

Workers' Compensation Medical Bill Processing System

How to Complete a Provider Enrollment Application Group Provider



Overview

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

Enrollment as a group provider is defined as follows:

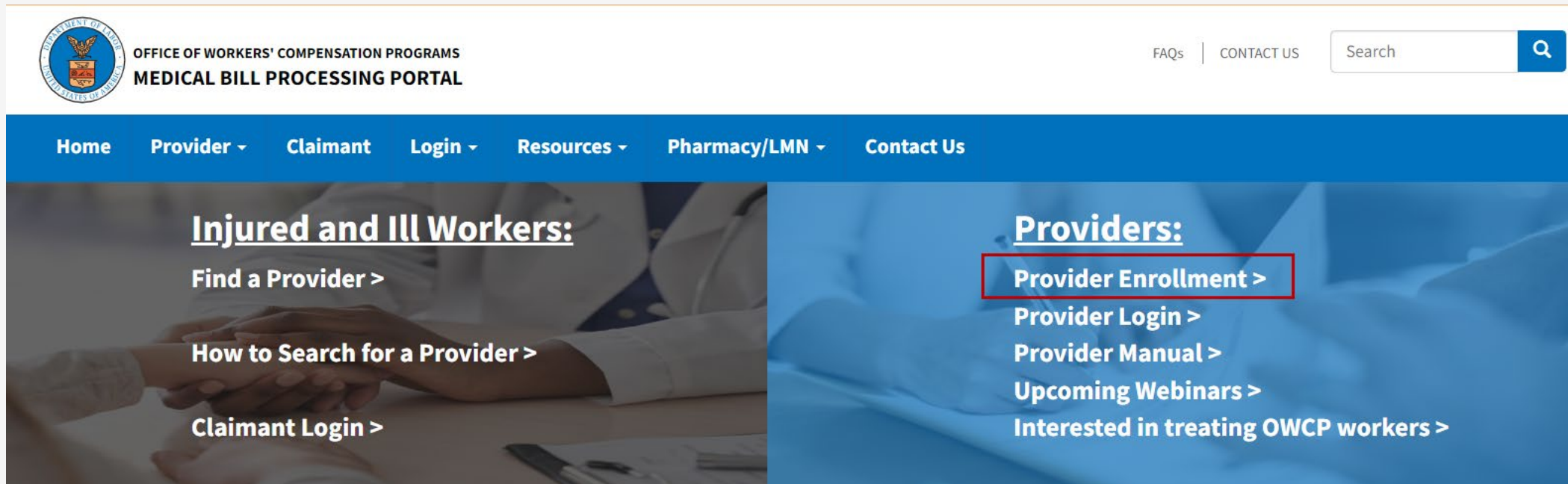
- One or more healthcare practitioners who practice their profession at a common location (whether they share common facilities, common supporting staff, or common equipment) and have formed a partnership or corporation or are employees of a person, partnership, or corporation, or other entity owning or operating the health care facilities at which they practice.
- These entities have a Type II NPI from 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.](#)



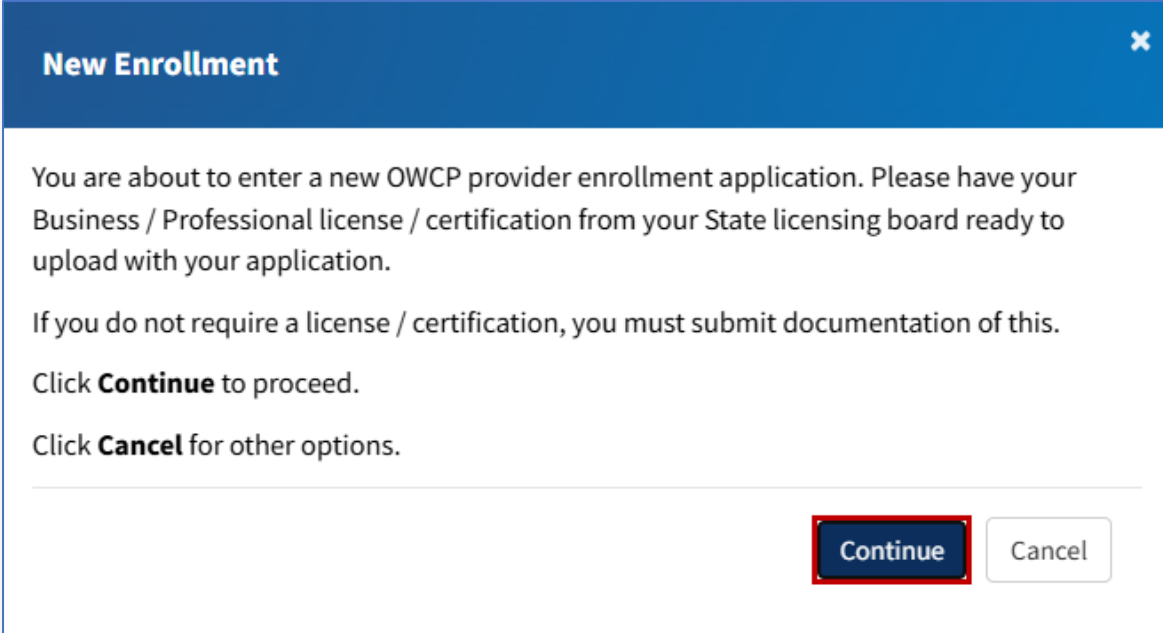
Resume or Track an Enrollment Application

[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 'New Enrollment' dialog box. The title bar is blue with the text 'New Enrollment' and a close button (X). 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: 'Continue' (highlighted with a red border) and 'Cancel' (a standard grey button).

New Enrollment X

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. At the top, there is a blue header bar containing 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 on the left lists various services available to users. The 'Existing User' section in the middle provides options for login, password reset, and email change. The 'New User' section on the right prompts first-time users to create an account, with the 'CREATE ACCOUNT' button highlighted by a red rectangle. Below this, there is information for medical providers, including a timeline and links to enrollment tutorials and contact information.

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.*

From: [REDACTED]
Sent: [REDACTED]
To: [REDACTED]
Subject: [External] OWCP Connect - Account Creation

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Thank you for registering with us.
Your account has been successfully created, but it must be activated within the next 24 hours.

First Name: [REDACTED]
Last Name: [REDACTED]
MI: [REDACTED]
Email: [REDACTED]

Please click [here](#) to activate your account. If the link has expired, you can have the email resent by navigating to the Login page, entering your email address in the Login field provided and clicking LOGIN. The system will recognize that your email exists without an active account and will resend the account activation email.

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OWCP Connect
US Department of Labor
Office of Worker's Compensation Programs (OWCP)

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", and the OWCP logo. Below the header, the page is divided into three main sections: "OWCP Connect", "Existing User", and "New User".

