

Workers' Compensation Medical Bill Processing System

# How to Complete a Provider Enrollment Application Facility Provider



# Overview

This tutorial provides instructions on how to complete a provider enrollment application for a facility using the Workers' Compensation Medical Bill Processing (WCMBP) Portal.

Enrollment as a facility is defined as follows:

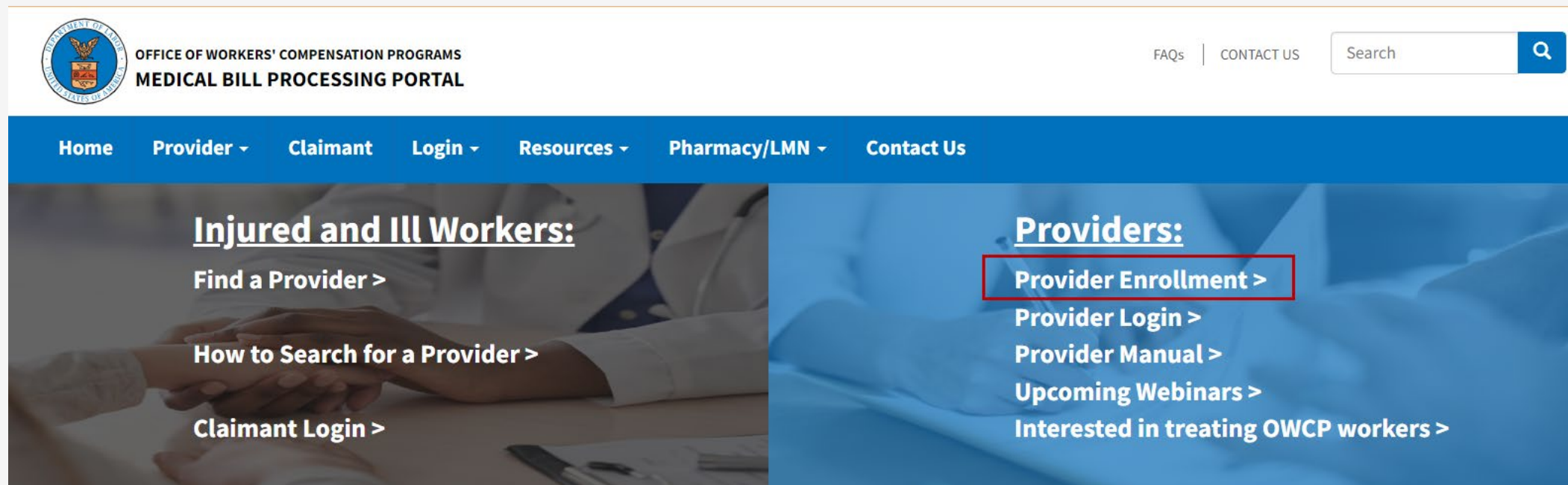
- An Inpatient or Outpatient Hospital, a Skilled Nursing Facility, an Intermediate Care Facility, a Clinic (RHC, FQHC, Hospital-Based Clinic, Urgent Care), a Psychiatric Facility, a Mental Institution, a Durable Medical Equipment Supplier, a Free Standing Ambulatory Surgical Center, a Long Term Care Facility, an Independent Clinical Laboratory, a Free Standing Radiology Clinic or Center, a Dialysis Center, a Partnership, a Corporation, or any other entity that furnishes or arranges for the furnishing of services for which payment is billed under the OWCP programs.
- It does not include individual practitioners or groups of practitioners; additionally, they must also be eligible to receive and currently possess a Type II National Provider Identifier, available through the National Plan and Provider Enumeration System (NPPES).



# Accessing the WCMBP System for New Providers (1 of 3)

1. Go to the [WCMBP Portal Homepage](#).
2. Select **Provider Enrollment**.

**Note:** If the Account Registration process has been completed, select [here](#) to continue to step 8 of the **OWCP Connect Account Registration** section of this tutorial.



# Accessing the WCMBP System for New Providers (2 of 3)

3. Locate the **New Provider Enroll Online for Fast Approval** section and select the **Click here to begin the enrollment process** hyperlink.



## **New Provider Enroll Online for Fast Approval**

[Click here to begin the enrollment process.](#)



## **Existing Providers with a Welcome Letter and/or Registration Letter**

[Click here to complete the registration for portal access.](#)

[Providers who have already enrolled and registered for portal access, click here to login.](#)



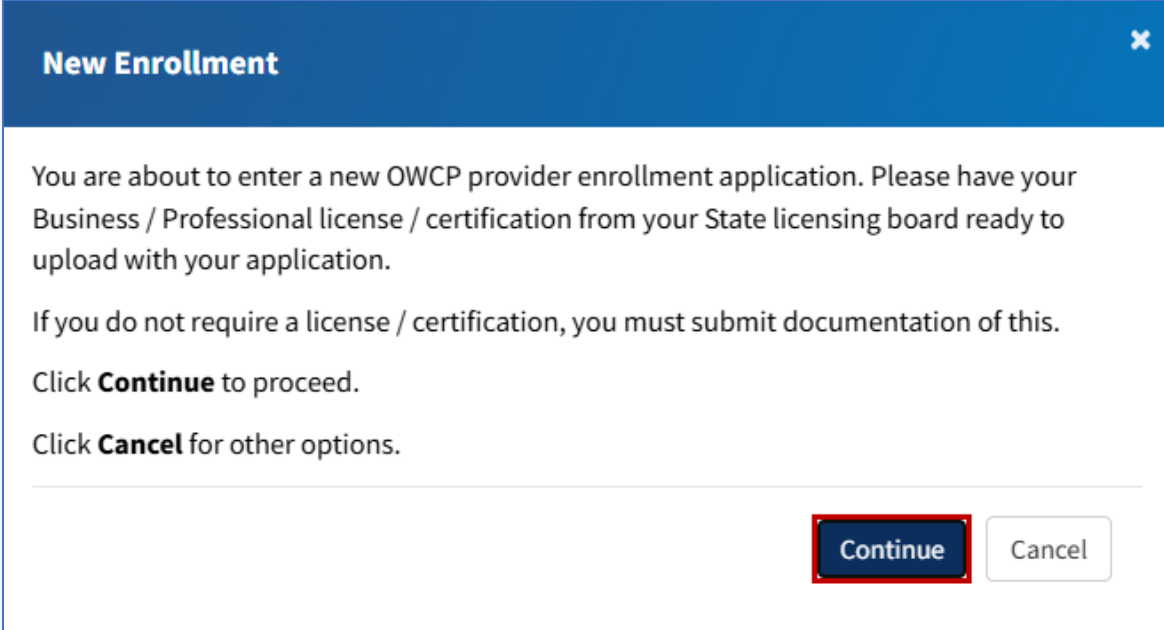
## **Resume or Track an Enrollment Application**

[Click here to resume or track the in-progress enrollment application.](#)

# Accessing the WCMBP System for New Providers (3 of 3)

**Note:** A dialogue box appears requesting confirmation to initiate a new enrollment.

4. To begin a new application, select **Continue**.

A screenshot of a web-based dialog box titled "New Enrollment" with a blue header bar and a close button (X) in the top right corner. The main content area is white and contains the following text: "You are about to enter a new OWCP provider enrollment application. Please have your Business / Professional license / certification from your State licensing board ready to upload with your application." followed by "If you do not require a license / certification, you must submit documentation of this." and "Click **Continue** to proceed." and "Click **Cancel** for other options." At the bottom right, there are two buttons: a blue "Continue" button with a red rectangular border and a white "Cancel" button with a grey border.

**New Enrollment** ✕

You are about to enter a new OWCP provider enrollment application. Please have your Business / Professional license / certification from your State licensing board ready to upload with your application.

If you do not require a license / certification, you must submit documentation of this.

Click **Continue** to proceed.

Click **Cancel** for other options.

**Continue** Cancel

**Note:** Providers who previously enrolled and need to update enrollment or track an existing application need to select **Cancel** and then choose the appropriate "Existing Providers" or "Resume or Track an Enrollment Application" hyperlink.

# OWCP Connect Account Registration (1 of 9)

1. To begin the OWCP Connect Account Registration process, on the OWCP Connect homepage, select **CREATE ACCOUNT** from the **New User** section.



The screenshot displays the OWCP Connect homepage. The header is blue with the United States Department of Labor logo on the left, the text 'United States Department of Labor Office of Workers' Compensation Programs' in the center, and the OWCP logo on the right. A 'Help | FAQ' link is in the top right corner. The main content area is divided into three columns. The first column, 'OWCP Connect', lists various services available after login. The second column, 'Existing User', provides login options for email address, password reset, and email change. The third column, 'New User', offers a 'CREATE ACCOUNT' button, which is highlighted with a red rectangle, and provides information for medical providers.

**United States Department of Labor**  
**Office of Workers' Compensation Programs**

**OWCP**  
Office of Workers' Compensation Programs  
Protecting Injured Workers Responsibly and Compassionately

[Help](#) | [FAQ](#)

### OWCP Connect

Once your identity is verified, you can enroll and login to OWCP's Medical Bill Processing Portal to:

- Look up a claimant's case number
- Find a claimant's accepted diagnosis code(s)
- Check eligibility for specific procedures
- Submit prior authorization requests
- Submit/resubmit bills and adjustments
- View payment status
- View correspondence
- Utilize Fee Schedule Calculator
- Maintain provider enrollment information
- Add additional users who can use the portal

### Existing User

Login Using Email Address:

[LOGIN](#)

[Forgot password?](#)

[PASSWORD RESET](#)

[Change Email?](#)

[CHANGE EMAIL](#)

### New User

First time using OWCP Connect?  
Create a new account here.

[CREATE ACCOUNT](#)

#### Information for Medical Providers

1. This process generally takes 3-5 minutes
2. [Enrollment Tutorials \(Click Here\)](#)
3. [Contact Us \(Click Here\)](#)



# OWCP Connect Account Registration (2 of 9)

2. Complete these fields:

- **First Name**
- **Last Name**
- **Email**
- **Retype Email**
- **Enter result of addition from image below**

**Note:** The **Middle Initial** field is optional.

3. Select **NEXT**.

### Account Registration

Enter the below information to create the account

First Name\*

Last Name\*

Middle Initial

Email\*

Consider using an email address that is not associated with your current employment.  
[This email is available.](#)

Retype Email\*

[This email is available.](#)

Enter result of addition from image below\*

3 3

+

6

\* Required Field

NEXT

### Instructions

Please enter the required information and click NEXT to begin the Account Registration process.

NOTE: When entering SSN and Primary Phone, only enter numerical characters. Do not include special characters, like - and (). For example, for the SSN 123-45-6789, you would enter 123456789 in the field.

This information is necessary to access personal Credit Bureau data for purposes of Identity Verification. All data transactions are secure and private.

# OWCP Connect Account Registration (3 of 9)

4. Enter a valid password based on the password instructions in the **Password** and **Retype Password** fields.
5. Select **NEXT**.

**Note:** The **Email** field automatically populates based on the previous step.

**Note:** Select **PREV** to return to the previous step.

### Login Credential

Your identity has been validated. Please enter a password below to create your account.

Email\*

Password\*

Retype Password\*

\* Required Field

[PREV](#) [NEXT](#)

### Instructions

Please enter your preferred User ID, and a password that meets the criteria listed below.

The system will instantly verify when the entered User ID is available for use.

When you're entered a valid User ID and password, click NEXT.

#### PASSWORD CRITERIA

Passwords must be at least 8 characters long, composed of characters from the each of the following four categories:

- Uppercase letters (includ ing, but not limited to A, B, C, Y, Z, etc.)
- Lowercase letters (including, but not limited to a, b, c, y, z, etc.)
- Special Characters (limited to #, ?, !, @, \$, %, ^, &, \*, -)
- Numbers (including, but not limited to, 1, 2, 3, 4, 5, etc.)

Passwords cannot contain the text of User ID, first name, last name or street address.



# OWCP Connect Account Registration (4 of 9)


6. Select a **Security Image**.
7. Enter a key phrase in the **Key Phrase** field.
8. Select **NEXT**.

**Note:** Select **PREV** to return to the previous step.

### Security Images

Please select a security image and enter a key phrase. They are used during the login process for your protection.

Security Images \*



Key Phrase \*

\* Required Field

PREV NEXT

### Instructions

Please select a security image from the gallery of available images, and write a personalized key phrase.

These will be used during the login process to confirm that you've accessed your own account.

Once you have selected a security image and entered a key phrase, click NEXT.

# OWCP Connect Account Registration (5 of 9)

9. Select three **Security Questions** and enter the answers in the corresponding fields.

10. Select **SUBMIT**.

**Note:** Select **PREV** to return to the previous step.

### Security Questions

Please select security questions & answers. They may be used during the login process for login verification.

Security Questions \*

1. What is the name of the boy or girl that you first kissed?
2. What is your maternal grandmother's name?
3. What was the last name of your childhood best friend?

