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Note: This guide is intended for Providers with an existing Provider Portal account.



Selecting Provider ID and Profile

1. Select the 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. 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 Profile from the **Profile** drop-down list (for example, EXT Provider File Maintenance).

Note: Choose the applicable profile to access the relevant functionalities of the provider portal.

Welcome to the Workers' Compensation Medical Bill Process System




Select a profile to use during this session:

Profile:

4. Select **Go**. The Provider Portal opens.

Welcome to the Workers' Compensation Medical Bill Process System



Select a profile to use during this session:

Profile:



Updating Information

1. To navigate to the **View/Update Provider Data** screen, select the **Maintain Provider Information** link

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 the **Step 1: Basic Information** link.

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 type="checkbox"/>	Step 2: Location	Required
<input type="checkbox"/>	Step 3: Taxonomies	Required

2. Make necessary updates to any of the editable fields, then select **OK**.
Note: If this is the only step needing an update, proceed to the last step to **Submit Maintenance Request for Review**.

Provider Details

Provider Type: 25-Physician (MD) & Physician (DC) *
If you select "Other Provider" (96) or Non-Medical Vendor (53), please explain:
[Redacted]

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 *
☐ I do not wish to be included in an online searchable list of OWCP providers.
Reason: [Redacted]
Status: Approved



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** link.

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

3. If applicable, review the **Physical** and **Mailing** addresses to verify and information in the **Contact Last Name**, **Contact First Name**, and **Phone Number** fields.

[Close](#) [Save](#)

Location Details

Business Name: *

Contact Last Name: * Contact First Name: *

Phone Number: * Fax Number:

Email Address:

☐ 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

4. If the mailing or physical address needs to be changed, select the linked **Address Type** at the bottom of the **Location Details** page.

Address List

Filter By: [Go](#)

<input type="checkbox"/>	Address Type ▲▼	Address ▲▼	Start Date ▲▼	End Date ▲▼	Status ▲▼
<input type="checkbox"/>	Mailing		01/01/1974	12/31/2999	APPROVED
<input type="checkbox"/>	Pay-To		01/01/1974	12/31/2999	APPROVED
<input type="checkbox"/>	Physical		01/01/1974	12/31/2999	APPROVED

View Page: 1 [Go](#) [+ Page Count](#) [Save To CSV](#) Viewing Page: 1 [First](#) [Prev](#) [Next](#) [Last](#)



Updating Location

5. Select **+ Address** at the bottom of the **Location Address** page.

County: *

Zip Code: - **+ Address**

6. Enter the new street address in the first line and second or third lines, if needed.

Address details

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

Address Line 3:

City/Town: *

State/Province: *

County: *

Country: *

Zip Code: - **+ Validate Address**



Updating Location

7. Enter the **Zip Code** of the new address.

The screenshot shows the 'Address details' form with the following fields: Address Line 1 (with a placeholder and a note '(Enter Street Address or PO Box Only)'), Address Line 3, City/Town, State/Province, County, and Country, all with dropdown menus. The Zip Code field is highlighted with a red box and contains a placeholder. To the right of the Zip Code field is a hyphen and another placeholder. A '+ Validate Address' button is located to the right of the Zip Code field.

8. Select + **Validate Address**.

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

The screenshot shows the 'Address details' form after the address has been validated. The City/Town, State/Province, County, and Country fields are now populated with data. The Zip Code field is still highlighted with a red box. The '+ Validate Address' button is also highlighted with a red box.



Updating Location

9. Once the system validates the address, select **OK** at the bottom right of the screen.

Address details

Address Line 1: *

(Enter Street Address or PO Box Only)

Address Line 3:

