: 12/31/2023

4. 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		
	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 address and zip code in the relevant fields.

Address details

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

Address Line 3:

City/Town: *▼

State/Province: *▼

County: *▼

Country: *▼

Zip Code: -

6. Select + Validate Address.

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

Address details

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

Address Line 3:

City/Town: *▼

State/Province: *▼

County: *▼

Country: *▼

Zip Code: -



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Updating Location

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

Address details

Address validation successful

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

Address Line 2:

Address Line 3:

City/Town: *

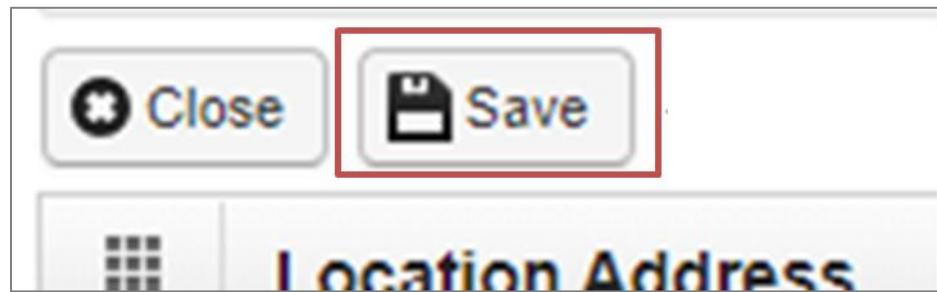
State/Province: *

County: *

Country: *

Zip Code: -

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

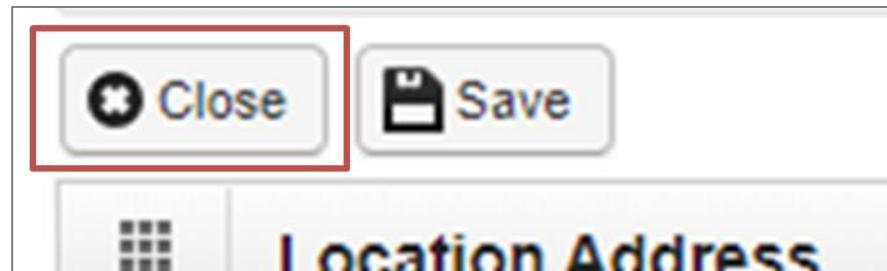




Updating Location

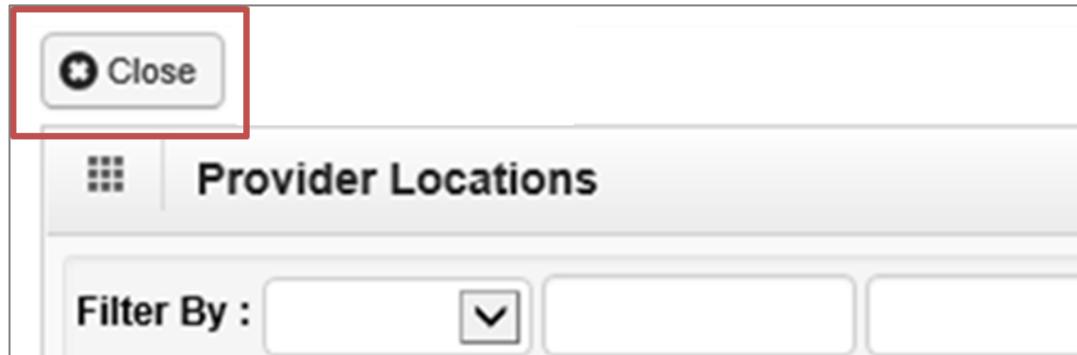
9. Select **Close**.

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] N

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

View/Update Provider Data - Individual

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

	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 : And And And

	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"/>	207RD0000X	20-Allopathic & Osteopathic Physicians	7R-Internal Medicine/00000-Internal Medicine



Updating Taxonomies

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



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

OWCP ID/NPI: Name: Enrollment Type:

Select Taxonomy Code Type/Specialty

Taxonomy Code Type:

Specialty:
Start Date:

Add Taxonomy Code

Available Taxonomy Codes Associated Taxonomy Codes *

OK Cancel



Updating Taxonomies

4. 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		

View Page: 1 Viewing Page: 1

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: Viewing Page: 1



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 the modification, you must complete all required steps.