\* Required Field

[PREV](#) [SUBMIT](#)

### Instructions

Please select three security questions, and enter the answers in the spaces provided.

These questions and answers may be used to confirm your identity during the login process, and/or if you need to reset your password.

When you have selected the questions and entered answers, click SUBMIT.

# OWCP Connect Account Registration (6 of 9)

Upon submitting the Account Registration request, the system provides notification that the account creation request has been submitted successfully. The system will send an email to the email address provided including a hyperlink used to activate the account.

The hyperlink provided in the email is available for 24 hours.

## Account Creation

Your account creation request has been submitted successfully.

An email has been sent to the email address you provided, which includes a link that you will need to click in order to activate your account. The link provided in the email is available for 24 hours.

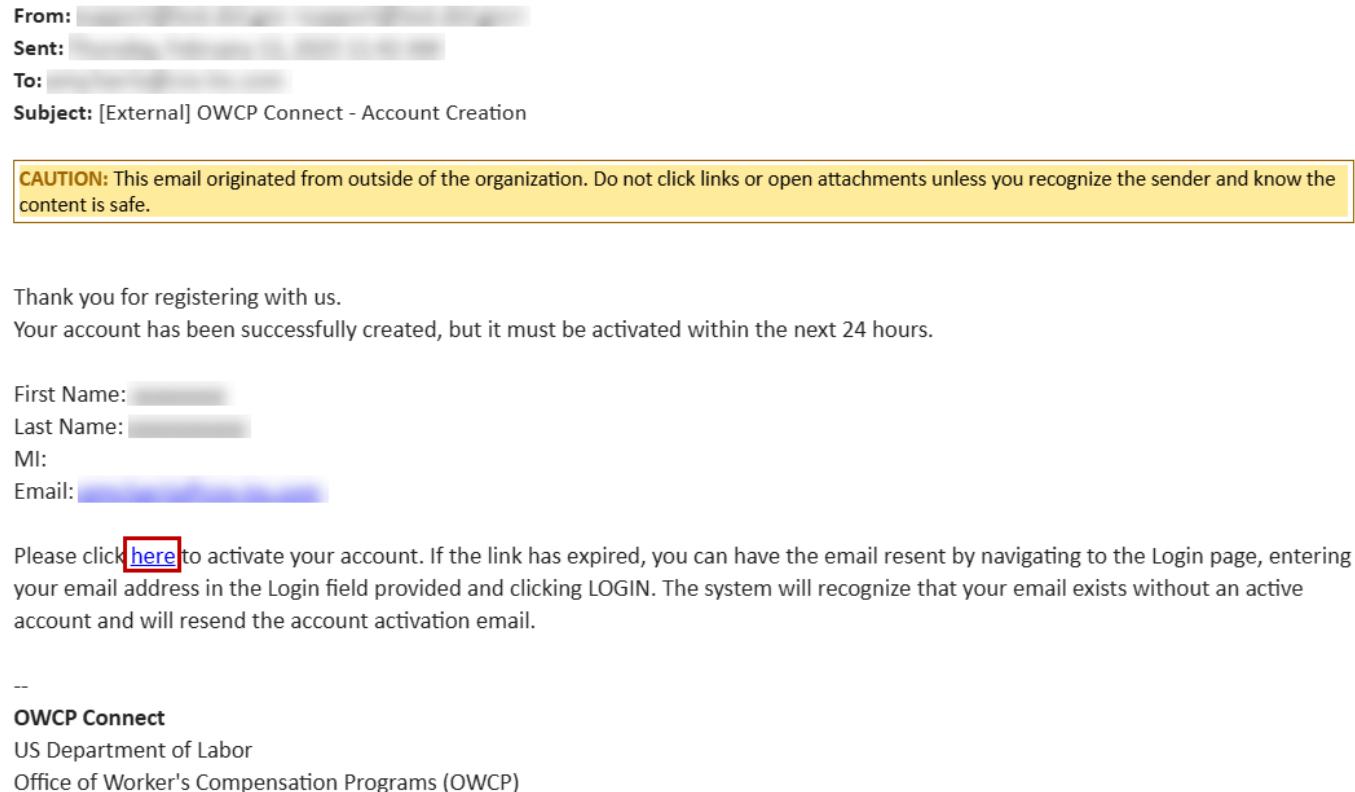
## Instructions

You will be receiving a confirmation email shortly.

You must activate your account by clicking on the link provided in the email.

# OWCP Connect Account Registration (7 of 9)

11. Access the notification email from the email address provided.
12. To activate the account, select the **here** hyperlink from the email. *This step is required to activate the account.*



# OWCP Connect Account Registration (8 of 9)

The hyperlink takes navigates to OWCP Connect where notification displays under the **Existing User** section that the account has been successfully activated.

**Note:** The registration process is completed only once. After the account is successfully activated, logging into the WCMBP System for Provider Enrollment can be done from the **Existing User** section.

13. Enter the email address registered in the **Login Using Email Address** field.

14. Select **LOGIN**.

**Note:** Providers already registered can log in using [OWCP Connect](#).

The screenshot shows the OWCP Connect web interface. At the top, there is a blue header with the United States Department of Labor logo, the text "United States Department of Labor Office of Workers' Compensation Programs", the OWCP logo, and a "Help | FAQ" link. Below the header, the page is divided into three main sections: "OWCP Connect", "Existing User", and "New User". The "OWCP Connect" section lists various services available after login, such as looking up claimant case numbers and submitting bills. The "Existing User" section features a red-bordered box with the message "Your account has been successfully activated." and a "Login Using Email Address:" field with a text input box. Below this are buttons for "LOGIN", "PASSWORD RESET", and "CHANGE EMAIL". The "New User" section prompts first-time users to create an account with a "CREATE ACCOUNT" button. At the bottom of the "New User" section, there is information for medical providers, including a timeline and links to enrollment tutorials and contact information.

**OWCP Connect**  
Once your identity is verified, you can enroll and login to OWCP's Medical Bill Processing Portal to:

- Look up a claimant's case number
- Find a claimant's accepted diagnosis code(s)
- Check eligibility for specific procedures
- Submit prior authorization requests
- Submit/resubmit bills and adjustments
- View payment status
- View correspondence
- Utilize Fee Schedule Calculator
- Maintain provider enrollment information
- Add additional users who can use the portal

**Existing User**

Your account has been successfully activated.

Login Using Email Address:

**LOGIN**

Forgot password?

**PASSWORD RESET**

Change Email?

**CHANGE EMAIL**

**New User**

First time using OWCP Connect?  
Create a new account here.

**CREATE ACCOUNT**


**Information for Medical Providers**

1. This process generally takes 3-5 minutes
2. Enrollment Tutorials ([Click Here](#))
3. Contact Us ([Click Here](#))


# OWCP Connect Account Registration (9 of 9)

15. Enter the password in the **Password** field.

16. Select **SUBMIT**.



United States Department of Labor  
Office of Workers' Compensation Programs





OWCP  
Office of Workers' Compensation Programs  
Protecting Injured Workers Responsibly and Compassionately

[Help](#) | [FAQ](#)

### Login

Welcome **Converted Provider1**. Please verify your security image and enter password.

Security Image 

Key Phrase 

Password \*

\* Required Field

**SUBMIT**

### Instructions

Please make sure that the image and key phrase match what you selected and entered when you created your account.

Please enter a new password that meets the criteria listed below, and click SUBMIT.

PASSWORD CRITERIA

Passwords must be at least 8 characters long, composed of characters from the each of the following four categories:

- Uppercase letters (including, but not limited to A, B, C, Y, Z, etc.)
- Lowercase letters (including, but not limited to a, b, c, y, z, etc.)
- Special Characters (limited to #, 7, !, @, \$, %, ^, &, \*, -)
- Numbers (including, but not limited to 1, 2, 3, 4, 5, 6, 7, 8, 9, 0)

# Step 1: Provider Basic Information- Enrollment Type (1 of 8)

## 1. Step1: Provider Basic Information- **Enrollment Type**.

**Note:** Enrollment Type definitions are provided on the bottom portion of the screen. Select the appropriate type for the practice, organization, or business.

**Practice Location Zip:**  \*

**Submit**

**Enrollment Type Definition**

**Individual -**

- Any provider who is eligible to receive a Type I National Provider Identifier (NPI) through the [National Plan and Provider Enumeration System](#) (NPES). Providers eligible to receive an NPI are those who deliver medical or health services, as defined under [Section 1861\(s\) of the Social Security Act, 42 U.S.C. 1395x\(s\)](#).
- Individuals providing only non-medical services, attendant care, or personal care services, who do not need an NPI.

**Group Practice -**

- One or more health care practitioners who practice their profession at a common location (whether or not they share common facilities, common supporting staff, or common equipment) and have formed a partnership or corporation or are employees of a person, partnership or corporation, or other entity owning or operating the health care facilities at which they practice. These entities have a Type II National Provider Identifier (NPI) from the [National Plan and Provider Enumeration System](#) (NPES).

**Billing Agent/Clearinghouse -**

- Any third-party entity submitting health care or service bills on behalf of a health care provider or entity to the OWCP programs for reimbursement.

**Facility/Agency/Organization/Institution -**

- An Inpatient or Outpatient Hospital, a Skilled Nursing Facility, an Intermediate Care Facility, a Clinic (RHC, FQHC, Hospital Based Clinic, Urgent Care), a Psychiatric Facility, a Mental Institution, a Durable Medical Equipment Supplier, a Free Standing Ambulatory Surgical Center, a Long Term Care Facility, an Independent Clinical Laboratory, a Free Standing Radiology, a Dialysis Center, a Pharmacy, a Partnership, a Corporation, or any other entity that furnishes or arranges for the furnishing of services for which payment is billed under the OWCP programs. It does not include individual practitioners or groups of practitioners. In addition, you must also be eligible to receive and currently possess, a Type II National Provider Identifier, available through the [National Plan and Provider Enumeration System](#) (NPES).
- Any entity other than individual who does not deliver medical care or health services and is thus ineligible for a National Provider Identifier (NPI) available through the [National Plan and Provider Enumeration System](#) (NPES). This provider type can include Fiscal Intermediaries, Non-Emergency Transportation, etc.



# Step 1: Provider Basic Information- Enrollment Type (2 of 8)

2. Answer the question: If you are enrolled with the Centers for Medicare & Medicaid Services (CMS), would you like to pre-populate your enrollment data...
  - If selecting **Yes**, the **Provider Practice State** and **Provider Practice Zip** fields enable. Enter the required information in the **Provider Type**, **NPI**, **FEIN**, **Practice Location State**, and **Practice Location Zip** fields.
  - If selecting **No**, enter the required information in the **Provider Type**, **NPI**, and **FEIN** fields.
3. Select **Submit**.

**Enrollment Type**

Please select the applicable Enrollment Type

\* ☐ Individual  
☐ Group Practice  
☐ Billing Agent/Clearinghouse  
☒ Facility/Agency/Organization/Institution

If you are enrolled with the Centers for Medicare & Medicaid Services (CMS) and wish to pre-populate your enrollment information from the Provider Enrollment, Chain, and Ownership System (PECOS) to save time, select 'Yes'. To enter your provider enrollment information manually, select 'No'.

\* ☒ Yes ☐ No

**Provider Type:** ---SELECT--- \*

**NPI:** \*

**FEIN:** \*

**Practice Location State:** \*

**Practice Location Zip:** \*

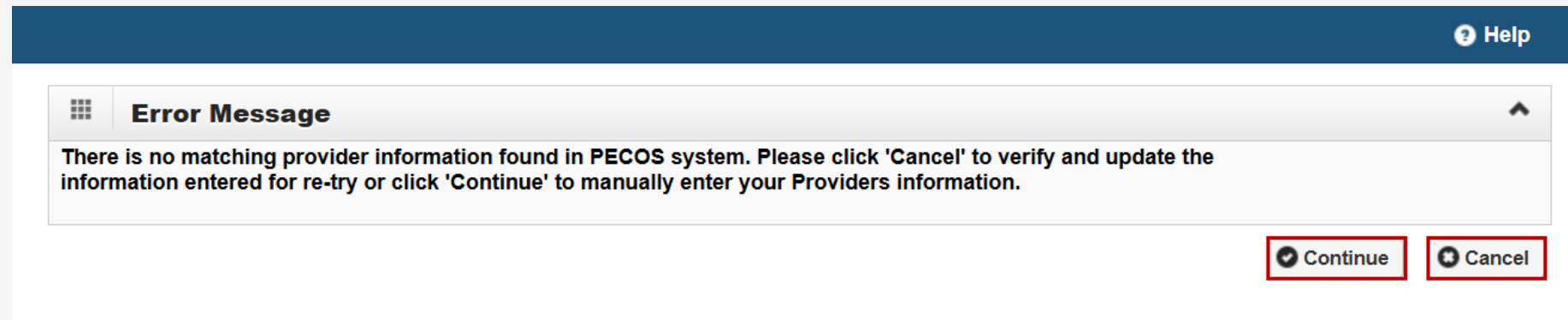
# Step 1: Provider Basic Information- Enrollment Type (3 of 8)

If **Yes** was selected, the WCMBP System will pre-populate data available from Provider Enrollment, Chain, and Ownership System (PECOS) and NPPES automatically into the enrollment application.