City/Town: *

State/Province: *

County: *

Country: *

Zip Code: -

10. After entering and reviewing the required information, select **Save**.

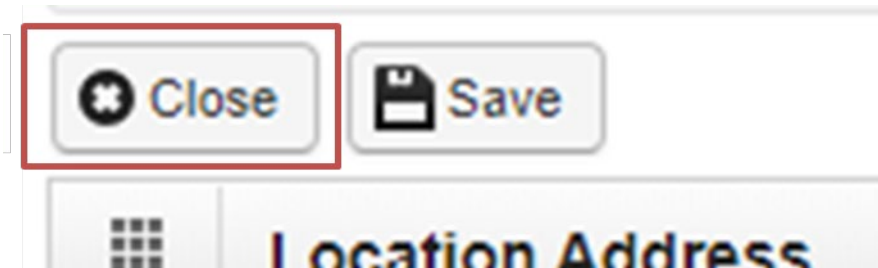
Location Address



Updating Location

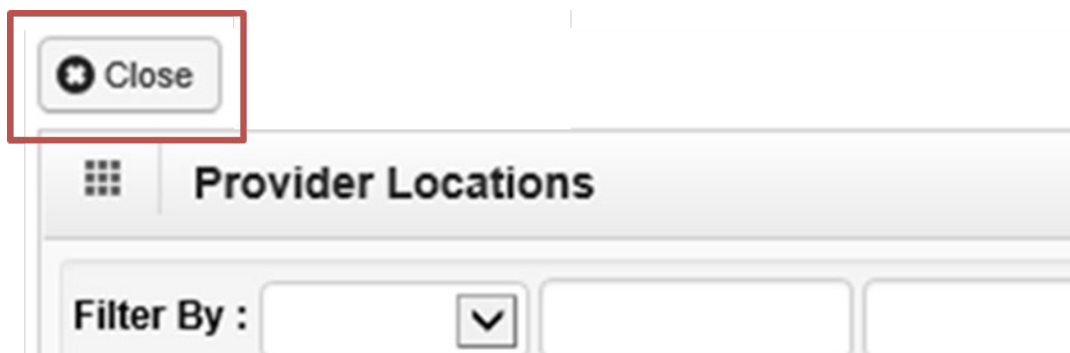
11. After saving the update, select **Close**.

Note: On the **Provider Location List** page, if there is a location change, two records will appear—one labeled as "Approved" and the other as "In Review." Once the updated location is approved, the new entry will replace the previously added location. This ensures that any modifications made are reflected accurately in the system without removing historical data until approval.



12. Select **Close** again on the **Provider Locations List** page as well.

Note: If this is the only step needing an update, proceed to the last step to **Submit Maintenance Request for Review**.





Updating Taxonomies

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

Note: Depending on the Provider Type assigned 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

2. To add more taxonomies, select **Add**; to remove or modify an existing taxonomy, select Update; or to exit, select Close.

Note: If this is the only step that needs an update, proceed to the last step to **Submit the Maintenance Request for Review**.

[Close](#) [Add](#) [Update](#)

Taxonomy List

Filter By : [] And [] And []

<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"/>	207R00000X	20-Allopathic & Osteopathic Physicians	7R-Internal Medicine/00000-Internal Medicine



Updating Ownership Details

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

OWCP ID/NPI: [Redacted]

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

[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 make changes, select the **Owner ID** link, or to add Ownership Details, select **Add**.

Note: If this is the only step that needs an update, proceed to the last step to **Submit Maintenance Request for Review**.

[Close](#) [+ Add](#)

[Ownership List \(Optional\)](#)

Filter By : [Dropdown]

[Input Field] [Input Field]

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



Updating Licenses and Certifications

1. Select **Step 5: Professional Licenses and Certifications**.

Note: For **individual providers**, select Step 5: Professional Licenses and Certifications. For **Group Practice, Facility, Agency, Organization, and Institution Providers**, this step is titled Step 5: Business Licenses and Certifications and is not required for Group Practice Providers.

<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

2. To update the license or certification, select either the **License** link or the **Certification** link.

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

Close

Add

License/Certification List

Filter By :

<input type="checkbox"/>	License Category ▲▼	License/Certification Number ▲▼
<input type="checkbox"/>	Certification	FTEST01
<input type="checkbox"/>	License	F1141664



Updating Licenses and Certifications

3. This step requires entering the following information:

- Name
- License or Certification Type
- Initial Issue Date
- Expiration Date
- Issued State
- Issuer Agency
- Web Link where your license or certification can be verified.