- OWCP Connect:** This section contains a list of services available after login, such as "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", and "Add additional users who can use the portal".
- Existing User:** This section features a message "Your account has been successfully activated." in a red-bordered box. Below it is a "Login Using Email Address:" field with a text input box. There are buttons for "LOGIN", "PASSWORD RESET", and "CHANGE EMAIL". Links for "Forgot password?" and "Change Email?" are also present.
- New User:** This section asks "First time using OWCP Connect? Create a new account here." and includes a "CREATE ACCOUNT" button. It also provides "Information for Medical Providers" with steps: "1. This process generally takes 3-5 minutes", "2. Enrollment Tutorials (Click Here)", and "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 Responsibility 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 #, ?, !, @, \$, %, ^, &, *, -)
- Numbers (including, but not limited to, 1, 2, 3, 4,

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. Be sure to 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 \(NPPES\)](#). 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 \(NPPES\)](#).

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 \(NPPES\)](#).
- 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 \(NPPES\)](#). 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:

Submit

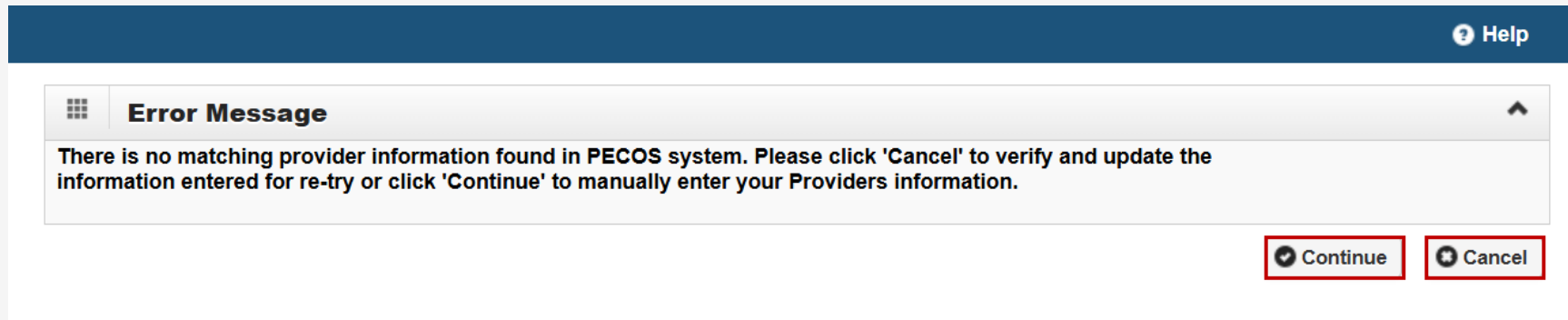
Step 1: Provider Basic Information-Enrollment Type (3 of 8)

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. At the top is a dark blue header bar with a "Help" button (represented by a question mark icon). Below the header is a light gray dialog box titled "Error Message" with a close button (represented by an upward arrow icon). The message text inside the dialog 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 dialog box are two buttons: "Continue" and "Cancel", both of which are highlighted with red rectangular borders.

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

After selecting the enrollment type, the **Step 1: Provider Basic Information** page displays. Confirm the prepopulated 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: 25-Physician (MD) & Physician (DO) *

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: 25-Physician (MD) & Physician (DO) *

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 (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:		Name:		Enrollment Type:	Group Practice
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Basic Information



- Your Application Number is:
- For assistance, please contact 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: Group Practice

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 -Group Practice

Step ▲▼	Required ▲▼	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	12/03/2025	12/03/2025	Complete	
Step 2: Add Location	Required			Incomplete	
Step 3: Add Taxonomies	Required			Incomplete	
Step 4: Add Servicing Provider Information	Required			Incomplete	
Step 5: Add Payment Details	Required			Incomplete	
Step 6: Complete Provider Disclosure	Required			Incomplete	
Step 7: Add Business Licenses and Certifications	Optional			Incomplete	
Step 8: View/Upload Attachments	Optional			Incomplete	
Step 9: Add Identifiers	Optional			Incomplete	
Step 10: Add EDI Submission Method	Optional			Incomplete	
Step 11: Add EDI Submitter Details	Optional			Incomplete	
Step 12: Add EDI Contact Information	Optional			Incomplete	
Step 13: Add Ownership Details	Optional			Incomplete	
Step 14: Submit Enrollment Application for Review	Required			Incomplete	

View Page: 1

Go

+ Page Count

SaveToCSV

Viewing Page: 1

« First

◀ Prev

Next ▶

Last »

Step 1: Provider Basic Information (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**.

Close

→ Required Credentials

Delete

Enroll Provider -Group Practice

Required Credentials For Provider Type

Provider Type ▲▼	Step ▲▼	Data Element ▲▼	Credentialing Note ▲▼
25-Physician (MD) & Physician (DO)	Step 01: Provider Basic Information	NPI	REQUIRED
25-Physician (MD) & Physician (DO)	Step 03: Add Taxonomies	TAXONOMIES	REQUIRED

View Page: 1

Go

+ Page Count

Viewing Page: 1

SaveToCSV

<< First

< Prev

> Next





>> Last

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: Group Practice
 Close	 Add	
 Locations List 		
<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: Group Practice

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:

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: Group Practice

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**.

The screenshot shows a web form titled "Add Provider Location". It contains several input fields: "Business Name", "Contact Last Name", "Phone Number", "Email Address", "Contact First Name", and "Fax Number". Each of these fields has a red rectangular box drawn around it. Below the "Email Address" field, there is a checkbox labeled "I wish to opt-in for paperless correspondence." followed by explanatory text. At the bottom right of the form, there are two buttons: "Next" and "Cancel".

Add Provider Location

Business Name: *

Contact Last Name: *

Phone Number: *

Email Address: *

Contact First Name: *

Fax Number:

☐ 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 displays a form titled 'Add Location' 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.
- 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 plus icon and the text 'Address', highlighted with a red border.
- Navigation:** 'Next' and 'Cancel' buttons at the bottom right.

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" with a grid icon in the top left and an upward arrow in the top right. The form contains the following fields: "Address Line 1:" with a text input field and an asterisk, "Address Line 2:" with a text input field, "Address Line 3:" with a text input field, "City/Town:" with a dropdown menu and an asterisk, "State/Province:" with a dropdown menu and an asterisk, "County:" with a dropdown menu and an asterisk, "Country:" with a dropdown menu and an asterisk, and "Zip Code:" with two text input fields separated by a hyphen 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 two buttons: "OK" with a checkmark icon and "Cancel" with a plus icon.

The screenshot shows the same "Address details" form, but now it displays a message "Address validation successful" in blue text at the top. The input fields are now populated with placeholder text. The "Validate Address" button is still present. At the bottom right, the "OK" button is highlighted with a red box, and the "Cancel" button is also visible.