If **No** was selected, the Provider Basic Information page displays for manual application entry.

If the WCMBP System is unable to pre-populate provider data, an error message will display stating, "There is no matching provider information found in the PECOS system." Perform one of the following actions:

- Select **Cancel**, to return to the enrollment page and update the NPI or Social Security Number. After making corrections, to re-initiate the WCMBP System to pre-populate data available from PECOS select **Submit** to navigate to the **Basic Information** page and review the pre-populated enrollment application details.
- Select **Continue**, to manually enter the enrollment application details on the **Basic Information** page.



The screenshot shows a web application interface with a dark blue header bar containing a "Help" link. Below the header is a light gray error message box. The box has a title bar with a grid icon and the text "Error Message". The main text of the box reads: "There is no matching provider information found in PECOS system. Please click 'Cancel' to verify and update the information entered for re-try or click 'Continue' to manually enter your Providers information." At the bottom right of the box are two buttons: "Continue" (with a checkmark icon) and "Cancel" (with a close icon). Both buttons are highlighted with red rectangular borders.

# Step 1: Provider Basic Information: Enrollment Type (4 of 8)

**Step 1: Provider Basic Information** page displays. Confirm the pre-populated information or complete the following steps to manually enter the provider basic information.

4. Select a provider type from the **Provider Type** drop-down list.

**Note:** If Other Provider (96) or Non-Medical Vendor (53) is selected as the **Provider Type**, the following text field becomes required for an explanation.

5. In the **Program** field, confirm the checkbox selections next to the desired programs to enroll.

**Note:** At least one program must be selected. Multiple selections are allowed.

6. Complete the **Organization Name** (Legal Business Name), the **Organization Business Name** (Doing Business As), and **FEIN** fields.

**Note:** The system will validate that the Name and Tax Identification Number combination matches Internal Revenue Service (IRS) records.

**Basic Information**

**Provider Type:** 01-General Hospital \*

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

**Program:** ☒ DFEC ☒ DCMWC ☒ DEEOIC

The OWCP programs for DFEC, DCMWC, and DEEOIC are preselected by default. If you prefer not to enroll in a specific program, deselect it by unchecking the corresponding box.

**Organization Name:** (Legal Business Name)

**Organization Business Name:** (Doing Business As)

**FEIN:**

**National Provider Identifier:** (NPI)

**Entity Type:** ---SELECT---

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

**Reason:**

**Email Address:** \*

If Other, please explain:

**Finish** **Cancel**

# Step 1: Provider Basic Information: Enrollment Type (5 of 8)

7. If required, enter a National Provider Identifier (NPI) in the **National Provider Identifier** field.

**Note:** Refer to OWCP-1168 Appendix 3 to confirm if NPI is required.

8. Select an entity type from the **Entity Type** drop-down list based on the W9.

**Note:** If Other is selected as the **Entity Type**, the **If Other, please explain** field is required.

9. Enter a valid email address in the **Email Address** field.
10. Determine whether to be included in an online searchable list of OWCP providers:
  - If yes, proceed to the next step.
  - If no, to be excluded from the online searchable listing of OWCP providers, select the checkbox below the **Entity Type** field and provide a reason in the **Reason** field.
11. Select **Finish**.

**Basic Information**

**Provider Type:** 01-General Hospital \*

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

**Program:** ☒ DFEC ☒ DCMWC ☒ DEEOIC

The OWCP programs for DFEC, DCMWC, and DEEOIC are preselected by default. If you prefer not to enroll in a specific program, deselect it by unchecking the corresponding box.

**Organization Name:** (Legal Business Name)

**Organization Business Name:** (Doing Business As) **FEIN:**

**National Provider Identifier:** (NPI)

**Entity Type:** ---SELECT---

**Email Address:** \*

If Other, please explain:

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

**Reason:**

**Finish** **Cancel**

# Step 1: Provider Basic Information: Enrollment Type (6 of 8)

12. Write down the application number for record-keeping and select **Ok**. The application number will also be sent to the email address provided during the [Provider Registration for Online Access](#) step.

**Note:** Incomplete enrollment applications will be deleted after 90 calendar days of inactivity. For more information regarding applications being deleted after 90 calendar days of inactivity, review [Deletion of Incomplete Provider Enrollment Applications](#).

Application Number: [REDACTED] Name: [REDACTED] Enrollment Type: Facility/Agency/Organization/Institution



## Basic Information



- Your Application Number is: [REDACTED]
- For assistance, please call the Call Center at 1-844-493-1966
- Please note and retain this number, as it is required to complete, resume or track the status of your OWCP enrollment application.
- This application number has also been emailed to the email address you provided.
- Please select 'OK' to proceed to the next page and continue the enrollment application process.
- **Important: Enrollment Applications not submitted within 90-Calendar days from the last update will be deleted.**

Ok

# Step 1: Provider Basic Information: Enrollment Type (7 of 8)

After completing **Step 1: Provider Basic Information**, the **Enroll Provider** page will display all the steps for the enrollment process. For each step, the provider must either review and confirm the pre-populated information or manually enter the required fields. To successfully submit the application, all **Required** steps must be completed.

**Note:** If the incorrect enrollment type was selected, use the **Delete** button to delete all information and restart the enrollment application.

**Note:** Exiting the application and returning later to complete and submit is possible. For details, refer to [Resume or Track an In-Progress Enrollment Application](#).

Application Number:  Name:  Enrollment Type: Facility/Agency/Organization/Institution

Close Required Credentials Delete

Provider data is pre-populated from the PECOS System. Please review and update as required before enrollment application submission.

After completing and verifying all required steps, select Submit Enrollment Application for Review to submit your enrollment application.

Enroll Provider -Facility/Agency/Organization/Institution

Step ▲▼	Required ▲▼	Start Date	End Date	Status	Step Remark
<a href="#">Step 1: Provider Basic Information</a>	Required	12/04/2025	12/04/2025	Complete	
<a href="#">Step 2: Add Location</a>	Required			Incomplete	
<a href="#">Step 3: Add Taxonomies</a>	Required			Incomplete	
<a href="#">Step 4: Add Business Licenses and Certifications</a>	Required			Incomplete	
<a href="#">Step 5: Add Payment Details</a>	Required			Incomplete	
<a href="#">Step 6: Complete Provider Disclosure</a>	Required			Incomplete	
<a href="#">Step 7: View/Upload Attachments</a>	Optional			Incomplete	
<a href="#">Step 8: Add Identifiers</a>	Required			Incomplete	
<a href="#">Step 9: Add EDI Submission Method</a>	Optional			Incomplete	
<a href="#">Step 10: Add EDI Submitter Details</a>	Optional			Incomplete	
<a href="#">Step 11: Add EDI Contact Information</a>	Optional			Incomplete	
<a href="#">Step 12: Add Ownership Details</a>	Optional			Incomplete	
<a href="#">Step 13: Submit Enrollment Application for Review</a>	Required			Incomplete	

View Page: 1 Go + Page Count Save To CSV

Viewing Page: 1

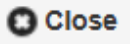
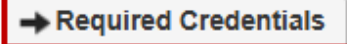

First Prev Next Last


# Step 1: Provider Basic Information: Enrollment Type (8 of 8)

13. After completing **Step 1: Provider Basic Information**, and before proceeding to **Step 2: Add Location**, select **Required Credentials**. A separate window opens over the existing window displaying the credentials that are required for the provider type.

**Note:** Credentials requirements will change based on the selected provider type.

14. To exit this credentials window and move on to the next step, select **Cancel**.

 **Enroll Provider -Facility/Agency/Organization/Institution**

Required Credentials For Provider Type

Provider Type ▲▼	Step ▲▼	Data Element ▲▼	Credentialing Note ▲▼
01-General Hospital	Step 01: Provider Basic Information	NPI	REQUIRED
01-General Hospital	Step 03: Add Taxonomies	TAXONOMIES	REQUIRED
01-General Hospital	Step 05: Add Business Licenses and Certifications	LICENSE & CERTIFICATION	REQUIRED
01-General Hospital	Step 06: Add Identifiers	Provider Medicare Number	REQUIRED
01-General Hospital	Step 12: View/Upload Attachments	COPY OF LICENSE/CERTIFICATION	REQUIRED ; IF LICENSE IS NOT REQUIRED BY STATE, ATTACH STATE APPROVAL LETTER

View Page: 1

Go

+

Page Count

Viewing Page: 1

⏪

First

⏴

Prev

⏵

Next

⏩

Last

SaveToCSV

Cancel



## Step 2: Add Location (1 of 9)

1. To enter Location information using PECOS pre-populated information, select Add.

**Note:** If manually entering location details select [here](#).

Application Number:		Name:		Enrollment Type:	Facility/Agency/Organization/Institution
<div><div>Close</div><div>Add</div></div>					
<div><div>Locations List</div><div></div></div>					
<input type="checkbox"/>	Business Name ▲▼		Location Details ▲▼		
No Records Found!					

## Step 2: Add Location (2 of 9)

- The PECOS System may contain multiple practice locations, mailing addresses, and contact names for a given NPI or Social Security Number. Choose the appropriate **Contact Name**, **Physical Address**, and **Mailing Address** from the available options in the **Location Information** drop-down lists. To manually enter location information, choose the **Select** option on the drop-down list.
- Select **Submit**.

Application Number:  Name:  Enrollment Type: Facility/Agency/Organization/Institution

☐

**Location Information**

⬆

To prepopulate location information from CMS-PECOS, please open the drop-down menus to select Contact Name, Physical Address, and Mailing Address.  
To manually enter location information, leave the default 'Select' option from the drop down list and click submit.  
If you wish to enroll for multiple locations, you must submit a separate enrollment application for each location.  
Physical Address is where services are rendered or originate.  
Mailing Address is the address used for receiving correspondence.

Contact Name:

Physical Address:

Mailing Address:

✔ Submit

✖ Cancel

**Note:** If no selection is made, the details will be required to be added manually.

## Step 2: Add Location (3 of 9)

Application Number: [REDACTED] Name: [REDACTED] Enrollment Type: Facility/Agency/Organization/Institution

**Locations List**

<input type="checkbox"/>	Business Name ▲▼	Location Details ▲▼
<input type="checkbox"/>	[REDACTED]	[REDACTED]

View Page: 1    Viewing Page: 1

The **Locations List** displays the selected address information.

- To edit the location details, select the **Locations** hyperlink.
- To exit location details, select **Close**.

**Note:** If provider location data was pre-populated from PECOS, select [here](#) to proceed to the next step.

## Step 2: Add Location (4 of 9)

If manually entering location details:

6. Enter the location in the **Business Name** field.
7. Enter the contact's last name and first name in the **Contact Last Name** and **Contact First Name** fields.
8. Enter the contact's phone number (excluding dashes or spaces) in the **Phone Number** field.

**Note:** The **Fax Number** field is optional.

9. Enter the contact's email address in the **Email Address** field.
10. To opt-in for paperless correspondence, select the checkbox below the **Email Address** field.

**Note:** When the checkbox is selected, the **Email Address** field becomes mandatory.

11. Select **Next**.

**Add Provider Location**

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

Next Cancel

## Step 2: Add Location (5 of 9)

### Physical Address

**Note:** The physical address must be added, *this step is required*. The address fields are initially disabled.

12. To enter address details, select **Address**. The **Address Details** window opens over the existing screen.

The screenshot shows a 'Physical Address' form with the following fields and controls:

- Type of Address:** A dropdown menu set to 'Physical Address'.
- Address Input Option:** Radio buttons for 'Manually Input' (selected) and 'Geocode'.
- End Date:** A date field set to '12/31/2999' with a calendar icon.
- Address Line 1:** A text input field with an asterisk.
- Address Line 2:** A text input field with an asterisk.
- Address Line 3:** A text input field.
- City/Town:** A text input field with an asterisk.
- State/Province:** A text input field with an asterisk.
- County:** A text input field with an asterisk.
- Country:** A text input field with an asterisk.
- Zip Code:** Two text input fields separated by a hyphen.
- + Address:** A button with a red border, located next to the Zip Code fields.
- Next:** A button with a right arrow icon.
- Cancel:** A button with a close icon.

**Note:** If **Next** is selected prior to adding the physical address, an error message window will display stating "Address is mandatory. Please enter an address." The provider must select **OK** to close the error message and add the address.

# Step 2: Add Location (6 of 9)

## Physical Address

13. Enter the street number and name in the **Address Line 1** field.

14. Enter the zip code in the **Zip Code** field.

15. Select **Validate Address**.

**Note:** The full address populates if the address can be validated.

**Note:** If the address cannot be validated, an alert window opens. The provider can select **OK** to continue or **Cancel** to revalidate the address.

