CNSI

U.S. Department of Labor - Office of Workers' Compensation Programs
Billing Agent/Clearinghouse Enrollment Template

1.   Are you applying for a new enrollment or updating your record?

New Enrollment   Update

1a. If Update, enter Provider ID

2. Individual Information (If you enroll using SSN)

2a. Last Name	2c. Middle Name
2b. First Name	2d. SSN

3. Organization Information

3a.Organization Name (Legal Business Name)

3b. Organization Business Name (Doing Business As)

3c. FEIN

4.   Address

4a. Address Line 1

Address Line 2

4b. City/Town	4c. State/Province	4d. Zip Code

5. Phone Number	6. Fax Number

7. Email Address

8. EDI Submission Method (check all applicable)

Web Interactive   FTP Secure Batch   Web Batch

9. If selected FTP Secured Batch or Web Batch, provide EDI Contact Information (Leave it blank if it's same as above)

9a. Contact Title

9b. Last Name	9c. First Name
9d. Phone Number	9e. Fax Number
9f. Email Address	

9g. Address Line 1

Address Line 2

9h. City/Town	9i. State/Province	9j Zip Code

Signature:_____   Date: _____

Sign, date and mail or fax the form to the following address:

Provider Enrollment
Department of Labor - OWCP
P.O. Box 8312
London, KY 40742-8312
Fax: 1-888-444-5335

(Incomplete forms will cause a delay in processing and are subject to return)