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 a close button. The form contains the following elements:

- Type of Address:** A dropdown menu currently set to "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 followed by an asterisk (*).
- Address Line 2:** A text input field.
- Address Line 3:** A text input field.
- City/Town:** A text input field followed by an asterisk (*).
- State/Province:** A text input field followed by an asterisk (*).
- County:** A text input field followed by an asterisk (*).
- Country:** A text input field followed by 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 double arrow icon) and "Cancel" (with a close icon). The "Next" button is highlighted with a red rectangular border.

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: - Address

OK Cancel

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)

Application Number: [REDACTED] Name: [REDACTED] Enrollment Type: Group Practice

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 entered address information.

20. To edit the location details, select the **Locations** hyperlink.

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

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: Group Practice

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

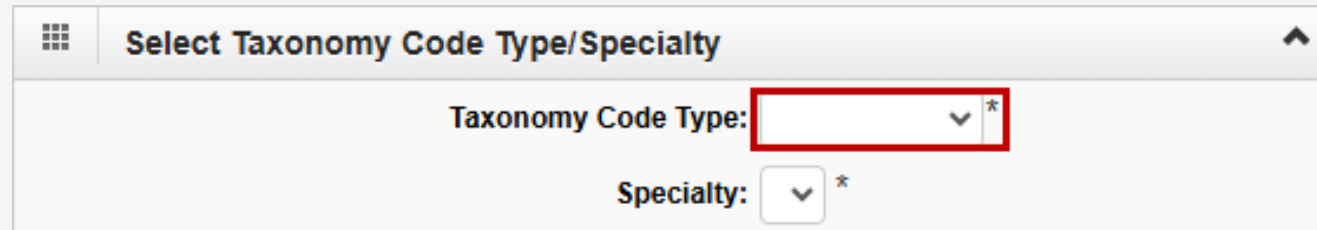
Filter By :

<input type="checkbox"/>	Taxonomy Code ▲▼	Type ▲▼	Specialty/Subspecialty ▲▼
<input type="checkbox"/>	207L00000X	20-Allopathic & Osteopathic Physicians	7L-Anesthesiology/00000-Anesthesiology
<input type="checkbox"/>	367500000X	36-Physician Assistants & Advanced Practice Nursing Providers	75-Nurse Anesthetist, Certified Registered/00000-Nurse Anesthetist, Certified Registered

View Page: Viewing Page: 1

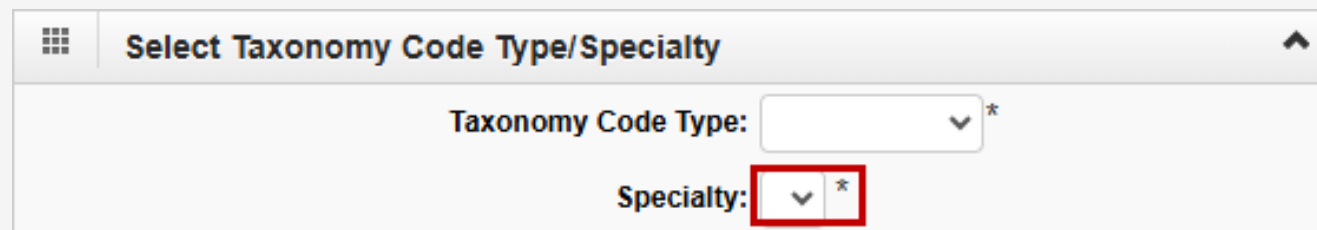
Step 3: Add Taxonomies (2 of 5)

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



The screenshot shows a web form titled "Select Taxonomy Code Type/Specialty". It contains two dropdown menus. The first dropdown, labeled "Taxonomy Code Type:", is highlighted with a red rectangular box. The second dropdown, labeled "Specialty:", is not highlighted. Both dropdowns have a small asterisk (*) next to them, indicating they are required fields.

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



The screenshot shows the same web form as above. In this instance, the "Specialty:" dropdown menu is highlighted with a red rectangular box, while the "Taxonomy Code Type:" dropdown is not. Both dropdowns have a small asterisk (*) next to them.

Step 3: Add Taxonomies (3 of 5)

- 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. The left list box, "Available Taxonomy Codes", contains the following codes: 207Q00000X-Family Medicine, 207QA0000X-Adolescent Medicine, 207QA0401X-Addiction Medicine, 207QA0505X-Adult Medicine, 207QB0002X-Obesity Medicine, 207QG0300X-Geriatric Medicine, 207QH0002X-Hospice and Palliative Medicine, 207QS0010X-Sports Medicine, and 207QS1201X-Sleep Medicine. The right list box, "Associated Taxonomy Codes *", is currently empty. Between the two list boxes are two buttons: a double right-facing arrow (») and a double left-facing arrow («). The entire content area of the dialog box is outlined with a red border. At the bottom right, there 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: 20-Allopathic & Osteopathic Physicians *

Specialty: 7Q-Family Medicine *

Add Taxonomy Code

Available Taxonomy Codes	Associated Taxonomy Codes *
207QA0505X-Adult Medicine	207Q00000X-Family Medicine
207QB0002X-Obesity Medicine	207QA0000X-Adolescent Medicine
207QS0010X-Sports Medicine	207QA0401X-Addiction Medicine
207QS1201X-Sleep Medicine	207QG0300X-Geriatric Medicine
	207QH0002X-Hospice and Palliative Medicine

5

Step 3: Add Taxonomies (5 of 5)

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

Taxonomy List

Filter By :

<input type="checkbox"/>	Taxonomy Code ▲▼	Type ▲▼	Specialty/Subspecialty ▲▼
<input type="checkbox"/>	207Q00000X	20-Allopathic & Osteopathic Physicians	7Q-Family Medicine/00000-Family Medicine
<input type="checkbox"/>	207QA0000X	20-Allopathic & Osteopathic Physicians	7Q-Family Medicine/A0000-Adolescent Medicine
<input type="checkbox"/>	207QA0401X	20-Allopathic & Osteopathic Physicians	7Q-Family Medicine/A0401-Addiction Medicine
<input type="checkbox"/>	207QG0300X	20-Allopathic & Osteopathic Physicians	7Q-Family Medicine/G0300-Geriatric Medicine
<input type="checkbox"/>	207QH0002X	20-Allopathic & Osteopathic Physicians	7Q-Family Medicine/H0002-Hospice and Palliative Medicine

View Page: Viewing Page: 1

Step 4: Add Servicing Provider Information (1 of 4)

The **Servicing Providers List** page displays the servicing providers' information.