16. To add the Physical Address, select **OK**.

The screenshot shows a form titled "Address details". It contains the following fields: "Address Line 1:" (with a placeholder and an asterisk), "Address Line 2:" (with a placeholder), "Address Line 3:" (with a placeholder), "City/Town:" (a dropdown menu with an asterisk), "State/Province:" (a dropdown menu with an asterisk), "County:" (a dropdown menu with an asterisk), "Country:" (a dropdown menu with an asterisk), and "Zip Code:" (with a placeholder and an asterisk). Below the "Zip Code" field is a button labeled "Validate Address" with a plus icon, which is highlighted with a red box. At the bottom right of the form are "OK" and "Cancel" buttons.

This screenshot shows the same "Address details" form as the previous one, but with a blue message "Address validation successful" at the top. The fields now contain populated data: "Address Line 1:" has a street name and number, "City/Town:" has a city name, "State/Province:" has a state name, "County:" has a county name, "Country:" has a country name, and "Zip Code:" has a zip code. The "Validate Address" button is still highlighted with a red box. The "OK" and "Cancel" buttons are at the bottom right.

# Step 2: Add Location (7 of 9)

## Mailing Address

17. To enter the Mailing Address, select **Next**.

The screenshot shows a web form titled "Location Address". At the top, there is a tab icon and the title. Below the title, the form contains the following elements:

- Type of Address:** A dropdown menu currently showing "Physical Address".
- Address Input Option:** Two radio buttons; "Manually Input" is selected.
- End Date:** A date field showing "12/31/2999" with a calendar icon.
- Address Line 1:** A text input field with an asterisk.
- Address Line 2:** A text input field.
- Address Line 3:** A text input field.
- City/Town:** A text input field with an asterisk.
- State/Province:** A text input field with an asterisk.
- County:** A text input field with an asterisk.
- Country:** A text input field with an asterisk.
- Zip Code:** Two text input fields separated by a hyphen, followed by a "+ Address" button.

At the bottom right of the form, there are two buttons: "Next" (with a right arrow icon) and "Cancel" (with a close icon). The "Next" button is highlighted with a red rectangular box.



## Step 2: Add Location (8 of 9)

### Mailing Address

Type of Address: Mailing

Address Input Option: ☒ Manually Input ☐ Same as Physical Address

End Date: 12/31/2999

Address Line 1: \* Address Line 2: \*

Address Line 3: \*

City/Town: \*

State/Province: \* County: \*

Country: \* Zip Code: -

18. Proceed based on the mailing address:

- If the mailing address *is the same as the physical address*, select the radio button next to **Same as Physical Address**.
- If mailing address *is different from the physical address*, select **Address** to open a new window to manually input the Mailing Address.

**Note:** This is the same process as adding Physical Address.

19. Select **OK**.

## Step 2: Add Location (9 of 9)

Locations List

	Business Name ▲▼	Location Details ▲▼
<input type="checkbox"/>	Angel PA	1447

The **Locations List** displays the entered address information.

20. Select **Close** to proceed to the next step.

# Step 3: Add Taxonomies (1 of 5)

1. Confirm the pre-populated information or complete the following steps to manually enter Taxonomy information.
  - To add taxonomy codes, select **Add**.
  - To Delete a listed taxonomy, select the checkbox next to the record and select **Delete**.
  - To Reload missing taxonomy codes, select **Reload From NPPES**.

Application Number:  Name:  Enrollment Type: Facility/Agency/Organization/Institution

If a required taxonomy is not listed, click the **Add** button and select it from the available options.  
To remove a listed taxonomy, check the box next to it and click the **Delete** button.  
To reload the missing taxonomy codes from NPPES National Plan & Enumeration System (NPPES), click the **Reload From NPPES** button.

### Taxonomy List

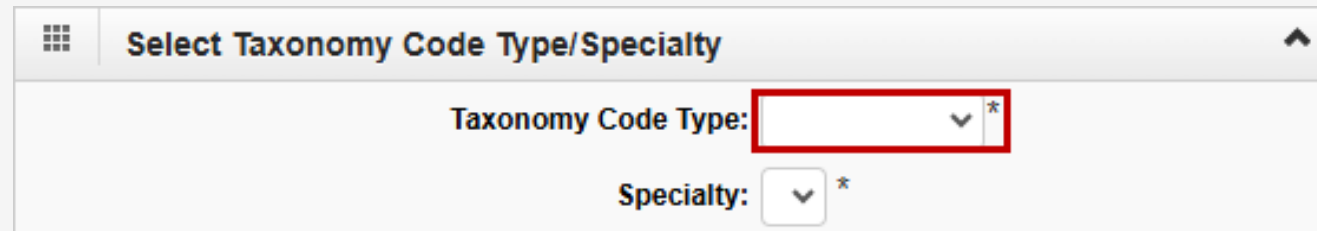
Filter By :

<input type="checkbox"/>	Taxonomy Code ▲▼	Type ▲▼	Specialty/Subspecialty ▲▼
<input type="checkbox"/>	261QA1903X	26-Ambulatory Health Care Facilities	1Q-Clinic/Center/A1903-Ambulatory Surgical

View Page:     Viewing Page: 1

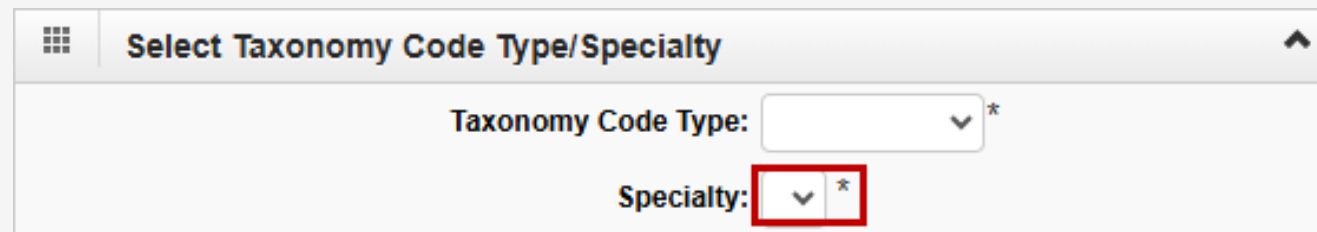
## Step 3: Add Taxonomies (2 of 5)

- When the **Add Taxonomy Code** page opens, select the applicable taxonomy code from the **Taxonomy Code Type** drop-down list.



The screenshot shows a form titled "Select Taxonomy Code Type/Specialty" with a grid icon on the left and an upward arrow on the right. Inside the form, there are two fields: "Taxonomy Code Type:" and "Specialty:". The "Taxonomy Code Type:" field is a drop-down menu with a downward arrow and an asterisk, and it is highlighted with a red rectangular box. The "Specialty:" field is also a drop-down menu with a downward arrow and an asterisk.

- From the **Specialty** drop-down list, select the specialty type.



The screenshot shows the same form titled "Select Taxonomy Code Type/Specialty". In this view, the "Specialty:" field is highlighted with a red rectangular box. The "Taxonomy Code Type:" field remains a drop-down menu with a downward arrow and an asterisk.

## Step 3: Add Taxonomies (3 of 5)

4. Highlight the applicable codes from the **Available Taxonomy Codes** that populate, then select the double right-facing arrow to move them to the **Associated Taxonomy Codes** box.

The screenshot shows a dialog box titled "Add Taxonomy Code". It contains two list boxes: "Available Taxonomy Codes" on the left and "Associated Taxonomy Codes \*" on the right. The "Available Taxonomy Codes" list contains five items: "282N00000X-General Acute Care Hospital", "282NC0060X-Critical Access", "282NC2000X-Children", "282NR1301X-Rural", and "282NW0100X-Women". The first four items are highlighted in blue. Between the two list boxes are two buttons: a double right-facing arrow (>>) and a double left-facing arrow (<<). A red rectangle highlights the "Available Taxonomy Codes" list, the double right-facing arrow button, and the "Associated Taxonomy Codes" list. At the bottom right of the dialog box are "OK" and "Cancel" buttons.

**Note:** Select multiple codes at a time by pressing and holding the **Ctrl** key while selecting multiple codes at one time. Select the double left-facing arrows to remove codes from the **Associated Taxonomy Codes** box back into the **Available Taxonomy Codes** box, if necessary.

# Step 3: Add Taxonomies (4 of 5)

5. Select **OK**.

Select Taxonomy Code Type/Specialty

Taxonomy Code Type:

28-Hospitals

\*

Specialty:

2N-General Acute Care Hospital

\*

Add Taxonomy Code

Available Taxonomy Codes

282NR1301X-Rural

>>

<<

Associated Taxonomy Codes \*

282N00000X-General Acute Care Hospital

282NC0060X-Critical Access

282NC2000X-Children

282NW0100X-Women

OK

Cancel

## Step 3: Add Taxonomies (5 of 5)

6. Once all associated Taxonomies have been selected, select **Close** to move on to the next step.

Taxonomy List

Filter By :

My Filters ▾

<input type="checkbox"/>	Taxonomy Code ▲▼	Type ▲▼	Specialty/Subspecialty ▲▼
<input type="checkbox"/>	282N00000X	28-Hospitals	2N-General Acute Care Hospital/00000-General Acute Care Hospital
<input type="checkbox"/>	282NC0060X	28-Hospitals	2N-General Acute Care Hospital/C0060-Critical Access
<input type="checkbox"/>	282NC2000X	28-Hospitals	2N-General Acute Care Hospital/C2000-Children
<input type="checkbox"/>	282NW0100X	28-Hospitals	2N-General Acute Care Hospital/W0100-Women

View Page: 

1

Viewing Page: 1

« First

◀ Prev

Next ▶

» Last



# Step 5: Add Business Licenses and Certifications (1 of 5)

1. To enter the License or Certification information manually, select **Add**.
2. To verify the license details information pulled from the PECOS System, select the **License** hyperlink.
3. To delete a listed license or certification, select the checkbox next to the record and select **Delete**.

Application Number:  Name:  Enrollment Type: Facility/Agency/Organization/Institution

To review and validate license or certification information, click the corresponding hyperlink in the License Category Column.  
If the required license or certification is missing from the list, click the **Add** button to manually enter the details.  
To remove the listed License or Certification, check the box next to it and click the **Delete** button.  
Please review and verify all license or certification details, Please enter all required information. If the expiration date is missing or appears to be incorrect, enter a valid expiration date.

**License/Certification List**

Filter By :

<input type="checkbox"/>	License Category ▲▼	License/Certification Number ▲▼	License/Certification Type ▲▼	Issued State ▲▼	Initial Issue Date ▲▼	Expiration Date ▲▼
<input type="checkbox"/>	<a href="#">License</a>		Ambulatory Surgical Center	New Hampshire	07/15/2020	06/30/2026

View Page: 1    Viewing Page: 1

**Note:** Certification details are **not** available in PECOS. Providers must manually enter certification information during enrollment.

# Step 5: Add Business Licenses and Certifications (2 of 5)

4. Select the applicable option:

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

5. In the **Name** field, enter the business name as it appears on the license or certification.

6. In the **License/Certification Type** field, enter the license or certification type.

**Note:** This is a free form text field.

7. In the **License/Certification #** field, enter the license or certification number.

Add Business License/Certification

- Please provide all business license/certification required by your State to perform the service under your Provider Type.
- OWCP will verify all your business 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 business license/certification information up to date.
- Expired business license/certification will cause the termination of the provider status.
- If you have a renewed business license/certification under a different number, please make sure to enter it using the exact same License/Certification Type.

\*

☒ C-Certification

☐ L-License

☐ N-License or Certification not required

Name:

\*

License/Certification Type:

\*

License/Certification #:

\*

Initial Issue Date:

\*

Expiration Date:

\*

Issued State:

▼

\*

Issuer Agency:

\*

Web Link:

\*

OK

Cancel

# Step 5: Add Business Licenses and Certifications (3 of 5)

8. In the **Initial Issue Date** field, enter or select the initial issue date.
9. In the **Expiration Date** field, enter or select the expiration date.
10. From the **Issued State** drop-down list, select the state where the license or certification was issued.

**Note:** The Issued State must match the state of physical address.

11. Enter the issuing agency in the **Issuer Agency** field.
12. In the **Web hyperlink** field, enter the web address of the issuing agency.
13. Select **OK**.

Add Business License/Certification

- Please provide all business license/certification required by your State to perform the service under your Provider Type.
- OWCP will verify all your business 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 business license/certification information up to date.
- Expired business license/certification will cause the termination of the provider status.
- If you have a renewed business license/certification under a different number, please make sure to enter it using the exact same License/Certification Type.