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: In Review

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

Name: *

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

Initial Issue Date: * **Expiration Date:** *

Issued State: * **Issuer Agency:**

Web Link:



Updating Licenses and Certifications

4. After updating this information, select **Save**.

The screenshot shows the 'Manage Professional License/Certification' form. At the top left, there are two buttons: 'Close' and 'Save'. The 'Save' button is highlighted with a red box. The form contains the following fields and options:

- Status:** Approved
- License Type:** Radio buttons for C-Certification, L-License (selected), and N-License or Certification not required.
- Name:** Text input field.
- License or Certification Type:** Text input field with 'MEDICAL DOCTOR' entered.
- License/Certification #:** Text input field.
- Initial Issue Date:** Date picker showing '07/01/1995'.
- Expiration Date:** Date picker showing '06/30/2025'.
- Issued State:** Dropdown menu showing 'New Jersey'.
- Issuer Agency:** Text input field.
- Web Link:** Text input field.

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

Note: This step is optional for Group Practices. The verbiage for this step that applies to Group Practices is different.

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 box, indicating the next step after saving the information.



Updating Licenses and Certifications

- If multiple licenses or certifications are listed on the **Licenses/Certification List** page, then follow Steps 2-5 for each item listed to complete the update.

Licenses/Certification List

Filter By : And

And Operational Status: Active

<input type="checkbox"/>	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

- After updating all Licenses and Certifications, select **Close** on the **Licenses/Certification List** page to return to the list of steps.
- Note:** If this is the only step that needs an update, proceed to the last step to **Submit Maintenance Request for Review**.

Licenses/Certification List

Filter By : And

And Operational Status: Active

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



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	
<input type="checkbox"/>			

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

If adding Identifiers, enter the required information in the **Add New Identifier** window, then select **OK** in the **Add New Identifier** window.

Close Add → Required Credentials

Provider Identifiers

Filter By : ▼

<input type="checkbox"/>	Identifier Type ▲▼
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	



Updating Identifiers

3. Select the **Identifier Type** links to update the respective Identifier.
If making updates to Identifiers, select **Save** and return to the list of steps.

The screenshot shows the 'Provider Identifiers' form. At the top are buttons for 'Close', 'Add', and 'Required Credentials'. Below is a 'Filter By' section with a dropdown menu. The main table has a header row with a checkbox and a column titled 'Identifier Type' with an expand/collapse icon. Below the header are three rows, each with a checkbox and a blurred identifier type. A red box highlights the first checkbox in the data rows.

4. After saving the update, select **Close**.
Note: If this is the only step needing an update, proceed to the last step to **Submit Maintenance Request for Review**.

This screenshot is identical to the previous one, but with a red box highlighting the 'Close' button at the top left of the form.



Updating 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"/>	Step 8: EDI Submission Details	Optional	

2. To add an EDI Submission Method, select **Add**.

If adding an EDI Submission Method, select the preferred modes of submission on the **EDI Submission Details** window, then select **OK** on the **Add New Identifier** window.

The screenshot shows a window titled "EDI Submission Method" with a "Close" button and an "Add" button. Below the title bar, there is a "Filter By" section with two dropdown menus and an "And" button. The main content area shows a list of "EDI Submission Method" options, with "Web Batch, Billing Agent/Clearinghouse, FTP Secured Batch, Web Interactive" selected.



Updating EDI Submission Method

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

If making updates to previously selected modes of submission, select **OK** and return to the list of steps.

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 text 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 saving the update, select **Close**.

Note: If this is the only step needing an update, proceed to the last step to **Submit 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. The table below shows the 'Web Interactive' option selected, indicated by a checked checkbox.



Updating EDI Submitter Details

1. Select **Step 8: EDI Submitter Details**.

Note: This step is marked as Required only if Billing Agent/Clearinghouse was selected as an EDI Submission Method in the EDI Submission Method step, otherwise it is marked as Optional.

<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

2. To add Billing Agent/Clearinghouse, select **Add**.

If adding an EDI Submission Method, include Billing Agent/Clearinghouse, OWCP ID, Start and End dates, select **OK** in the Associate Billing Agent/Clearinghouse window.