	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)

Add

Filter By : [REDACTED]

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



Updating Ownership Details

3. 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.

Close **Add**

Ownership List (Optional)

Filter By :

<input type="checkbox"/>	Owner ID	<input type="button" value="▲"/> <input type="button" value="▼"/>
<input type="checkbox"/>		
<input type="checkbox"/>		



Updating Licenses and Certifications

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

The screenshot shows a table with two columns: 'License Category' and 'License/Certification Number'. The 'License Category' column contains two options: 'Certification' and 'License', both of which are highlighted with a red box. The 'License/Certification Number' column contains a series of colored squares.

License Category	License/Certification Number
Certification	Color-coded squares
License	Color-coded squares

4. 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 same table structure as the previous screenshot. The 'Add' button, located at the top left of the page, is highlighted with a red box.

License Category	License/Certification Number
Certification	Color-coded squares
License	Color-coded squares



Updating Licenses and Certifications

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

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

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

Name:

License or Certification Type: MEDICAL DOCTOR * Licence/Certification #:

Initial Issue Date: 07/01/1995 * Expiration Date: 06/30/2025 *

Issued State: New Jersey * Issuer Agency:

Web Link:

- After saving, a message will appear indicating a copy of the license or certification must be uploaded in the **View/Upload Attachments** step.
- Select **Close** to proceed.

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

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

Name:

License or Certification Type: MEDICAL DOCTOR * Licence/Certification #:

Initial Issue Date: 07/01/1995 * Expiration Date: 06/30/2025 *

Issued State: New Jersey * Issuer Agency:

Web Link:



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 a table with columns: License Category, License/Certification Number, License/Certification Type, Issued State, Initial Issue Date, and Expiration Date. The 'Certification' row is highlighted with a red box. The 'License' row is also present.

	License Category	License/Certification Number	License/Certification Type	Issued State	Initial Issue Date	Expiration Date
<input type="checkbox"/>	Certification			Virginia	06/06/2021	12/31/2999
<input type="checkbox"/>	License			Virginia	06/16/2021	12/31/2999

8. 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.

The screenshot shows the same table structure as the previous image, but the 'Close' button at the top left is highlighted with a red box.

	License Category	License/Certification Number	License/Certification Type	Issued State	Initial Issue Date	Expiration Date
<input type="checkbox"/>	Certification			Virginia	06/06/2021	12/31/2999
<input type="checkbox"/>	License			Virginia	06/16/2021	12/31/2999



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"/>	Step 1: Basic Information	Required	07/07/2025	07/07/2025	Complete		
<input type="checkbox"/>	Step 2: Location	Required	07/07/2025	07/07/2025	Complete		
<input type="checkbox"/>	Step 3: Taxonomies	Required	07/07/2025	07/07/2025	Complete		
<input type="checkbox"/>	Step 4: Ownership Details	Optional	07/07/2025	07/07/2025	Complete		
<input type="checkbox"/>	Step 5: Professional Licenses and Certifications	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 view the links for License and Certification.

	License Category	License/Certification Number
<input type="checkbox"/>	Certification	[REDACTED]
<input type="checkbox"/>	License	[REDACTED]

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

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

Status: Approved

License/Certification Category

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

Name: [REDACTED] *	
License or Certification Type: [REDACTED]	Licence/Certification #: [REDACTED] *
Initial Issue Date: [REDACTED] *	Expiration Date: [REDACTED] *
Issued State: [REDACTED] *	Issuer Agency: [REDACTED]
Web Link: [REDACTED]	



Updating Licenses and Certifications

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

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

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

Name:

License or Certification Type: MEDICAL DOCTOR * Licence/Certification #:

Initial Issue Date: 07/01/1995 * Expiration Date: 06/30/2025 *

Issued State: New Jersey * Issuer Agency:

Web Link:

- After saving, a message will appear indicating a copy of the license or certification must be uploaded in the **View/Upload Attachments** step.
- Select **Close** to proceed.