\*

☒ C-Certification

☐ L-License

☐ N-License or Certification not required

Name:

\*

License/Certification Type:

\*

License/Certification #:

\*

Initial Issue Date:

\*

Expiration Date:

\*

Issued State:

\*

Issuer Agency:

\*

Web Link:

\*

OK

Cancel

# Step 5: Add Business Licenses and Certifications (4 of 5)

**Note:** If **N-License or Certification not required** is selected, an explanation is required. Enter an explanation in the provided field.

Add 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.

\*

☐ C-Certification

☐ L-License

☒ N-License or Certification not required

If "License/Certification not required by State", please explain:

\*

Please upload letter/evidence from the State authority in "View/Upload Attachments" step confirming that a license or certification is not required. Verification will be performed before your enrollment can be approved.

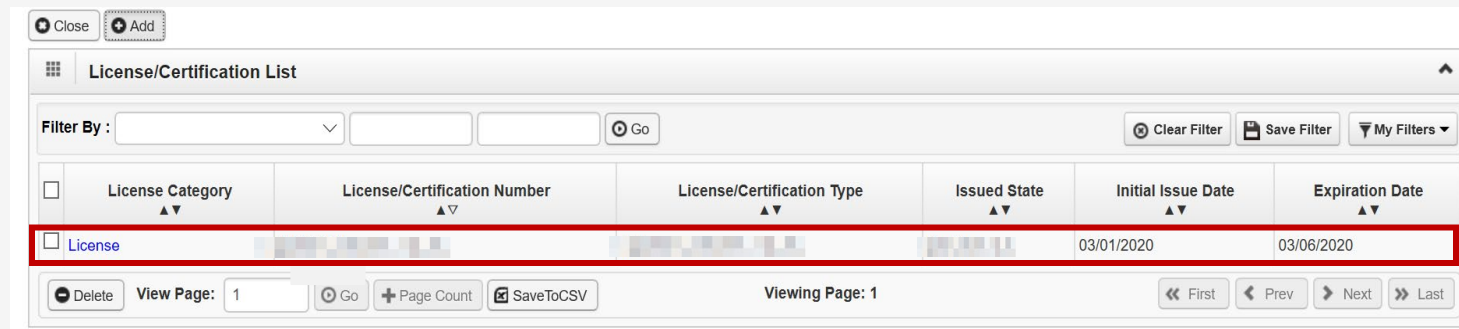
OK

Cancel

# Step 5: Add Business Licenses and Certifications (5 of 5)

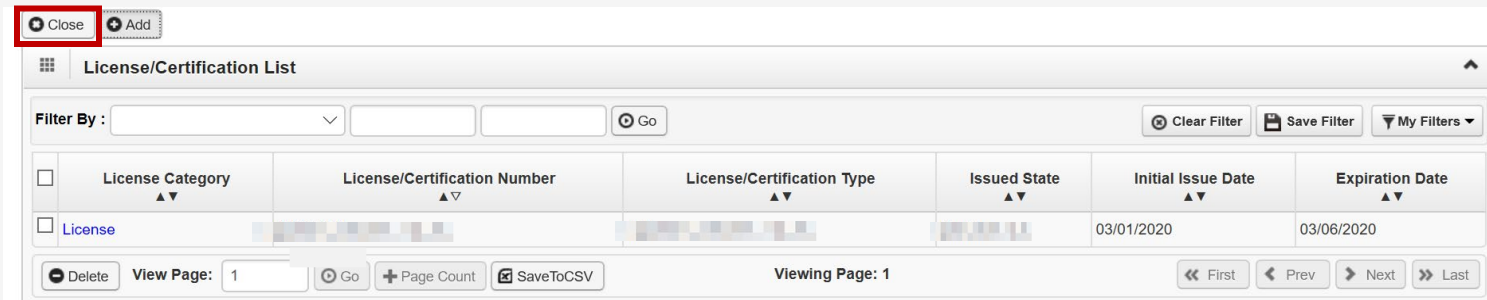
The **License/Certification List** displays the entered license or certification information. A copy of the license entered must be uploaded in **Step 12: View/Upload Attachments**.

**Note:** Add all business licenses or certifications required by the State to perform the service under the Enrollment Provider Type.



The screenshot shows the 'License/Certification List' interface. At the top, there are 'Close' and 'Add' buttons. Below them is a 'Filter By' section with dropdown menus and a 'Go' button. To the right of the filter section are 'Clear Filter', 'Save Filter', and 'My Filters' buttons. The main area is a table with the following columns: License Category, License/Certification Number, License/Certification Type, Issued State, Initial Issue Date, and Expiration Date. A red box highlights the first row, which is labeled 'License' in the 'License Category' column. The 'Initial Issue Date' for this entry is 03/01/2020 and the 'Expiration Date' is 03/06/2020. At the bottom of the table, there are buttons for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

14. Select **Close** to proceed to the next step.



This screenshot is identical to the one above, showing the 'License/Certification List' interface. However, a red box is drawn around the 'Close' button at the top left of the interface, indicating the action to be taken to proceed to the next step.

# Step 10: Add Payment Details (1 of 6)

**Note:** Electronic Funds Transfer (EFT) is mandatory. Payment Details must be entered to receive payment from OWCP.

1. Select **+Add**. The **Payment Details** and **Financial Institution Information** pages open.
2. To add address and validate, select **+Address**.

This screenshot shows the 'Payment Details' table interface. At the top, there are fields for 'Application Number:', 'Name:', and 'Enrollment Type:'. Below these are 'Close' and '+Add' buttons, with the '+Add' button highlighted by a red box. The table has columns for 'Account Number', 'Account Type', 'Bank Name', and 'Routing Number'. A 'Filter By:' dropdown and a 'Go' button are on the left, while 'Clear Filter', 'Save Filter', and 'My Filters' buttons are on the right. The table body is currently empty, displaying the message 'No Records Found!' in red text.

This screenshot shows the 'Financial Institution Information' form. At the top, it states 'Payment Method: Electronic Funds Transfer(Direct Deposit)'. Below this is a section titled 'Financial Institution Information' with a warning message: '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.' The form contains several required fields marked with an asterisk (\*): 'Financial Institution Name:', 'Nine-Digit Routing Transit Number:', 'Financial Institution ACH Coordinator Name:', 'Phone Number:', 'Depositor Account Number:', 'Type of Account:' (a dropdown menu currently showing 'Checking'), 'Depositor Account Title:', 'Address Line 1:', 'Address Line 2:', 'Address Line 3:', 'City/Town:', 'State/Province:', 'County:', 'Country:', and 'Zip Code:'. There is also a checkbox for 'Signed by Representative:' and a field for 'Title of Representative:'. A 'Representative Phone Number:' field is also present. A red box highlights the '+Address' button in the bottom right corner. At the very bottom, there are 'OK' and 'Cancel' buttons.

# Step 10: Add Payment Details (2 of 6)

3. Complete the **Financial Institution Name** field (required).
4. Complete the **Nine-Digit Routing Transit Number** field (required).

**Financial Institution Information**

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

**Financial Institution Name:**

**Nine-Digit Routing Transit Number:**

**Financial Institution ACH Coordinator Name:**

**Phone Number:**

5. Complete the **Financial Institution ACH Coordinator Name** field.
6. Complete the **Phone Number** field (optional).

**Financial Institution Information**

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

**Financial Institution Name:**

**Nine-Digit Routing Transit Number:**

**Financial Institution ACH Coordinator Name:**

**Phone Number:**

# Step 10: Add Payment Details (3 of 6)

7. Enter the account number in the **Depositor Account Number** field.
8. Select the account type (Checking or Savings) from the **Type of Account** drop-down list.

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: Sample Bank \*

Nine-Digit Routing Transit Number: 12 \*\*\*\* \*

Financial Institution ACH Coordinator Name: \*\*\*\*

Phone Number: 54 \*\*\*\* 37

Depositor Account Number: \*\*\*\* \*

Type of Account: Checking ▾ \*

Depositor Account Title:

9. Enter the name associated with the bank account in the **Depositor Account Title** field.

Financial Institution ACH Coordinator Name: \*\*\*\*

Phone Number: \*\*\*\*

Depositor Account Number: \*\*\*\* \*

Type of Account: Checking ▾ \*

Depositor Account Title: / \*\*\*\*

Address Line 1:

Address Line 2:

44



# Step 10: Add Payment Details (4 of 6)

10. Select **+Address** to add the Financial Institution address. The **Address Details** window opens.

- Enter the street number and name in the **Address Line 1** field.
- Enter the zip code in the **Zip Code** field.
- Select **Validate Address**.

**Note:** The full address populates if the address can be validated.

**Note:** If the address cannot be validated, an alert window opens. Select **OK** to continue or select **Cancel** to revalidate the address.

- Select **OK**.

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:  \*

11. Once the address is added, select the **Signed by Representative** checkbox.

State/Province:  County:   
Country:  Zip Code:  -  **+ Address**  
**Signed by Representative:** ☐ \*  
Title of Representative:  Representative Phone Number:  \*  
**OK Cancel**

# Step 10: Add Payment Details (5 of 6)

12. Enter the title of the financial institution's representative or provider practice representative in the **Title of Representative** field.
13. Enter the representative's phone number in the **Representative Phone Number** field.
14. Select **OK**.

**Note:** An alert window opens stating "Please note: Acentra Health will make two phone call attempts to reach the contact identified on the signed ACH form. Failure to answer and verify banking details may result in a rejection of your enrollment application."

15. To acknowledge, select **OK**.

The screenshot displays two versions of a web form titled 'Add Payment Details'. The top version shows the form with the 'Signed by Representative' checkbox unchecked. The 'Title of Representative' and 'Representative Phone Number' fields are highlighted with red rectangles. The bottom version shows the same form after clicking 'OK', with the 'Signed by Representative' checkbox checked and the 'Representative Phone Number' field populated with '5555555555'. The 'OK' button in the bottom version is also highlighted with a red rectangle. Below the form, a modal alert window is shown with the text: 'owcpmed.uat.dol.gov says Please note: Acentra Health will make two phone call attempts to reach the contact identified on the signed ACH form. Failure to answer and verify banking details may result in a rejection of your enrollment application.' and an 'OK' button.

State/Province: New York County: Schenectady  
Country: United States Zip Code: 12345 - 0001 + Address

Signed by Representative: ☐ \*

Title of Representative:  Representative Phone Number:  \*

OK Cancel

State/Province: New York County: Schenectady  
Country: United States Zip Code: 12345 - 0001 + Address

Signed by Representative: ☒ \*

Title of Representative:  Representative Phone Number: 5555555555 \*

OK Cancel

owcpmed.uat.dol.gov says  
Please note: Acentra Health will make two phone call attempts to reach the contact identified on the signed ACH form. Failure to answer and verify banking details may result in a rejection of your enrollment application.  
OK

# Step 10: Add Payment Details (6 of 6)

The **Payment Details** List displays all entered payment information.

The screenshot shows the 'Payment Details' list interface. At the top, there are 'Close' and 'Add' buttons. Below them is a header bar with a grid icon and the title 'Payment Details'. A filter section includes a 'Filter By' dropdown, two input fields, a 'Go' button, and buttons for 'Clear Filter', 'Save Filter', and 'My Filters'. The main table has four columns: 'Account Number', 'Account Type', 'Bank Name', and 'Routing Number'. A single row is displayed with the following data: Account Number '\*\*\*\*\*3210', Account Type 'Checking', Bank Name 'Sample Bank', and Routing Number '1' followed by a masked area and '9'. Below the table, there are buttons for 'Delete', 'View Page: 1', 'Go', '+ Page Count', 'SaveToCSV', and 'Viewing Page: 1'. Navigation buttons for 'First', 'Prev', 'Next', and 'Last' are also present.

Account Number	Account Type	Bank Name	Routing Number
*****3210	Checking	Sample Bank	1-9

16. To move on to the next step, select **Close**.

This screenshot is identical to the one above, showing the 'Payment Details' list interface. The 'Close' button at the top left is highlighted with a red box, indicating the action to be taken to proceed to the next step.

# Step 11: Complete Provider Disclosure

1. Answer the disclosure question. If **Yes** is selected, a comment is required.

The screenshot shows the 'Provider Disclosure' form. At the top, there are 'Close' and 'Save' buttons. Below the title, a instruction reads: 'If you answer Yes to the first Disclosure question, provide details including type of action, Agency undertaking adverse action and date of action.' The main table has two columns: 'Question' and 'Answer'. The first question is: '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?'. The 'Answer' dropdown menu is open, showing 'No' and 'Yes' options. The 'Comments' column is empty. At the bottom, there are navigation buttons: 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', and 'Viewing Page: 1'.

**Note:** FECA DME Provider Type 75 must answer an additional disclosure question.

This screenshot shows the same 'Provider Disclosure' form but with an additional question highlighted by a red box. The question is: '(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.' The 'Answer' dropdown menu is open, showing 'No' and 'Yes' options. The 'Comments' column is empty. The navigation buttons at the bottom are the same as in the previous screenshot.