Note: If this is the only step needing an update, proceed to the last step to **Submit Maintenance Request for Review**.

Close Add

Billing Agent/Clearinghouse/Submitter List

Filter By : [dropdown] [text] [text]

<input type="checkbox"/>	OWCP ID ▲▼	Billing Agent/Clearinghouse ▲▼
<input type="checkbox"/>	[blue bar]	ACCOUNT EXECUTIVES



Updating EDI Submitter Details

- To update the EDI Submitter Details, select the **OWCP ID** link. After making updates to the Billing Agent/Clearinghouse/Submitter, select **Save** on the **Manage Billing Agent/Clearinghouse Association** page.

The screenshot shows the 'Billing Agent/Clearinghouse/Submitter List' interface. At the top, there are 'Close' and 'Add' buttons. Below them is a table with columns: 'OWCP ID' and 'Billing Agent/Clearinghouse'. The 'OWCP ID' column has a red box around the 'ACCOUNT EXECUTIVES' link. The 'Billing Agent/Clearinghouse' column has a dropdown arrow. The 'Filter By' section is visible above the table, and a 'Go' button is to the right of the 'Active' dropdown.

- After saving the update, select **Close**.
Note: If this is the only step needing an update, proceed to the last step to **Submit Maintenance Request for Review**.

The screenshot shows the same 'Billing Agent/Clearinghouse/Submitter List' interface. The 'Close' button at the top left is now highlighted with a red box. The table below it remains the same, with 'ACCOUNT EXECUTIVES' under the 'OWCP ID' column.



Updating EDI Contact Information

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

Note: This step is marked as required only if Web Batch or FTP Secured Batch was selected as an EDI Submission Method in the EDI Submission Method step.

<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"/>	Step 8: EDI Submitter Details	Optional	
<input type="checkbox"/>	Step 9: EDI Contact Information	Optional	
<input type="checkbox"/>	Step 10: Payment Details	Required	08/09/2023

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

Note: When adding a contact, enter the required information in the **Add EDI Contact Information** window, then select **OK**.

✖ Close

✚ Add

EDI Contact Information List

Filter By :

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



Updating EDI Contact Information

3. Select the appropriate **Contact Title** link to update the respective contact information, then select **Save**.

The screenshot shows the 'EDI Contact Information List' interface. At the top, there are 'Close' and 'Add' buttons. Below them is a header bar with a grid icon and the title 'EDI Contact Information List'. Under the header is a 'Filter By' section with a dropdown menu and two input fields. Below the filter section is a table with two columns: 'Contact Title' and 'Contact Name'. The 'Contact Title' column has a red box around the first row's data, which is a blue bar. The 'Contact Name' column shows 'ttt, IIII'.

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

4. After saving the updated information, select **Close**.
Note: If this is the only step needing an update, proceed to the last step to **Submit Maintenance Request for Review**.

The screenshot shows the 'EDI Contact Information List' interface. At the top, there are 'Close' and 'Add' buttons. Below them is a header bar with a grid icon and the title 'EDI Contact Information List'. Under the header is a 'Filter By' section with a dropdown menu and two input fields. Below the filter section is a 'Go' button. Below the 'Go' button is a table with two columns: 'Contact Title' and 'Contact Name'. The 'Contact Title' column has a red box around the first row's data, which is a blue bar. The 'Contact Name' column shows 'ttt, IIII'.

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



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 this step. The instructions to complete that step are included after the “Submit Maintenance Request for Review” step.

<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

2. To add payment details if there are no current payment details listed, select **Add**.

If adding a contact, enter the required information on the **Payment Details** window, then select **OK** on the **Payment Details** window.

Close Add

Payment Details

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

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



Updating Payment Details

3. Select the appropriate **Account Number** link to update the respective payment details.

The screenshot shows a web interface for updating payment details. At the top, there are two buttons: "Close" (with a star icon) and "Add" (with a plus icon). Below these is a section titled "Payment Details" with a grid icon to its left. Under the title, there is a "Filter By:" label followed by a dropdown menu and two empty input fields. Below the filter section is a table with two main columns: "Account Number" and "Account Type". The "Account Number" column has a small up/down arrow icon. The "Account Type" column also has a small up/down arrow icon. In the first row of the table, the "Account Number" field contains the text "*****2139" and is highlighted with a red rectangular box. The "Account Type" field in the same row contains the text "Checking".