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

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

Name:

License or Certification Type: MEDICAL DOCTOR * Licence/Certification #:

Initial Issue Date: 07/01/1995 * Expiration Date: 06/30/2025 *

Issued State: New Jersey * Issuer Agency:

Web Link:



Updating Licenses and Certifications

Note: Should there be a need to add more licenses or certifications to the **Licenses/Certification List** page, select **Add** and refer to Steps 2-6 for each item mentioned to complete the update.

The screenshot shows a 'License/Certification List' page with a 'Close' button and an 'Add' button. The 'Add' button is highlighted with a red box. The page includes a 'Filter By' section with dropdowns and checkboxes, an 'Operational Status' dropdown set to 'Active', and buttons for 'Go', 'Clear Filter', 'Save Filter', and 'My Filters'.

7. 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** 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.

The screenshot shows the 'License/Certification List' page with the 'Add' button highlighted. Below it is a table with columns for License Category, License/Certification Number, and License/Certification Type. The table contains two rows: one for 'Certification' and one for 'License'.

	License Category ▲▼	License/Certification Number ▲▼	License/Certification Type ▲▼
<input type="checkbox"/>	Certification	[Redacted]	[Redacted]
<input type="checkbox"/>	License	[Redacted]	[Redacted]



Updating Payment Details

1. Select Step 5: 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 6**.

<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: Professional Licenses and Certifications	Required
<input type="checkbox"/>	Step 5: Payment Details	Required

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.

Close Add

Payment Details

Filter By : ▼ And ▼

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



Updating Payment Details

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

OWCP ID/NPI: [REDACTED] Name: [REDACTED]

Payment Details

Payment Method: Electronic Funds Transfer(Direct Deposit)

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

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. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearinghouse Payment System.

4. 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: [REDACTED] * Nine-Digit Routing Transit Number: [REDACTED] *

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

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

Type of Account: [REDACTED] * Address Line 1: [REDACTED] Address Line 2: [REDACTED]

Address Line 3: [REDACTED] City/Town: [REDACTED]

State/Province: [REDACTED] County: [REDACTED]

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

Signed by Representative: * Title of Representative: [REDACTED]

Representative Phone Number: [REDACTED] *

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](#).

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



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Updating Payment Details

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

Close **Add**

Payment Details

Filter By :

<input type="checkbox"/>	Account Number	Account Type	Bank Name
<input type="checkbox"/>	*****1901	Checking	[REDACTED]

7. 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: Phone Number:

Financial Institution ACH Coordinator Name: 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: Address

Signed by Representative: * Title of Representative: Representative Phone Number:



Updating Payment Details

8. Select **Close**.

Close **Add**

Payment Details

Filter By :

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



Updating Identifiers

1. Select Step 6: Identifiers.

	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.

The screenshot shows a modal window titled "Provider Identifiers". At the top, there are three buttons: "Close", "Add" (which is highlighted with a red box), and "Required Credentials". Below the buttons is a "Filter By" dropdown. The main area is a table with a header "Identifier Type" and four rows, each with a checkbox and a blurred identifier value. The table has a "▲▼" sort arrow at the top right.



Updating Identifiers

3. Select the identifier type from the **Identifier Type** drop-down list.

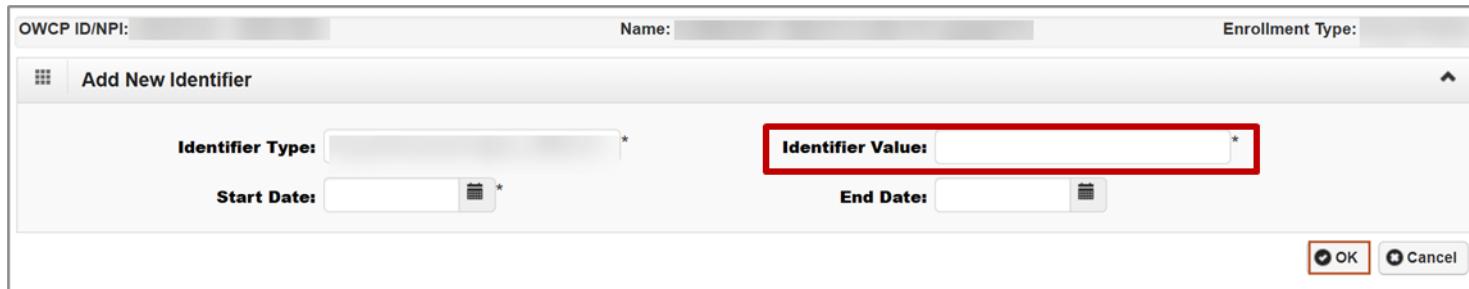


OWCP ID/NPI: [REDACTED] Name: [REDACTED] Enrollment Type: [REDACTED]