2. Select **Save**.
3. To move on to the next step, select **Close**.

# Step 12: View/Upload Attachments (1 of 2)

**Note:** In this step, upload required attachments (via Direct Data Entry or DDE). If attachments are not uploaded at the time of submission, the option to mail or fax required attachments with a provider enrollment cover sheet is available. The application will stay in an “Awaiting Attachments” status for nine days. If the attachments and cover sheet are not received within this timeframe, the application will be Returned to Provider (RTP). Select **Required Credentials** to check which attachments are required for Provider Type.

1. Select **Upload Attachments**.
2. Select the document type from the **Document Type** drop-down list.
3. Select **Choose File**. The system opens the **Open** window.
4. The file should be located and selected from the local drive, followed by selecting **Open**. The system then updates the **File Name** field.
5. Select **OK**.

The screenshot displays the 'Attachment List' interface. At the top, there are three buttons: 'Close', 'Upload Attachments', and 'Required Credentials'. Below these is the 'Attachment List' header. The main form area is titled 'Attachment' and contains the following elements:

- A text prompt: 'Please select the file to be uploaded'.
- A 'Document Type' dropdown menu with a placeholder '--SELECT--'.
- A 'File Name' field with a 'Choose File' button and the text 'No file chosen'.
- A list of acceptable file extensions: .doc, .docx, .gif, .gzip, .htm, .html, .jpeg, .jpg, .ppt, .rtf, .tif, .tiff, .tst, .txt, .xls, .bmp, .pdf, .xlsx, .zip.
- A warning: 'Filename cannot be longer than 50 characters'.
- A note: 'If you are unable to upload attachment(s) here, you can choose to mail or fax the copy following the instruction on the Submit Enrollment Application for Review step.'

An 'Open' file selection dialog is overlaid on the right side of the form, showing the 'Documents' folder. The 'File name' field in the dialog is empty, and the 'Open' button is highlighted. At the bottom right of the form, there are 'Ok' and 'Cancel' buttons.

# Step 12: View/Upload Attachments (2 of 2)

The **Attachment List** displays the uploaded attachments.

The screenshot shows a web interface for managing attachments. At the top, there are three buttons: "Close" (with a plus icon), "Upload Attachments" (with an info icon), and "Required Credentials" (with a right arrow icon). Below these is a section titled "Attachment List" with a grid icon and an upward arrow. The main part of the interface is a table with the following columns: "Repository Key", "File Name", "Document Type", and "Uploaded Date". There is one row of data in the table, which is highlighted with a red border. The data in this row is: Repository Key (a blue square icon), File Name "Copy of License.pdf", Document Type "Copy of License/Certification", and Uploaded Date "02/25/2025 03:22:10 PM". Below the table, there are several controls: a "Delete" button (with a minus icon), "View Page: 1" (with a text input field), a "Go" button (with a magnifying glass icon), a "+ Page Count" button, a "SaveToCSV" button (with a download icon), and "Viewing Page: 1". On the right side, there are navigation buttons: "<< First", "< Prev", "> Next", and ">> Last".

	Repository Key	File Name	Document Type	Uploaded Date
<input type="checkbox"/>		Copy of License.pdf	Copy of License/Certification	02/25/2025 03:22:10 PM

Buttons: Delete, View Page: 1, Go, + Page Count, SaveToCSV, Viewing Page: 1, << First, < Prev, > Next, >> Last

6. Repeat the Upload Attachment steps on the previous slide for multiple attachments.

7. To move on to the next step, select **Close**.

This screenshot is identical to the previous one, but the "Close" button at the top left is highlighted with a red border, indicating it is the next step to be taken.

## Step 6: Add Identifiers (Optional) (1 of 3)

1. To enter identifier information manually, select **Add**.
2. To verify the identifier values pulled from the PECOS System, select the **Identifier Type** hyperlink.
3. To delete a listed Identifier, select the checkbox next to the record and select **Delete**.

Application Number: [REDACTED] Name: [REDACTED] Enrollment Type: Facility/Agency/Organization/Institution

To review and validate provider identifier information, click the corresponding hyperlink in the Identifier Type Column.  
If the provider identifier is not listed, click the **Add** button to enter the details manually.  
To remove the listed identifier, check the box next to it and click the **Delete** button.

**Provider Identifiers**

Filter By : [ ] [ ] [ ]

<input type="checkbox"/>	Identifier Type ▲▼	Identifier Value ▲▼	Start Date ▲▼	End Date ▲▼
<input type="checkbox"/>	<a href="#">Provider Medicare Number</a>	T300792715	09/22/2021	12/31/2999

View Page: 1    Viewing Page: 1

**Note:** This step may be required for the provider type entered in **Step 1: Provider Basic Information**. Providers can select **Required Credentials** to determine if the provider type requires an identifier.

## Step 6: Add Identifiers (Optional) (2 of 3)

**Add New Identifier**

**Identifier Type:** Provider Medicare Number \*  
**Identifier Value:** \*  
**Start Date:** \*  
**End Date:** \*

☒ OK ☐ Cancel

4. Select the identifier type from the **Identifier Type** drop-down list.
5. Enter the identifier value in the **Identifier Value** field.
6. Enter or select the start and end dates in the **Start Date** and **End Date** fields.
7. Select **OK**.



# Step 6: Add Identifiers (Optional) (3 of 3)

The **Provider Identifiers** list displays the entered identifier information.

8. Select **Close** to proceed to the next step.

Application Number: [REDACTED] Name: [REDACTED] Enrollment Type: Facility/Agency/Organization/Institution

To review and validate provider identifier information, click the corresponding hyperlink in the Identifier Type Column.  
If the provider identifier is not listed, click the **Add** button to enter the details manually.  
To remove the listed identifier, check the box next to it and click the **Delete** button.

Provider Identifiers			
Filter By :	Identifier Type ▲▼	Identifier Value ▲▼	Start Date ▲▼
	<input type="checkbox"/> <a href="#">Provider Medicare Number</a>	T300792715	09/22/2021
			12/31/2999

View Page: 1    Viewing Page: 1



# Step 7: Add EDI Submission Method (Optional) (1 of 2)

1. Select the checkbox next to the applicable **Mode of Submission**. *More than one Mode of Submission may be selected.*

**Note:** Electronic Data Interchange (EDI) is the computer-to-computer exchange of business documents in a standard electronic format between business partners. If Billing Agent/Clearinghouse as the Mode of Submission is selected, the Billing Agent/Clearinghouse OWCP ID in **Step 8: Add EDI Submitter Details** is required.

**Note:** If the Billing Agent or Clearinghouse OWCP provider ID is not available at the time of completing the application, select **Paper**. This information can be updated after enrollment as an active OWCP provider.



You may check multiple Modes of Submission.

 **EDI Submission Details** 

**Mode of Submission:** ☒ Billing Agent/Clearinghouse ☐ Web Interactive ☐ FTP Secured Batch ☐ Web Batch ☐ Paper

Method	When to Use
Billing Agent/Clearinghouse	For providers who use a 3rd party to bill
Web Interactive	For entering (keying) bills directly in the System
FTP Batch	For submitting files via an SFTP site
Web Batch	For upload/download of files in the System
Paper	For submission through paper form ONLY.


- Web Batch method is often used by providers who submit their own HIPAA batch transactions. It allows a maximum file size of 50 MB.
- Your EDI submission method is FTP Secured Batch if you submit and retrieve batches at a secure web folder assigned to you by OWCP. This method was designed with clearinghouses and billing agents in mind. It allows a maximum file size of 100 MB.
- Don't select "Paper" if other submission method is selected. You can always submit paper form in addition to EDI Submission.
- If the Billing Agent/Clearinghouse OWCP provider ID is not available at the time of completing your application, please select None/Paper. This information can be updated after you are enrolled as an active OWCP provider.


# Step 7: Add EDI Submission Method (Optional) (2 of 2)

2. To move on to the next step, select **OK**.

You may check multiple Modes of Submission. NPI is required for all selections.




**EDI Submission Details**




Mode of Submission: ☒ Billing Agent/Clearinghouse ☐ Web Interactive ☐ FTP Secured Batch ☐ Web Batch ☐ Paper

Method	When to Use
Billing Agent/Clearinghouse	For providers who use a 3rd party to bill
Web Interactive	For entering (keying) bills directly in the System
FTP Batch	For submitting files via an SFTP site
Web Batch	For upload/download of files in the System
Paper	For submission through paper form ONLY.

- Web Batch method is often used by providers who submit their own HIPAA batch transactions. It allows a maximum file size of 50 MB.
- Your EDI submission method is FTP Secured Batch if you submit and retrieve batches at a secure web folder assigned to you by OWCP. This method was designed with clearinghouses and billing agents in mind. It allows a maximum file size of 100 MB.
- Don't select "Paper" if other submission method is selected. You can always submit paper form in addition to EDI Submission.
- If the Billing Agent/Clearinghouse OWCP provider ID is not available at the time of completing your application, please select None/Paper. This information can be updated after you are enrolled as an active OWCP provider.

 OK

 Cancel

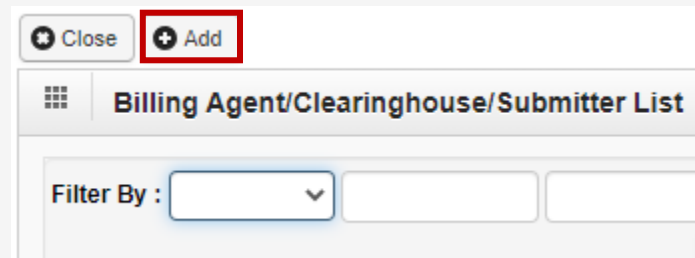
## Step 8: Add EDI Submitter Details (1 of 3)

**Note:** The Billing Agent or Clearinghouse must be enrolled with OWCP first. Contact the Billing Agent or Clearinghouse for their OWCP ID to complete this section.

**Note:** If Billing Agent/Clearinghouse is selected as the EDI Submission Method in **Step 7: Add EDI Submission Method**, then **Step 8: Add EDI Submitter Details** is required.

1. Select **+Add** on the **Billing Agent/Clearinghouse/Submitter List** page.

**Note:** If the Billing Agent or Clearinghouse OWCP provider ID is not available at the time of completing the application, select **Close** to return to the previous step, then deselect Billing Agent/Clearinghouse and select Paper or a different mode of submission. This information can be updated after enrollment as an active OWCP provider.





The screenshot shows a web interface for the 'Billing Agent/Clearinghouse/Submitter List' page. At the top, there are two buttons: 'Close' (with a star icon) and '+ Add' (with a plus icon). The '+ Add' button is highlighted with a red rectangular box. Below the buttons is a header bar with a grid icon and the text 'Billing Agent/Clearinghouse/Submitter List'. Underneath the header, there is a 'Filter By :' label followed by a dropdown menu and two empty text input fields.

## Step 8: Add EDI Submitter Details (2 of 3)

2. Enter the Billing Agent or Clearinghouse OWCP ID in the **Billing Agent/Clearinghouse OWCP ID** field.
3. Enter the start and end dates in the **Start Date** and **End Date** fields.

**Note:** This identifies the effective date and end date for the association with the clearinghouse. Start Date is required, but End Date is optional. If End Date is left blank, the field will show 12/31/2999.

4. Select **OK**.

 **Associate Billing Agent/Clearinghouse** 

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

Billing Agent/Clearinghouse OWCP ID:

Start Date:

End Date:

# Step 8: Add EDI Submitter Details (3 of 3)

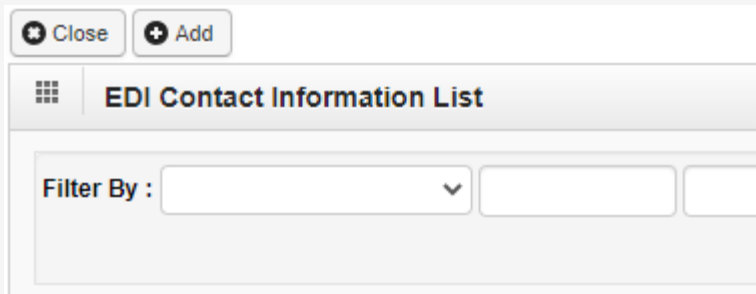
The **Billing Agent/Clearinghouse/Submitter List** page displays the entered OWCP ID information.

The screenshot shows the 'Billing Agent/Clearinghouse/Submitter List' page. At the top left, there are 'Close' and 'Add' buttons. The 'Close' button is highlighted with a red box. Below the title bar, there is a 'Filter By' section with dropdown menus and a 'Go' button. To the right of the filter section are 'Clear Filter', 'Save Filter', and 'My Filters' buttons. The main table has four columns: 'OWCP ID', 'Billing Agent/Clearinghouse', 'Start Date', and 'End Date'. The first row of data is highlighted with a red border and contains the following information: an empty checkbox, an empty OWCP ID field, 'ABC Billing' as the Billing Agent/Clearinghouse, '02/23/2020' as the Start Date, and '12/31/2999' as the End Date. At the bottom of the table, there is a 'Delete' button, a 'View Page: 1' dropdown, a 'Go' button, a '+ Page Count' button, a 'SaveToCSV' button, and a 'Viewing Page: 1' label. On the far right, there are navigation buttons: '<< First', '< Prev', '> Next', and '>> Last'.