1. To verify the servicing provider information pulled from the PECOS System, select the **SSN/FEIN** hyperlink. The Group provider must select each servicing provider's hyperlink to review the pre-populated information.
2. To enter servicing provider information manually, select **Add**.
3. To delete a listed servicing provider, select the checkbox next to the record and select **Delete**.

Application Number: [REDACTED] Name: [REDACTED] Enrollment Type: Group Practice

For servicing provider information prepopulated from CMS-PECOS, you must review each record for accuracy and enter any missing details by clicking the hyperlink on the SSN field. The pre-population status column will be changed to complete after entering and saving all required missing details.
If the Servicing provider is not listed, click on the **Add** button to enter the details manually.
To remove a listed Servicing provider, check the box next to it and click the **Delete** button.
Please review all listed Servicing providers, including each servicing provider's license or certification details.

Servicing Providers

Filter By : [] [] []

<input type="checkbox"/>	SSN ▲▼		Provider Name ▲▼	NPI ▲▼	Provider Type ▲▼	Pre-Population Status ▲▼
<input type="checkbox"/>	[REDACTED]	<input type="button" value="UnMask"/>	[REDACTED]	[REDACTED]	[REDACTED]	Incomplete
<input type="checkbox"/>	[REDACTED]	<input type="button" value="UnMask"/>	[REDACTED]	[REDACTED]	[REDACTED]	Incomplete
<input type="checkbox"/>	[REDACTED]	<input type="button" value="UnMask"/>	[REDACTED]	[REDACTED]	[REDACTED]	Incomplete
<input type="checkbox"/>	[REDACTED]	<input type="button" value="UnMask"/>	[REDACTED]	[REDACTED]	[REDACTED]	Incomplete

Note: If the servicing providers details are entered manually, the entered servicing provider NPI will be validated against the NPPES data.

Step 4: Add Servicing Provider Information (2 of 4)

There is no limit to how many servicing providers can be added to the practice. At least one servicing provider must be added in this step to submit the application.

4. Enter the individual servicing provider's name in the **Last Name** and **First Name** fields.
5. Enter the individual servicing provider's social security number (SSN) in the **SSN** field.

Note: Servicing provider verification requires manual entry of the servicing provider's SSN.

Application Number: [REDACTED]		Name: [REDACTED]		Enrollment Type: Group Practice	
Close		Save			
Manage Servicing Provider Association					
Last Name: [REDACTED] *		Middle Name: [REDACTED]			
First Name: [REDACTED] *		SSN: [REDACTED] *			
Provider Type: ---SELECT--- *		National Provider Identifier (NPI): [REDACTED]			
Taxonomy: [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]					
License/Certification Category	License/Certification Type	License/Certification Number	Issued State	Initial Issue Date	Expiration Date
License ▾	[REDACTED]	[REDACTED]	Hawaii ▾	03/15/2021	[REDACTED]
▾	[REDACTED]	[REDACTED]	▾	[REDACTED]	[REDACTED]

Step 4: Add Servicing Provider Information (3 of 4)

6. Select the servicing provider type from the **Provider Type** drop-down list.
7. Enter the servicing provider's National Provider Identifier (NPI) in the **National Provider Identifier (NPI)** field.
8. Enter up to five taxonomy codes in the **Taxonomy** fields.
9. Complete all applicable **License/Certification** fields for all license and certification information for the associated servicing provider.
10. Select **Save**.

Application Number: [REDACTED]

Name: [REDACTED]

Enrollment Type: Group Practice

Close

Save

Manage Servicing Provider Association

Last Name: [REDACTED]*

Middle Name: [REDACTED]

First Name: [REDACTED]*

SSN: [REDACTED]*

Provider Type: ---SELECT---*

National Provider Identifier (NPI): [REDACTED]

Taxonomy: [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

License/Certification Category	License/Certification Type	License/Certification Number	Issued State	Initial Issue Date	Expiration Date
License	[REDACTED]	[REDACTED]	Hawaii	03/15/2021	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Step 4: Add Servicing Provider Information (4 of 4)

The **Servicing Providers List** page displays the servicing providers' information.

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

Application Number: [REDACTED]

Name: [REDACTED]

Enrollment Type: Group Practice

Close

Add

Delete

For servicing provider information prepopulated from CMS-PECOS, you must review each record for accuracy and enter any missing details by clicking the hyperlink on the SSN field. The pre-population status column will be changed to complete after entering and saving all required missing details.
If the Servicing provider is not listed, click on the **Add** button to enter the details manually.
To remove a listed Servicing provider, check the box next to it and click the **Delete** button.
Please review all listed Servicing providers, including each servicing provider's license or certification details.

Servicing Providers

Filter By : [] [] [] Go

Clear Filter Save Filter My Filters

	SSN ▲▼		Provider Name ▲▼	NPI ▲▼	Provider Type ▲▼	Pre-Population Status ▲▼
<input type="checkbox"/>	[REDACTED] UnMask		[REDACTED]	[REDACTED]	25 - Physician (MD) & Physician (DO)	Complete
<input type="checkbox"/>	[REDACTED] UnMask		[REDACTED]	[REDACTED]	25 - Physician (MD) & Physician (DO)	Complete
<input type="checkbox"/>	[REDACTED] UnMask		[REDACTED]	[REDACTED]	25 - Physician (MD) & Physician (DO)	Complete
<input type="checkbox"/>	[REDACTED] UnMask		[REDACTED]	[REDACTED]	25 - Physician (MD) & Physician (DO)	Complete

Step 5: 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** page opens. Select **+Address** to add address and validate.

This screenshot shows a table titled "Payment Details" with columns for Account Number, Account Type, Bank Name, and Routing Number. The table is currently empty, displaying the message "No Records Found!". Above the table, there are filter controls and a "Go" button. The "Add" button in the top navigation bar is highlighted with a red box.

This screenshot shows the "Financial Institution Information" form. It contains fields for Financial Institution Name, Nine-Digit Routing Transit Number, Financial Institution ACH Coordinator Name, Phone Number, Depositor Account Number, Type of Account (set to Checking), Depositor Account Title, Address Line 1, Address Line 2, Address Line 3, City/Town, State/Province, County, Country, Zip Code, Signed by Representative, Title of Representative, and Representative Phone Number. The "Address" button in the bottom right corner is highlighted with a red box.

Step 5: Add Payment Details (2 of 6)

2. Complete the **Financial Institution Name** field (required).
3. 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:

4. Complete the **Financial Institution ACH Coordinator Name** field.
5. 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 5: Add Payment Details (3 of 6)

6. Enter the account number in the **Depositor Account Number** field.
7. 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:	<input type="text" value="Sample Bank"/>	Nine-Digit Routing Transit Number:	<input type="text" value="12"/>
Financial Institution ACH Coordinator Name:	<input type="text" value=""/>	Phone Number:	<input type="text" value="54 37"/>
Depositor Account Number:	<input type="text"/>	Depositor Account Title:	<input type="text"/>
Type of Account:	<input type="text" value="Checking"/>		

8. 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:

Depositor Account Title:

Address Line 1:

Address Line 2:

Step 5: Add Payment Details (4 of 6)

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

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.