4. Select **OK**, then select **Close**.

Note: If this is the only step needing an update, proceed to the last step to **Submit Maintenance Request for Review**.

This screenshot is identical to the one above, showing the "Payment Details" form. However, in this version, the "Close" button at the top left is highlighted with a red rectangular box. The "Account Number" field in the table remains highlighted with a red box as well.



Complete Provider Disclosure

1. Select **Step 11: Complete Provider Disclosure**.

<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. Update the answers to the two questions on the **Provider Disclosure** page and provide any necessary comments.

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



Complete Provider Disclosure

3. Upon completing Step 11, select **Save**.

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.



View/Upload Attachments

1. If uploading any required attachments, select **Step 12: View/Upload Attachments**.

<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**.

OWCP ID/NPI:

Close

Upload Attachments

Required Credentials

Attachment List

Filter By :

Go

<input type="checkbox"/>	Repository Key ▲▼	File Name ▲▼



View/Upload 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"/>	ATT723984379	licence_test.docx	Copy of License/Certification	11/05

View Page: 1 Go + Page Count SaveToCSV

Viewing Page: 1

- Select **Close**.

Close Upload Attachments Required Credentials

Attachment List

Filter By : Go

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

View Page: 1 Go + Page Count SaveToCSV

Viewing Page: 1



Submit Maintenance Request for Review

1. As required, select the **Step 13: Submit Maintenance Request for Review** link as displayed in the screenshot to submit the updated information for review.

<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. On the Final Modification Submission page, carefully read the instructions and verify the pre-populated First Name and Last Name. The First Name and Last Name can be edited, as necessary.
Note: Title is an optional field.

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 I 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: 01/27/2025 12:39:35

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 910(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/OWCP-1, DOL/OWCP-4 DOL/OWCP-9 and DOL/OWCP-11, published in the Federal Register, Vol. 81, page 25766, April 28, 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.



Submit Maintenance Request for Review

3. Select **Submit Modification**.

Note: Additional modifications to the information are not allowed until after Acentra Health staff reviews the modification submission.

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,
ill 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



Submit 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)*

If the Provider is enrolled as a **Group Provider**, an additional **Step 10: Servicing Provider Information** will appear before **Step 11: Payment Details**.

1. Select **Step 10: Servicing Provider Information**.

<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 Associate **Servicing Provider List** window, 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 : ▼

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

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



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, select **Inactivate** at the top of the page, then select **OK** on the confirmation window to confirm.

The screenshot shows the 'Servicing Provider List' interface. At the top, there are four buttons: 'Close', 'Add', 'Reconsider', and 'Inactivate'. The 'Inactivate' button is highlighted with a red box. Below the buttons is a 'Filter By' dropdown menu. A message states: 'If the group or facility has more than 9 servicing providers,'. Below this is a table with two columns: 'SSN/FEIN' and 'Provider Name'. In the first row of the table, the 'SSN/FEIN' cell contains a blue link, which is highlighted with a red box. To the right of this link is an 'UnMask' button with an eye icon. The 'Provider Name' cell contains a blurred text.

4. Select the **SSN/FEIN** links to update the respective servicing provider information. If updates have been made to the selected servicing providers, select **Save** and return to the list of steps.

This screenshot is identical to the one above, showing the 'Servicing Provider List' interface. The 'Inactivate' button is highlighted with a red box. The 'SSN/FEIN' link in the first row of the table is also highlighted with a red box. The 'UnMask' button and the blurred 'Provider Name' are also visible.



Updating Servicing Provider Information *(For Providers Enrolled As Group Providers)*

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

Note: If this is the only step needing an update, proceed to the last step to **Submit 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="button" value="UnMask"/>	<input type="text"/>



Changing Profiles

Notes:

- Profiles can be switched at any point while you are in the Provider Portal. 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 accessible to you, will 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