Add New Identifier

Identifier Type:	[REDACTED] *	Identifier Value:	[REDACTED] *
Start Date:	[REDACTED] <input type="button" value="Calendar"/>	End Date:	[REDACTED] <input type="button" value="Calendar"/>
<input type="button" value="OK"/> <input type="button" value="Cancel"/>			

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



OWCP ID/NPI: [REDACTED] Name: [REDACTED] Enrollment Type: [REDACTED]

Add New Identifier

Identifier Type:	[REDACTED] *	Identifier Value:	[REDACTED] *
Start Date:	[REDACTED] <input type="button" value="Calendar"/>	End Date:	[REDACTED] <input type="button" value="Calendar"/>
<input type="button" value="OK"/> <input type="button" value="Cancel"/>			



Updating Provider Information In The Provider Portal (31 of 62)

Quick Reference Guide

Updating Identifiers

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



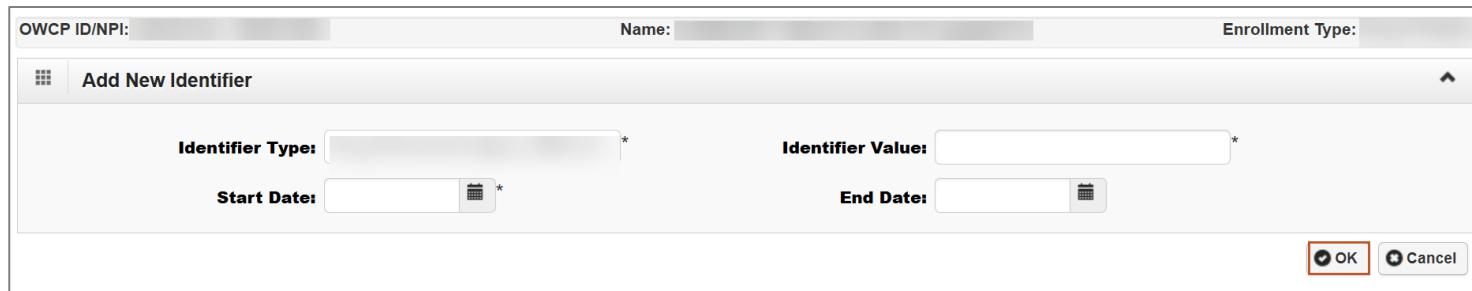
OWCP ID/NPI: [REDACTED] Name: [REDACTED] Enrollment Type: [REDACTED]

Add New Identifier

Identifier Type: [REDACTED] * Identifier Value: [REDACTED] *

Start Date: [REDACTED]  * **End Date:** [REDACTED]  *

6. Select **OK**.



OWCP ID/NPI: [REDACTED] Name: [REDACTED] Enrollment Type: [REDACTED]

Add New Identifier

Identifier Type: [REDACTED] * Identifier Value: [REDACTED] *

Start Date: [REDACTED]  * **End Date:** [REDACTED] 



Updating Identifiers

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

Provider Identifiers

<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"/>							

View Page: 1 Viewing Page: 1



Updating Identifiers

8. Make the necessary changes then select **Save** and **Close**.

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

OWCP ID/NPI: [REDACTED] Name: [REDACTED]

Close **Save**

Manage Identifier

IdentifierType: Provider Medicare Number

Status: Approved

Start Date: [REDACTED] *

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 the EDI Submission Method

1. Select Step 7: EDI Submission Method.

<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	
<input type="checkbox"/>	Step 7: EDI Submission Method	Optional	
<input type="checkbox"/>	Other EDI Submission Methods	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 :

<input type="checkbox"/>	EDI Submission Method ▲▼
<input type="checkbox"/>	Web Interactive



Updating the EDI Submission Method

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

The screenshot shows a list of submission methods. The 'Web Interactive' option is highlighted with a red box. The interface includes a 'Close' button, an 'Add' button, a 'Filter By' dropdown, and a table with columns for selection and method name.