- d. Select **OK**.

Depositor Account Number:

Type of Account: *

Depositor Account Title:

Address Line 1: Address Line 2:

(Enter Street Address or PO Box Only)

Address Line 3:

City/Town:

State/Province: County:

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

Signed by Representative: ☐ *

Title of Representative: Representative Phone Number: *

10. 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 5: Add Payment Details (5 of 6)

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

14. To acknowledge, select **OK**.

The screenshot displays two sequential states of a web form titled 'Add Payment Details'. The top half shows the form before the 'OK' button is clicked. The bottom half shows the form after the 'OK' button is clicked, with a red box highlighting the 'OK' button. Below the form, a modal alert window is visible 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.' The modal has a blue 'OK' button.

Form Fields (Top State):

- State/Province: New York
- County: Schenectady
- Country: United States
- Zip Code: 12345 - 0001
- Signed by Representative: ☐ *
- Title of Representative:
- Representative Phone Number: *
- Buttons: OK, Cancel

Form Fields (Bottom State):

- State/Province: New York
- County: Schenectady
- Country: United States
- Zip Code: 12345 - 0001
- Signed by Representative: ☒ *
- Title of Representative:
- Representative Phone Number: 5555555555 *
- Buttons: OK, Cancel

Modal Alert:

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 5: Add Payment Details (6 of 6)

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

The screenshot shows a web interface for managing payment details. At the top, there are 'Close' and 'Add' buttons. Below them is a header bar with a grid icon and the text '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 area is a table with four columns: 'Account Number', 'Account Type', 'Bank Name', and 'Routing Number'. The first row contains the values '****3210', 'Checking', 'Sample Bank', and '1 9'. Below the table, there is a 'Delete' button, a 'View Page' dropdown set to '1', a 'Go' button, a '+ Page Count' button, a 'SaveToCSV' button, and a 'Viewing Page: 1' indicator. On the right side, there are navigation buttons: '<< First', '< Prev', '> Next', and '>> Last'.

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

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

Step 6: 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. 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 rest of the form, including the first question and the 'Save'/'Close' buttons, remains the same.

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

Step 7: Add Business Licenses and Certifications (Optional) (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 box next to the record and select **Delete**.

Application Number: Name: Enrollment Type: Group Practice

To review and validate any missing or pre-populated 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"/>	License		L	California	07/29/1985	

View Page: 1 Viewing Page: 1

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

Step 7: Add Business Licenses and Certifications (Optional) (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 Group Practice Enrollment Type.
- Servicing provider and professional licensure information will be required on Step 10 of this application or modification.

*
☒ 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 7: Add Business Licenses and Certifications (Optional) (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 Link** 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 Group Practice Enrollment Type.
- Servicing provider and professional licensure information will be required on Step 10 of this application or modification.

*

☒ 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 7: Add Business Licenses and Certifications (Optional) (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 7: Add Business Licenses and Certifications (Optional) (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. *Business licenses are not required for groups.*

The screenshot shows the 'License/Certification List' interface. At the top left, there are 'Close' and 'Add' buttons. Below them is a filter section with 'Filter By:' dropdowns and 'Go', 'Clear Filter', 'Save Filter', and 'My Filters' buttons. The main table has columns: License Category, License/Certification Number, License/Certification Type, Issued State, Initial Issue Date, and Expiration Date. The first row is highlighted with a red box and contains the text 'License'. At the bottom, there are 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', 'Viewing Page: 1', and pagination buttons (First, Prev, Next, Last).

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

This screenshot is identical to the previous one, showing the 'License/Certification List' interface. In this view, a red box highlights the 'Close' button at the top left, indicating the action to proceed to the next step.

Step 8: View/Upload Attachments (1 of 2)

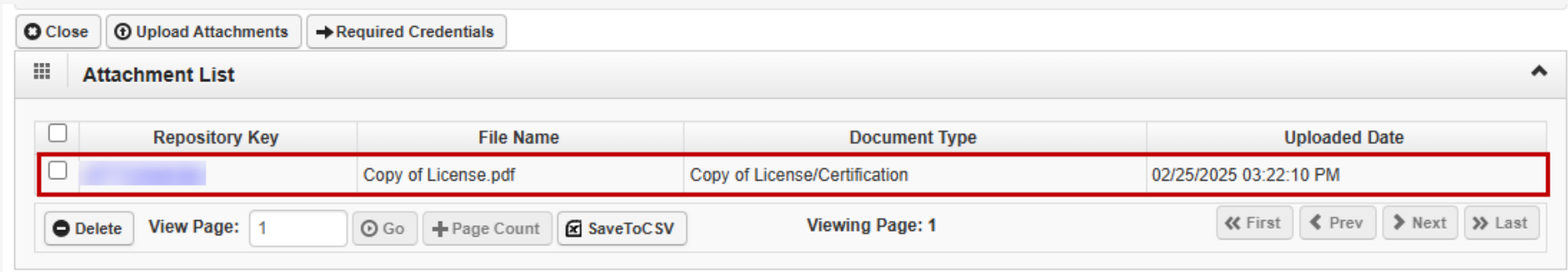
Note: In this step, upload required attachments (via Direct Data Entry or DDE). If attachments are not uploaded at the time of submission, the option to mail or fax required attachments with a provider enrollment cover sheet is available. The application will stay in an "Awaiting Attachments" status 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' (highlighted with a red box), and 'Required Credentials'. Below these is a section titled 'Attachment List'. The main area is labeled 'Attachment' and contains the text 'Please select the file to be uploaded'. It features a 'Document Type' dropdown menu (highlighted with a red box) and a 'File Name' field with a 'Choose File' button (also highlighted with a red box). To the right, an 'Open' file selection dialog is shown, displaying the file explorer interface with a search bar and a list of files. The 'Open' button in the dialog is highlighted with a red box. At the bottom right of the main interface, there are 'Ok' and 'Cancel' buttons, with the 'Ok' button highlighted with a red box.