5. To move on to the next step, select **Close**.

This screenshot is identical to the one above, showing the 'Billing Agent/Clearinghouse/Submitter List' page. The 'Close' button at the top left is highlighted with a red box. The table contains one row of data: 'ABC Billing' with a start date of '02/23/2020' and an end date of '12/31/2999'. The bottom of the page shows pagination controls, including 'View Page: 1', 'Go', '+ Page Count', 'SaveToCSV', and 'Viewing Page: 1', along with navigation buttons for first, previous, next, and last.

# Step 9: Add EDI Contact Information (1 of 3)



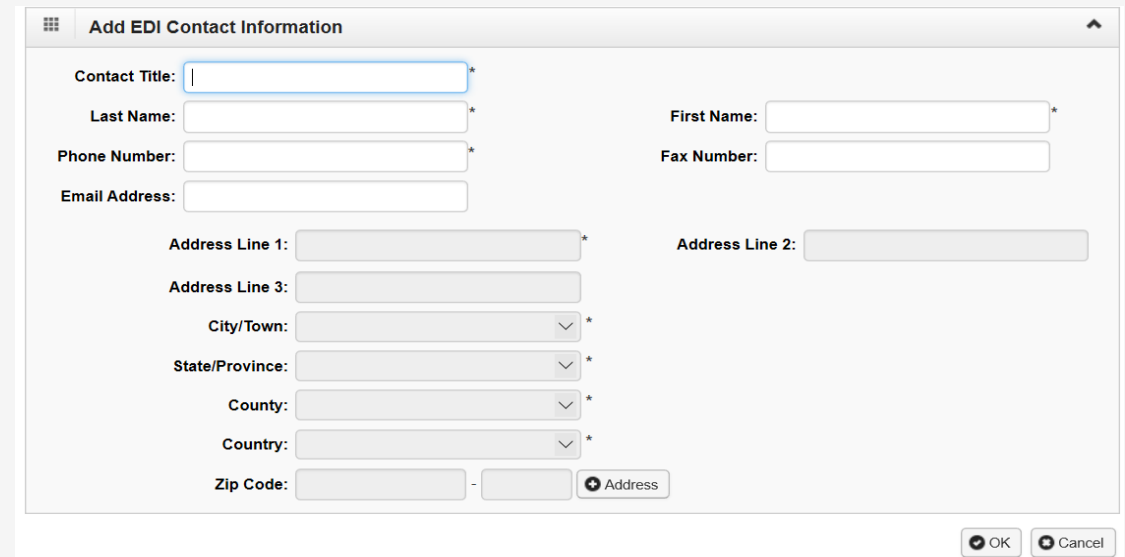
The screenshot shows a web interface titled "EDI Contact Information List". At the top, there are "Close" and "Add" buttons. Below the title bar, there is a "Filter By:" section with a dropdown menu and two input fields. The main area below is empty, suggesting a list of contacts.

**Note:** Step 9: Add EDI Contact Information is required if FTP Secured Batch or Web Batch was selected in **Step 7: Add EDI Submission Method**. EDI Contact Information must be on file if we need to ask the Billing Agent or Clearinghouse any questions pertaining to their EDI enrollment or future submissions and retrievals.

1. Select **Add** on the **EDI Contact Information List** page.
2. Enter the title of the contact person to answer EDI questions in the **Contact Title**, field if needed.
3. Enter the contact person's last and first names in the **Last Name** and **First Name** fields.
4. Enter the contact person's 10-digit phone number in the **Phone Number** field.

**Note:** Fax Number and Email Address fields are optional.

5. Select **+Address**. The **Address details** window opens.



The screenshot shows a form titled "Add EDI Contact Information". It contains the following fields: "Contact Title:" (text input), "Last Name:" (text input), "First Name:" (text input), "Phone Number:" (text input), "Fax Number:" (text input), "Email Address:" (text input), "Address Line 1:" (text input), "Address Line 2:" (text input), "Address Line 3:" (text input), "City/Town:" (dropdown menu), "State/Province:" (dropdown menu), "County:" (dropdown menu), "Country:" (dropdown menu), and "Zip Code:" (text input with a hyphen separator). There is a "+ Address" button next to the Zip Code field. At the bottom right, there are "OK" and "Cancel" buttons.

# Step 9: Add EDI Contact Information (2 of 3)

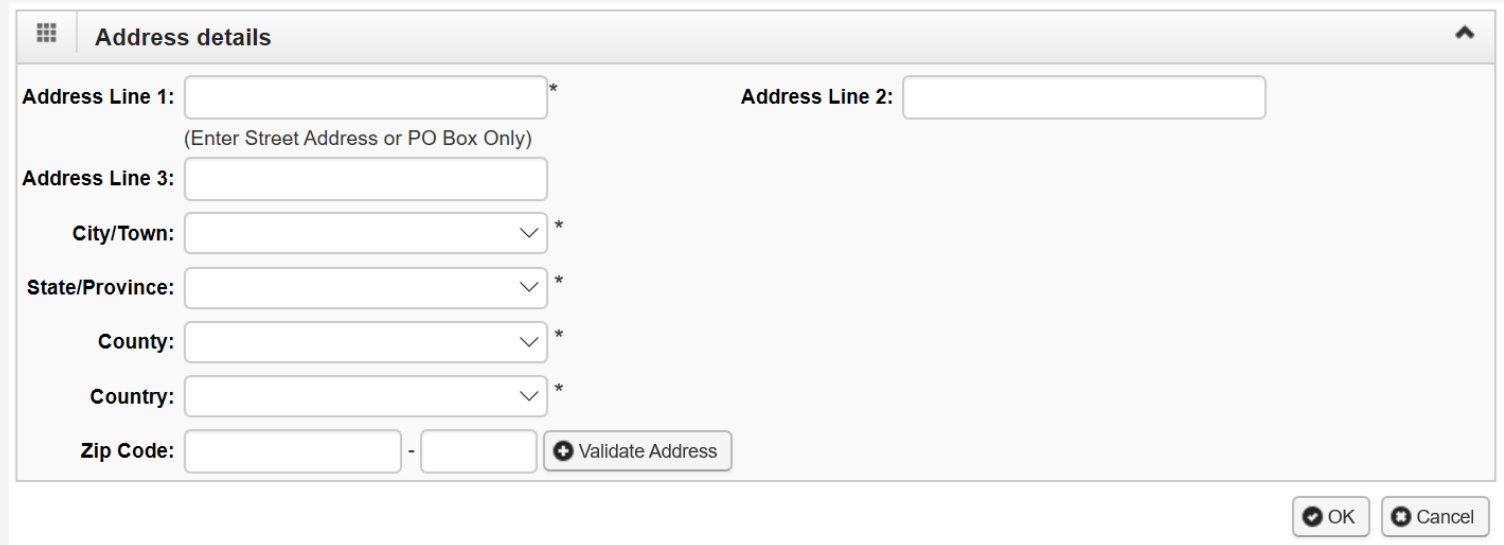
**Note:** This step is required if Secured Batch or Web Batch was selected in **Step 7: Add EDI Submission Method**.

6. Enter the street number and name in the **Address Line 1** field.
7. Enter the zip code in the **Zip Code** field.
8. Select **Validate Address**.

**Note:** The full address populates if the address can be validated.

**Note:** If the address cannot be validated, an alert window opens. Select **OK** to continue or select **Cancel** to revalidate the address.

9. Select **OK**.
10. To complete the EDI Contact Information entry, select **OK**.



The screenshot shows a window titled "Address details" with a grid icon in the top-left corner and an upward arrow in the top-right corner. The form contains the following fields and controls:

- Address Line 1:** A text input field with an asterisk (\*) to its right. Below it is the instruction "(Enter Street Address or PO Box Only)".
- Address Line 2:** A text input field.
- Address Line 3:** A text input field.
- City/Town:** A dropdown menu with a downward arrow and an asterisk (\*) to its right.
- State/Province:** A dropdown menu with a downward arrow and an asterisk (\*) to its right.
- County:** A dropdown menu with a downward arrow and an asterisk (\*) to its right.
- Country:** A dropdown menu with a downward arrow and an asterisk (\*) to its right.
- Zip Code:** Two text input fields separated by a hyphen (-), followed by a button labeled "Validate Address" with a plus icon.

At the bottom right of the window are two buttons: "OK" with a checkmark icon and "Cancel" with a close icon.



# Step 9: Add EDI Contact Information (3 of 3)

The **EDI Contact Information List** displays the entered contact information.

The screenshot shows the 'EDI Contact Information List' interface. At the top left, there are two buttons: 'Close' and 'Add'. The 'Close' button is highlighted with a red box. Below the buttons is a header bar with the title 'EDI Contact Information List'. Under the header, there is a 'Filter By' section with a dropdown menu and a 'Go' button. To the right of the filter section are buttons for 'Clear Filter', 'Save Filter', and 'My Filters'. Below the filter section is a table with the following columns: 'Contact Title', 'Contact Name', 'Contact Phone Number', 'Contact Email', and 'End Date'. The table has one row of data, which is highlighted with a red box. The data in the row is: Contact Title (blank), Contact Name (blurred), Contact Phone Number (blurred), Contact Email (blank), and End Date (12/31/2999). Below the table is a footer section with buttons for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', 'Viewing Page: 1', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

11. To move on to the next step, select **Close**.

This screenshot is identical to the one above, showing the 'EDI Contact Information List' interface. The 'Close' button is highlighted with a red box. The table contains one row of data with the end date '12/31/2999'. The footer section includes buttons for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', 'Viewing Page: 1', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

# Step 4: Add Ownership Details (Optional) (1 of 2)

*This step is optional.* If completed, enter the information in the required fields and select **OK**.

1. Select **Add**.
2. Select the (individual or organization) ownership from the **Ownership Type** drop-down list.
3. Enter the Social Security Number (SSN) or Federal Employer Identification Number (FEIN) in the **SSN/FEIN** field.
4. Enter either the organization name in the **Organization Name** field or the last name and first name in the **Last Name** and **First Name** fields.
5. Select **+Address** to open the **Address Details** window.
  - a. Enter the street number and name in the **Address Line 1** field.
  - b. Enter the zip code in the **Zip Code** field.
  - c. Select **+Validate Address** to populate address details.
  - d. To close the window, select **OK**.

**Note:** The full address populates if the address can be validated.

**Note:** If the address cannot be validated, an alert window opens. Select **OK** to continue or select **Cancel** to revalidate the address.

6. Select **OK**.

**Note:** If the ownership information is the same name, FEIN, and address as previously entered in the **Provider Basic Information** step, select **Copy Name and Tax** to auto-populate the information.

**Close** **Add**

**Ownership List (Optional)**

**Add Ownership**

- Ownership List is optional.  
- For FECA and DEEOIC providers, list any business with more than a 5% interest in or where involvement is at an officer, director or agent of the company.  
- Use the 'Copy Name and Tax' button to add ownership information from Basic Information (Step 1).

**Ownership Type:** Individual Ownership \* **SSN/FEIN:** \*

**Organization Name:**

**Last Name:** **First Name:**

**Address Line 1:** \* **Address Line 2:**

**Address Line 3:**

**City/Town:** \* **State/Province:** \* **County:** \* **Country:** \*

**Zip Code:** - **+ Address**

**Copy Name and Tax** **OK** **Cancel**

## Step 4: Add Ownership Details (Optional) (2 of 2)

The **Ownership List** displays the entered Ownership information.

7. To move on to the next step, select **Close**.

The screenshot shows the 'Ownership List (Optional)' interface. At the top left, there are two buttons: 'Close' (with a red square icon) and 'Add' (with a plus icon). Below these is a header bar with a grid icon and the title 'Ownership List (Optional)'. The main area contains a filter section with 'Filter By :' followed by two input fields and a 'Go' button. To the right of the filter section are buttons for 'Clear Filter', 'Save Filter', and 'My Filters'. Below the filter section is a table with three columns: 'Owner ID' (with a checkbox and a sort icon), 'Owner Name' (with a sort icon), and 'Ownership Type' (with a sort icon). The first row of the table shows a checkbox, a blurred 'Organization' entry under 'Owner ID', and 'Organization' under both 'Owner Name' and 'Ownership Type'. At the bottom of the interface, there is a 'Delete' button, a 'View Page: 1' field with a 'Go' button, a '+ Page Count' button, a 'SaveToCSV' button, and a 'Viewing Page: 1' label. To the right of these are navigation buttons: '<< First', '< Prev', '> Next', and '>> Last'.

# Verify Information Before Submission

1. To verify information entered and make any needed corrections prior to submission, select the hyperlink for any of the previous steps.