	EDI Submission Method
<input type="checkbox"/>	Web Interactive

- 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](#).

The screenshot shows the same list of submission methods. The 'Close' button is highlighted with a red box. The interface includes a 'Close' button, an 'Add' button, a 'Filter By' dropdown, and a table with columns for selection and method name.

	EDI Submission Method
<input type="checkbox"/>	Web Interactive



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 of 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 list titled 'Billing Agent/Clearinghouse/Submitter List'. At the top left are 'Close' and 'Add' buttons, with 'Add' highlighted by a red box. Below the title is a 'Filter By' section with dropdown menus. The main table has columns for a checkbox, 'OWCP ID', and 'Billing Agent/Clearinghouse'. The 'OWCP ID' column has a dropdown arrow, and the 'Billing Agent/Clearinghouse' column has a dropdown arrow.

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 the 'Associate Billing Agent/Clearinghouse' page. It includes 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 fields for 'Billing Agent/Clearinghouse OWCP ID', 'Start Date', and 'End Date', each with an orange border. The status 'In Review' is shown below the date fields. At the bottom are 'OK' and 'Cancel' buttons.



Updating EDI Submitter Details

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

Billing Agent/Clearinghouse/Submitter List

OWCP ID	Billing Agent/Clearinghouse	Operational Status	Start Date	End Date	Status	Inactivation Date
[REDACTED]	[REDACTED]	Active	[REDACTED]	[REDACTED]	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.

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: [REDACTED]

Start Date: [REDACTED] *

End Date: [REDACTED]

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.

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 the enrollment process.
- If the Billing Agent/Clearinghouse OWCP provider ID is not available, information can be updated after you are enrolled as an active OWCP provider.

Billing Agent/Clearinghouse OWCP ID:

Start Date: *

Status:



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**.

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.

The screenshot shows the 'Payment Details' page. At the top left are 'Close' and 'Add' buttons. The 'Add' button is highlighted with a red box. The page title is 'Payment Details'. Below the title is a 'Filter By' dropdown. The main content is a table with columns: 'Account Number' (with a sorting icon), 'Account Type' (with a sorting icon), and 'Bank Name' (with a sorting icon). One row is visible, showing '*****1901' in the Account Number column and 'Checking' in the Account Type column. The Bank Name column is blurred.

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



Updating Payment Details

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

OWCP ID/NPI: [REDACTED] Name: [REDACTED]

Payment Details

Payment Method: Electronic Funds Transfer(Direct Deposit)

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

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. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearinghouse Payment System.

4. 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: [REDACTED] * Nine-Digit Routing Transit Number: [REDACTED] *

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

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

Type of Account: [REDACTED] * Address Line 1: [REDACTED] Address Line 2: [REDACTED]

Address Line 3: [REDACTED] City/Town: [REDACTED]

State/Province: [REDACTED] County: [REDACTED]

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

Signed by Representative: * Title of Representative: [REDACTED]

Representative Phone Number: [REDACTED] *

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](#).

	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.

Close **Add**

Payment Details

Filter By :

<input type="checkbox"/>	Account Number	Account Type	Bank Name
<input type="checkbox"/>	*****1901	Checking	[REDACTED]

- 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: Phone Number:

Financial Institution ACH Coordinator Name: 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: Address

Signed by Representative: * Title of Representative: Representative Phone Number:



Updating Payment Details

8. Select **Close**.

Close **Add**

Payment Details

Filter By :

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



Updating Licenses and Certifications

1. Select Step 4: Professional Licenses and Certifications

OWCP ID/NPI: [redacted]

Close **Required Credentials** **Undo Update**

View/Update Provider Data - Individual

Business Process Wizard - Provider Data Modification (Individual). In order Request for Review.