Step 8: View/Upload Attachments (2 of 2)

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

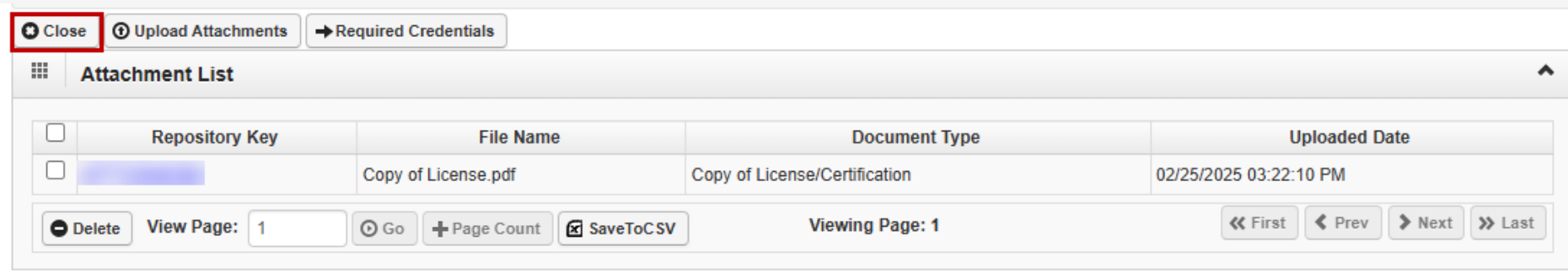


The screenshot shows the 'Attachment List' interface. At the top, there are three buttons: 'Close' (with a plus icon), 'Upload Attachments' (with an upload icon), and 'Required Credentials' (with a right arrow icon). Below these is a header bar with a grid icon and the title 'Attachment List'. The main area contains a table with the following columns: 'Repository Key', 'File Name', 'Document Type', and 'Uploaded Date'. There is one row of data: the 'Repository Key' column contains a checkbox and a blue bar; the 'File Name' column contains 'Copy of License.pdf'; the 'Document Type' column contains 'Copy of License/Certification'; and the 'Uploaded Date' column contains '02/25/2025 03:22:10 PM'. Below the table, there is a row of controls: a 'Delete' button (with a minus icon), 'View Page: 1' (with a text input), 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 of this row are four navigation buttons: '<< First', '< Prev', '> Next', and '>> Last'.

<input type="checkbox"/>	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 rectangle.

<input type="checkbox"/>	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: Close, Upload Attachments, Required Credentials, Delete, View Page: 1, Go, + Page Count, SaveToCSV, Viewing Page: 1, << First, < Prev, > Next, >> Last

Step 9: 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: Name: Enrollment Type: Group Practice

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"/>	Provider Medicare Number	<input type="text"/>	10/01/2023	12/31/2999

View Page: 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 9: Add Identifiers (Optional) (2 of 3)

Drug Enforcement Agency (DEA) Number
NPI
Other Provider ID
Previous Provider ID
Provider Medicare Number
United Mine Workers' of America (UMWA) Number

Add New Identifier

Identifier Type: Drug Enforcement Agency (DEA) N ▼ *

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 9: 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: Name: Enrollment Type: Group Practice

[Close](#) [Add](#) [Delete](#) [Required Credentials](#)

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.

<input type="checkbox"/>	Identifier Type ▲▼	Identifier Value ▲▼	Start Date ▲▼	End Date ▲▼
<input type="checkbox"/>	Provider Medicare Number	<input type="text"/>	10/01/2023	12/31/2999

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

View Page: [Go](#) [+ Page Count](#) [SaveToCSV](#) Viewing Page: 1 [<< First](#) [< Prev](#) [Next >](#) [>> Last](#)

Step 10: 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.

OK Cancel


Step 10: 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

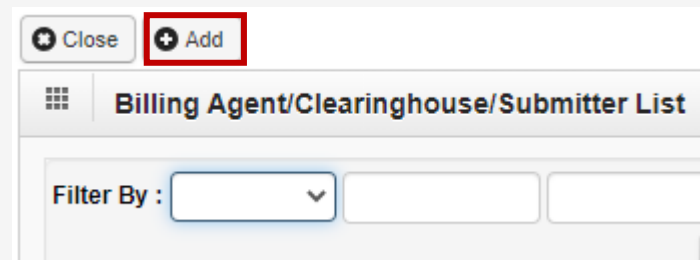
Step 11: Add EDI Submitter Details (1 of 3)

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'. At the top, there are two buttons: 'Close' and '+ Add'. The '+ Add' button is highlighted with a red rectangle. 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 input fields.

Step 11: 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:





 **OK**

 **Cancel**

Step 11: Add EDI Submitter Details (3 of 3)

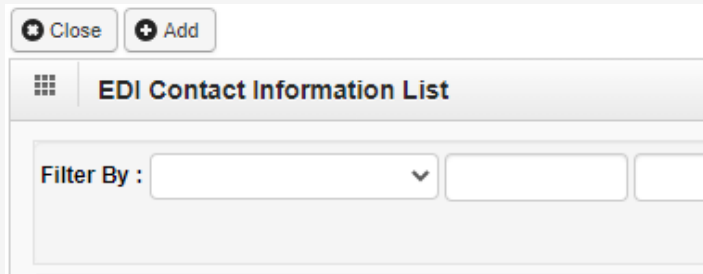
The **Billing Agent/Clearinghouse/Submitter List** page displays the entered OWCP ID information.

The screenshot shows the 'Billing Agent/Clearinghouse/Submitter List' page. At the top left, there are two buttons: 'Close' and 'Add'. The 'Close' button is highlighted with a red box. Below these buttons is a table with the following columns: 'OWCP ID', 'Billing Agent/Clearinghouse', 'Start Date', and 'End Date'. The table contains one row with the following data: 'ABC Billing', '02/23/2020', and '12/31/2999'. Below the table, there are several buttons: 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', 'Viewing Page: 1', 'First', 'Prev', 'Next', and 'Last'.

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

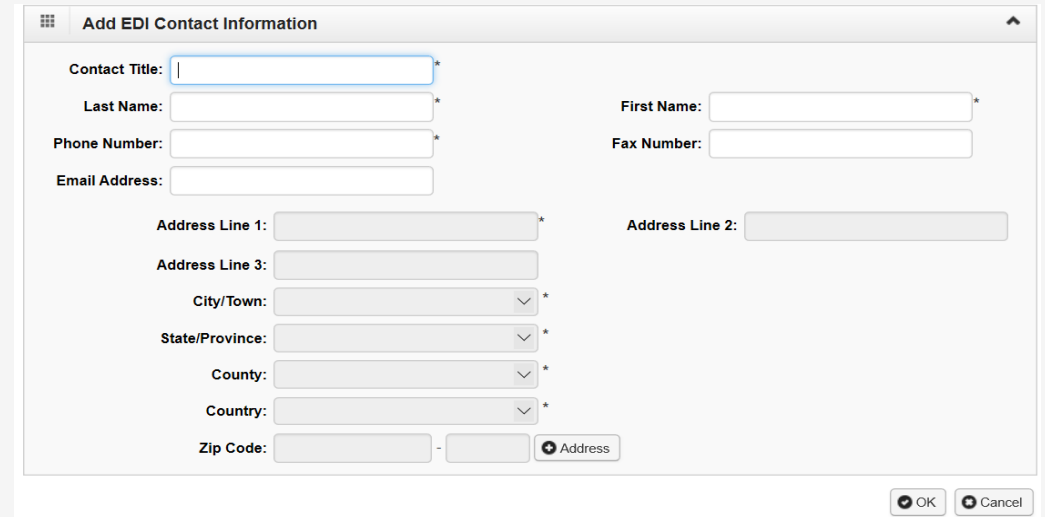
This screenshot is identical to the one above, showing the 'Billing Agent/Clearinghouse/Submitter List' page. The 'Close' button at the top left is highlighted with a red box, indicating the next step in the process.