Step ▲▼
<a href="#">Step 1: Provider Basic Information</a>
<a href="#">Step 2: Add Location</a>
<a href="#">Step 3: Add Taxonomies</a>
<a href="#">Step 4: Add Ownership Details</a>
<a href="#">Step 5: Add Business Licenses and Certifications</a>
<a href="#">Step 6: Add Identifiers</a>
<a href="#">Step 7: Add EDI Submission Method</a>
<a href="#">Step 8: Add EDI Submitter Details</a>
<a href="#">Step 9: Add EDI Contact Information</a>
<a href="#">Step 10: Add Payment Details</a>
<a href="#">Step 11: Complete Provider Disclosure</a>
<a href="#">Step 12: View/Upload Attachments</a>
<a href="#">Step 13: Submit Enrollment Application for Review</a>

2. Select the hyperlink within the step to review the information entered or make corrections if needed.

Locations List

▲

☐

Business Name  
▲▼

Location Details  
▲▼

☐

[Test](#)

View Page: 1

Go

+ Page Count

SaveToCSV

Viewing Page: 1

<< First

< Prev

> Next

>> Last

# Step 13: Submit Enrollment Application for Review

The **First Name** and **Last Name** fields populate based on the OWCP Connect ID. If the either field is edited, an alert displays, select **OK** to submit or **Cancel** to return to the signature.

1. Enter the title of the signer in the **Title** field (optional).

**Note:** The **Signature Date** field shows the current date and cannot be changed.

2. At the bottom of the screen, select **Submit Enrollment**.

**Note:** When an application is successfully submitted, the **Submit Enrollment** button will become disabled.

Final Submission

After you submit the enrollment, you cannot make further changes until your enrollment application is approved.

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: 02/25/2025 15:45:28

Privacy Act Statement

Collection of this information by OWCP is necessary for its administration of the Federal Employees' Compensation Act, the Black Lung Benefits Act, the Longshore and Harbor Workers' Compensation Act and the Energy Employees Occupational Illness Compensation Program Act, and is authorized under 20 CFR 10.800, 20 CFR 30.700, 20 CFR 702.145, 20 CFR 725.714 and 33 USC 918(b). The information provided will be used to ensure accurate payment of medical and vocational rehabilitation provider bills and is protected by the Privacy Act of 1974, as amended (5 USC 552a) in accordance with the following systems of records: DOL/GOVT-1, DOL/OWCP-4 DOL/OWCP-9 and DOL/OWCP-11, published in the Federal Register, Vol. 81, page 25766, April 29, 2016, or as updated and republished. Completion and submission of this form is voluntary; however, failure to provide the information (including SSN or EIN) will result in substantially delayed payment of bills. This information will be furnished to OWCP and its data processing contractors, and may also be disclosed to other federal and state agencies in connection with the administration of other programs, to the Department of Justice for litigation purposes, and to medical and other provider review boards. Additional disclosures may be made through the routine uses for information contained in the referenced systems of records.

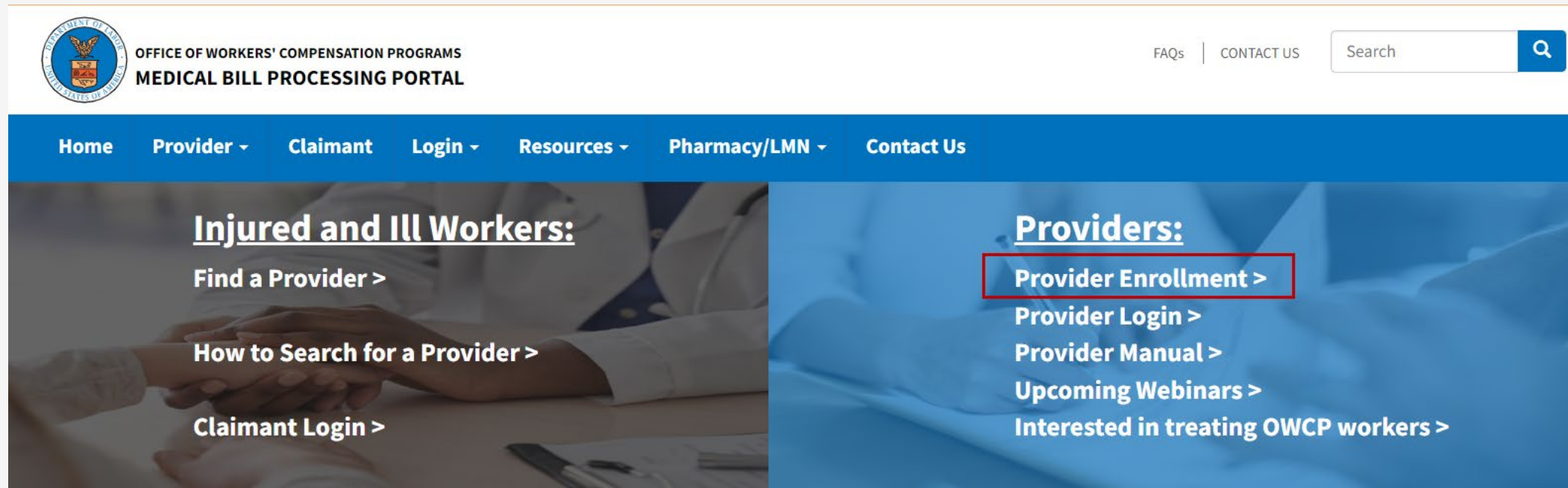
Close

Submit Enrollment

# Resume or Track an In-Progress Enrollment Application (1 of 3)

**Note:** In-progress Enrollment Applications can be resumed or tracked.

1. Go to [WCMBP Portal Homepage](#).
2. Select **Provider Enrollment**.



# Resume or Track an In-Progress Enrollment Application (2 of 3)

3. Select the **Click here to resume or track the in-progress enrollment application** hyperlink.
4. Log in using the OWCP Connect email address and password.
5. Proceed as applicable:
  - If known by the provider, complete the **Application Number** and **SSN/FEIN** fields, then proceed to the next step.
  - If the provider does not know the application number and SSN or FEIN, select the **Application Number Lookup** hyperlink and proceed to the next slide.
6. To return to the in-progress enrollment application, select **Submit**.

The screenshot displays the 'Track Application' page in the OWCP Connect system. At the top, there is a dark blue header bar containing a user profile icon, a 'Profile:' dropdown menu, and links for 'External Links', 'Help', and 'Logout'. Below the header, the page title 'Track Application' is visible. The main content area features a form with two input fields: 'Application Number' and 'SSN/FEIN', both marked with an asterisk. Above these fields, there is a message: 'Please provide the Application Number and SSN/FEIN to track your application. Need help finding the application number? Please select this link to look up and retrieve your application number.' To the left of the form are 'Close' and 'Submit' buttons. In the top right corner, a red rectangular box highlights a link that reads 'Click here to resume or track the in-progress enrollment application.' Above this link is an icon of a document with a magnifying glass, and the text 'Resume or Track an Enrollment Application'.



# Resume or Track an In-Progress Enrollment Application (3 of 3)

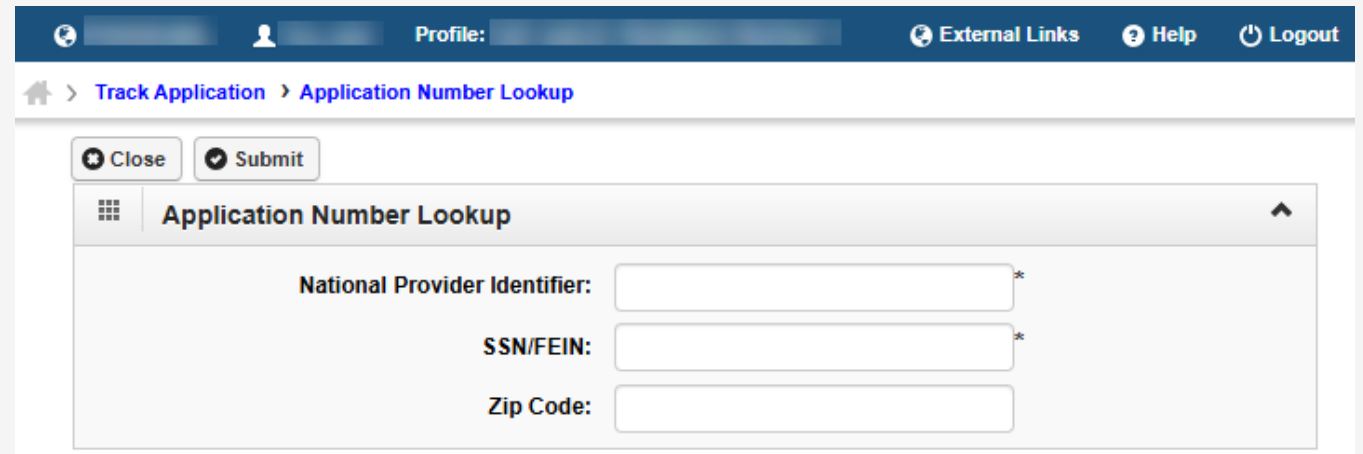
7. To retrieve the application number, enter the National Provider Identifier (NPI) and Social Security Number (SSN) or Federal Employer Identification Number (FEIN) in the **National Provider Identifier** and **SSN/FEIN** fields.

8. To view the application number, select **Submit**.

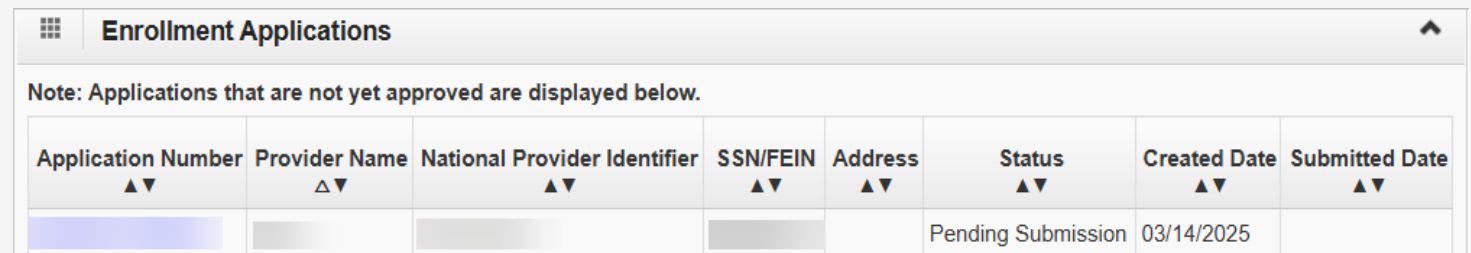
**Note:** The system identifies the matching enrollment applications and displays the application's details in the **Enrollment Applications** section below the **Application Number Lookup**.

9. To access the application, select the **Application Number** hyperlink.

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



The screenshot shows a web application interface. At the top, there is a navigation bar with a profile icon, a "Profile:" label, and links for "External Links", "Help", and "Logout". Below the navigation bar, there is a breadcrumb trail: "Track Application > Application Number Lookup". The main content area contains a form titled "Application Number Lookup" with a "Close" button and a "Submit" button. The form has three input fields: "National Provider Identifier:", "SSN/FEIN:", and "Zip Code:". Each field has a small "x" icon in the top right corner.



The screenshot shows a table titled "Enrollment Applications" with a "Note: Applications that are not yet approved are displayed below." above it. The table has eight columns: "Application Number", "Provider Name", "National Provider Identifier", "SSN/FEIN", "Address", "Status", "Created Date", and "Submitted Date". Each column has a small "x" icon in the top right corner. The first row of data shows a blue highlighted "Application Number" cell, a grey "Provider Name" cell, a grey "National Provider Identifier" cell, a grey "SSN/FEIN" cell, a grey "Address" cell, a "Status" cell with the text "Pending Submission", a "Created Date" cell with the text "03/14/2025", and an empty "Submitted Date" cell.

Application Number ▲▼	Provider Name ▲▼	National Provider Identifier ▲▼	SSN/FEIN ▲▼	Address ▲▼	Status ▲▼	Created Date ▲▼	Submitted Date ▲▼
					Pending Submission	03/14/2025	



# Post-Submission Key Timeframes

Once the application is submitted for review, the processing timeframes are as follows:

- **Attachments Received:** Processing time is seven business days from the date the application and attachments are received.
- **Awaiting Attachments:** The required documents have not been received. The application will remain in this status for nine days from the date the application was submitted. The documents may be sent via fax or mail.
- **Attachments Not Received:** The application will be Returned to the Provider after the nine days of Awaiting Attachments status.

# Attachment Submission Options

If mailed or faxed, submit all enrollment supporting documentation with a Provider Enrollment Supporting Documents Cover Sheet available on the WCMBP Portal.

**Via Mail**      **Provider Enrollment**  
**Department of Labor OWCP**  
PO Box 8312  
London, KY 40742-8312

**Via Fax**      888.444.5335