	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: Professional Licenses and Certifications	Required

2. To add ownership details, select Add.

Close **Add**

Ownership List (Optional)

Filter By : [dropdown menu]

	Owner ID
<input type="checkbox"/>	[redacted]
<input type="checkbox"/>	[redacted]



Updating Ownership Details

3. 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 :

<input type="checkbox"/>	Owner ID	<input type="button" value="▲"/> <input type="button" value="▼"/>
<input type="checkbox"/>		
<input type="checkbox"/>		



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"/>	Step 1: Basic Information	Required	07/07/2025	07/07/2025	Complete		
<input type="checkbox"/>	Step 2: Location	Required	07/07/2025	07/07/2025	Complete		
<input type="checkbox"/>	Step 3: Taxonomies	Required	07/07/2025	07/07/2025	Complete		
<input type="checkbox"/>	Step 4: Ownership Details	Optional	07/07/2025	07/07/2025	Complete		
<input type="checkbox"/>	Step 5: Professional Licenses and Certifications	Required	07/07/2025	07/07/2025	Complete		



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.

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

2. To add EDI contacts, select Add.

The screenshot shows a user interface for managing EDI contact information. At the top, there are two buttons: 'Close' and 'Add', with 'Add' being highlighted by a red box. Below these are two dropdown menus labeled 'Filter By'. The main area is titled 'EDI Contact Information List' and contains a table with two columns: 'Contact Title' and 'Contact Name'. The 'Contact Title' column has a red box around its header. In the 'Contact Name' column, the first row shows a contact with a purple background and the text 'ttt, llll'.



Updating EDI Contact Information

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

Add EDI Contact Information

Contact Title:	*	First Name:	*
Last Name:	*	Fax Number:	
Phone Number:	*	End Date:	
Email Address:		Address Line 1:	*
Start Date:	<input type="button" value="Calendar"/>	Address Line 2:	
Address Line 3:		City/Town:	*
State/Province:		County:	*
Country:		Zip Code:	<input type="button" value="Address"/>
<input type="button" value="OK"/> <input type="button" value="Cancel"/>			



Updating EDI Contact Information

4. On the **EDI Contact Information List** page, select the link under **Contact Title** to manage the EDI contact screen shown below , and select **Save**.

The screenshot shows a table with columns for Contact Title and Contact Name. The 'Contact Title' column header is highlighted with a red box. The contact name 'ttt, IIII' is visible in the list.

5. 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.

The screenshot shows the 'Manage EDI Contact Information' form. The 'Contact Title' field is highlighted with a red box. Other fields include Last Name, Phone Number, Email Address, Start Date, Status (Approved), First Name, Fax Number, End Date, Address Line 1, Address Line 2, City/Town, State/Province, County, Country, and Zip Code.



Completing Provider Disclosure

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

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.

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 **Viewing Page:** 1



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.

Step	Description	Requirement	Due Date
Step 7: EDI Submission Method		Optional	
Step 8: EDI Submitter Details		Optional	
Step 9: EDI Contact Information		Optional	
Step 10: Payment Details		Required	12/21/2023
Step 11: Complete Provider Disclosure		Required	12/21/2023
Step 12: View/Upload Attachments		Optional	12/21/2023

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

The screenshot shows a web-based application interface for managing attachments. At the top, there are three buttons: 'Close', 'Upload Attachments' (which is highlighted with a red box), and 'Required Credentials'. Below these is a section titled 'Attachment List' with a 'Filter By' dropdown and two empty input fields. Underneath is a table with two rows, each containing a checkbox and a 'Repository Key' field. The first row's checkbox is checked. At the bottom are buttons for 'View Page' (with page number 1), 'Go', 'Page Count', and 'SaveToCSV'.



Viewing and Uploading Attachments

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

Attachment List

Repository Key	File Name	Document Type	
ATT723984379	licence_test.docx	Copy of License/Certification	11/05

View Page: 1 Viewing Page: 1

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

Attachment List

Repository Key	File Name	Document Type	
ATT723984379	licence_test.docx	Copy of License/Certification	11/0

View Page: 1 Viewing Page: 1



Submitting Maintenance Request for Review

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

1. Select Step 13: Submit Maintenance Request for Review. The Final Modification Submission page opens.

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 are 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/GOVIT-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 conditions.