Step 12: Add EDI Contact Information (1 of 3)



The screenshot shows the 'EDI Contact Information List' page. At the top, there are 'Close' and 'Add' buttons. Below them is a header bar with a grid icon and the title 'EDI Contact Information List'. Under the header, there is a 'Filter By' section with a dropdown menu and two input fields.

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.



The screenshot shows the 'Add EDI Contact Information' window. 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), 'State/Province' (dropdown), 'County' (dropdown), 'Country' (dropdown), and 'Zip Code' (text input). There is a '+ Address' button next to the Zip Code field. At the bottom right, there are 'OK' and 'Cancel' buttons.

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.

Step 12: Add EDI Contact Information (2 of 3)

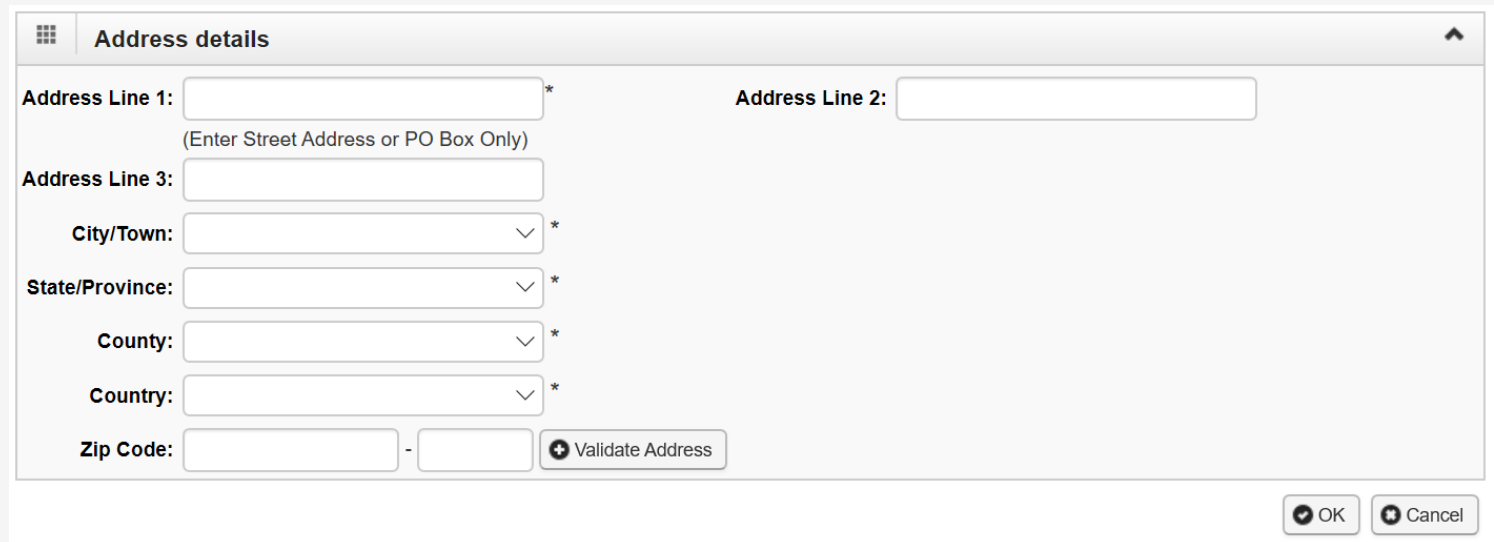
Note: This step is required if FTP Secured Batch or Web Batch was selected in **Step 7: Add EDI Submission Method**.

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 on the left and an up arrow on the right. 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 (-).
- Validate Address:** A button with a plus icon and the text "Validate Address".
- OK:** A button with a checkmark icon and the text "OK".
- Cancel:** A button with an "X" icon and the text "Cancel".

Step 12: 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' (with a minus icon) and 'Add' (with a plus icon). The 'Close' button is highlighted with a red box. Below these buttons is a header bar with a grid icon and the title 'EDI Contact Information List'. Under the header is a 'Filter By' section with three input fields and a 'Go' button. To the right of the filter section are buttons for 'Clear Filter', 'Save Filter', and a 'My Filters' dropdown. Below the filter section is a table with the following columns: 'Contact Title', 'Contact Name', 'Contact Phone Number', 'Contact Email', and 'End Date'. Each column has a small up/down arrow icon. The table has one data row with a checkbox in the first column. The 'End Date' column shows the value '12/31/2999'. At the bottom of the table is a 'Delete' button. Below the table is a pagination section with 'View Page: 1', a 'Go' button, a '+ Page Count' button, a 'SaveToCSV' button, and the text 'Viewing Page: 1'. To the right of the pagination section are navigation buttons: '<< 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 at the top left is highlighted with a red box.

Step 13: Add Ownership Details (Optional) (1 of 2)

This step is optional. If completed, complete the following steps to manually enter the Ownership Details and select **OK**.

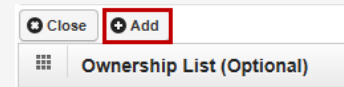
1. Select **Add**.
2. Select the (individual or organization) ownership from the **Ownership Type** drop-down list.
3. Enter the Social Security Number (SSN) or Federal Employer Identification Number (FEIN) in the **SSN/FEIN** field.
4. Enter either the organization name in the **Organization Name** 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.

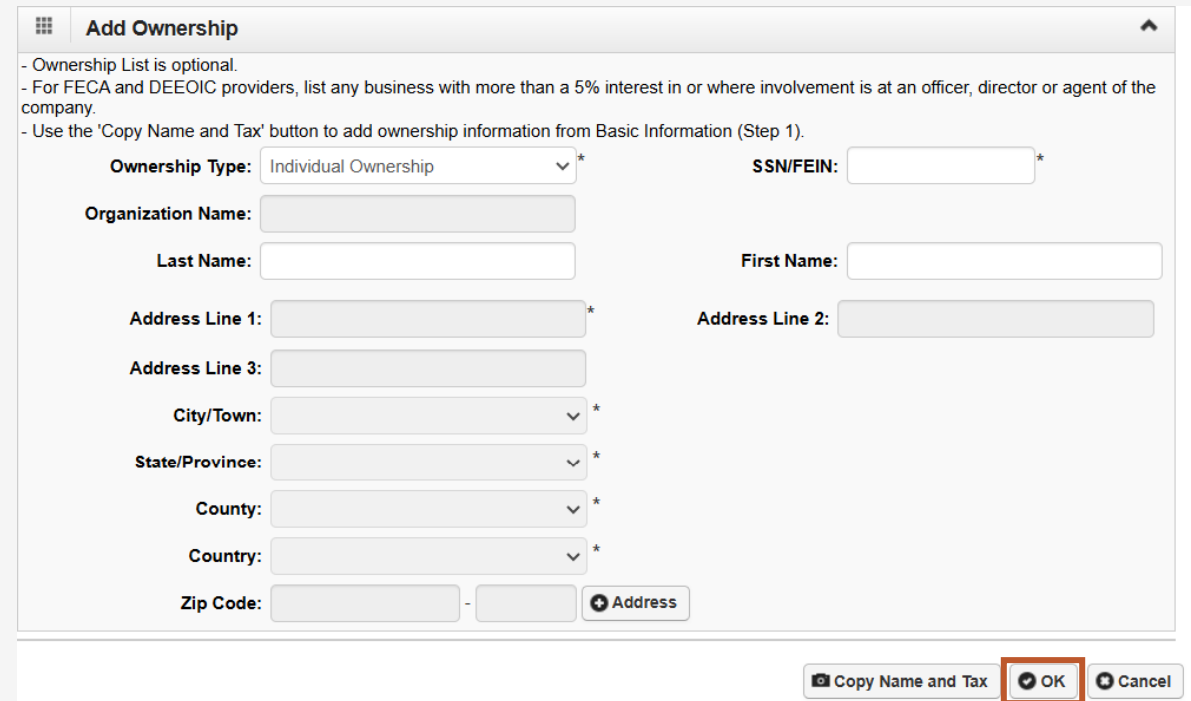
Note: If the address cannot be validated, an alert window opens. Select **OK** to continue or select **Cancel** to revalidate the address.

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 3:
Address Line 2:

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

Zip Code: - **+ Address**

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

Step 13: 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**.

Ownership List (Optional)

Filter By :

<input type="checkbox"/>	Owner ID ▲▼	Owner Name ▲▼	Ownership Type ▲▼
<input type="checkbox"/>		Organization	Organization

View Page:

1

Viewing Page: 1

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

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

Locations List			
<input type="checkbox"/>	Business Name ▲▼	Location Details ▲▼	
<input type="checkbox"/>	Test		
View Page: 1		Viewing Page: 1	
Go + Page Count SaveToCSV		<< First < Prev Next > >> Last	

Step 14: 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.

The screenshot shows a web application window titled "Final Submission". At the top, a message states: "After you submit the enrollment, you cannot make further changes until your enrollment application is approved." Below this is a "Confirm & Sign" section containing several paragraphs of legal text. The text certifies that the undersigned has read the application, agrees to notify the OWCP of changes, and understands the consequences of providing false information. It also states that the undersigned agrees to abide by OWCP regulations. Below the text are input fields for "First Name", "Last Name", and "Title". The "First Name" and "Last Name" fields are currently empty. The "Signature Date" is displayed as "02/25/2025 15:45:28". At the bottom, there is a "Privacy Act Statement" section with detailed text about the collection and use of information. At the very bottom right, there are two buttons: "Close" and "Submit Enrollment". The "Submit Enrollment" button is highlighted with a red border.

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

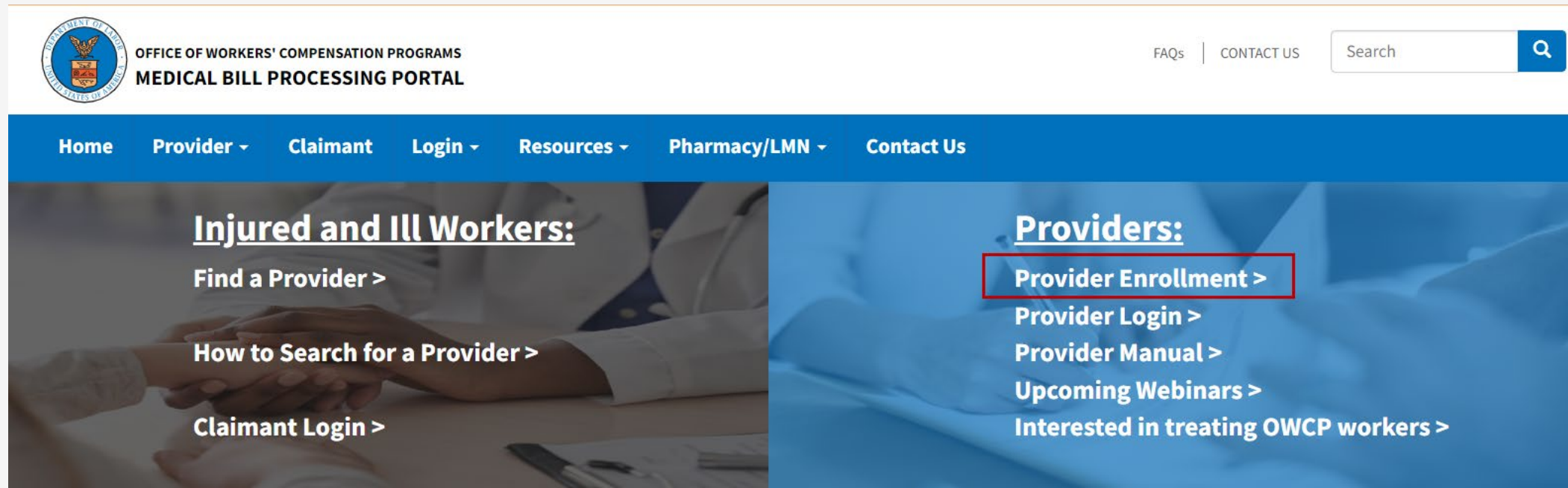
Privacy Act Statement

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.

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 **Application Number** and **SSN** or **FEIN** are not known, select the **Application Number Lookup** hyperlink and proceed to the next slide.
6. To return to the in-progress enrollment application, select **Submit**.




Resume or Track an Enrollment Application

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

 > [Track Application](#)

 Close

 Submit

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.

Application Number: *

SSN/FEIN: *

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.

Profile:

[External Links](#) [Help](#) [Logout](#)

[Track Application](#) > [Application Number Lookup](#)

Close

Submit

Application Number Lookup

National Provider Identifier:

SSN/FEIN:

Zip Code:

Enrollment Applications							
Note: Applications that are not yet approved are displayed below.							
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