Last Name: *

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

shore and Harbor Workers' Compensation Act and the Energy Employees Occupational Illness and Injury Protection Program Act of 2000. This information will be used to ensure accurate payment of medical and vocational rehabilitation provider bills. The information is contained in the DOL/OWCP-9 and DOL/OWCP-11, published in the Federal Register, Vol. 81, page 25766, April 29, 2016. Submission of this information 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

4. 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"/>	Step 9: EDI Contact Information	Required
<input type="checkbox"/>	Step 10: Servicing Provider Information	Required
<input type="checkbox"/>	Step 11: Payment Details	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**.

The screenshot shows a dialog box titled "Servicing Provider List". At the top, there are four buttons: "Close", "Add" (which is highlighted with a red box), "Reconsider", and "Inactivate". Below the buttons is a "Filter By" dropdown and a "Go" button. A message states: "If the group or facility has more than 9 servicing providers, the". Below this, there is a table with three columns: "SSN/FEIN", "Provider Name", and "NPI". Each column has an "UnMask" button at the bottom. The table contains three rows, each with a checkbox in the first column.



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

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

Servicing Provider List

Filter By : And

If the group or facility has more than 9 servicing providers, the group/facility itself is resp

	SSN/FEIN	Provider Name
<input type="checkbox"/>	<input type="checkbox"/> UnMask	
<input type="checkbox"/> 	<input type="checkbox"/> UnMask	
<input type="checkbox"/>	<input type="checkbox"/> UnMask	

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

Servicing Provider List

Filter By : And

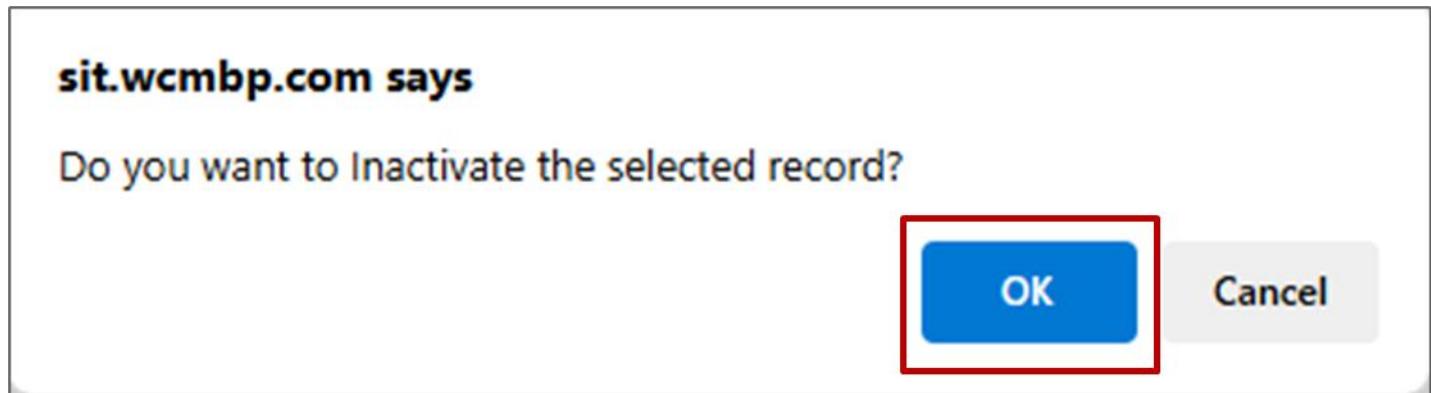
If the group or facility has more than 9 servicing providers, the group/facility itself is resp

	SSN/FEIN	Provider Name
<input type="checkbox"/>	<input type="checkbox"/> UnMask	
<input type="checkbox"/> 	<input type="checkbox"/> UnMask	
<input type="checkbox"/>	<input type="checkbox"/> UnMask	



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.

SSN/FEIN	Provider Name	NPI	Provider Type	Business Status	Effective Date	Status	Operational Status	Inactivation Date
30 - Advanced Registered Nurse Practitioner (ARNP)	Inactivate servicing providers	02/03/2023	In Review	Active				
30 - Advanced Registered Nurse Practitioner (ARNP)			In Review	Active				



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.

Manage Servicing Provider Association

Status: Approved

Last Name:

First Name:

Middle Name:

SSN:

Provider Type: *

National Provider Identifier (NPI):

Taxonomy:

Close **Save**

- 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](#).

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"/>

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

UnMask



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](#)