

WCMBP System

# How to Complete a Provider Enrollment Application Individual Provider



# Overview

This PowerPoint provides instructions on how to complete an application for an individual provider via the Workers' Compensation Medical Bill Process (WCMBP) Portal.



# Accessing the WCMBP System

Go to the [WCMBP Portal home page \(https://owcpmed.dol.gov\)](https://owcpmed.dol.gov).


Select **Provider Enrollment**.




# Accessing the WCMBP System for New Providers

Providers first need to register with OWCP Connect before starting a new enrollment or accessing the new system.


OWCP Connect is the mechanism by which all users are authenticated.



**New Provider**  
**Enroll Online for Fast Approval**  
[Click here to begin the enrollment process.](#)



**Existing Providers**  
[Click here to submit enrollment update or modification.](#)

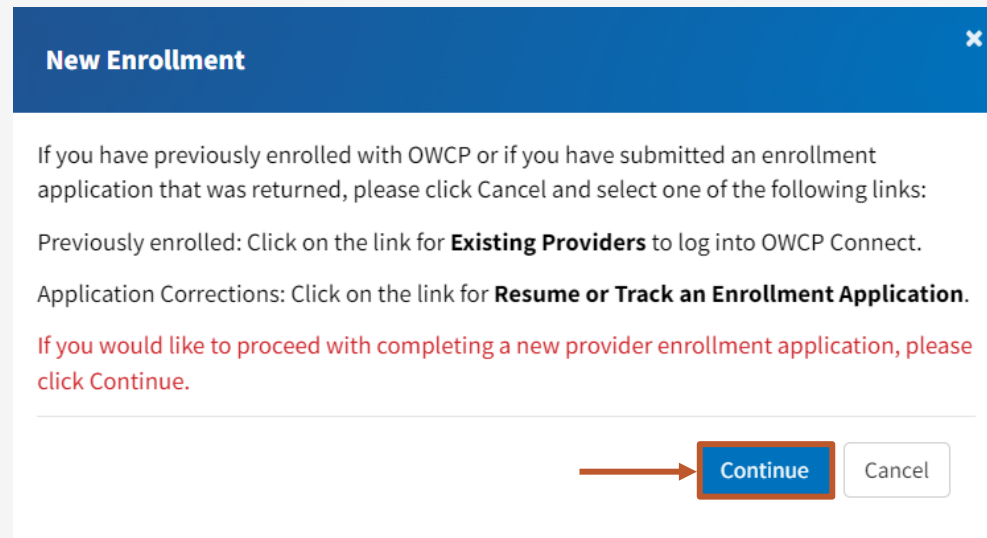


**Resume or Track an Enrollment Application**  
[Click here to resume or track the in-progress enrollment application.](#)

# Accessing the WCMBP System for New Providers, continued

After selecting “Click here to begin the enrollment process link”, a dialogue box confirms that you want to begin a new enrollment.

Select **Continue** to begin a new application.



**New Enrollment** ✕

If you have previously enrolled with OWCP or if you have submitted an enrollment application that was returned, please click Cancel and select one of the following links:

Previously enrolled: Click on the link for **Existing Providers** to log into OWCP Connect.

Application Corrections: Click on the link for **Resume or Track an Enrollment Application**.

If you would like to proceed with completing a new provider enrollment application, please click Continue.

Continue Cancel

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

# Completing an Enrollment Application

1. Select the Enrollment Type.
2. Select **Submit**.

**Note:** Enrollment Type Definitions are provided below. Select the appropriate type for your practice, organization, or business.

The screenshot shows a web interface for selecting an enrollment type. At the top is a tab labeled "Enrollment Type". Below the tab, a message says "Please select the applicable Enrollment Type". There is a list of radio button options: "Individual", "Group Practice", "Billing Agent/Clearinghouse", "Facility/Agency/Organization/Institution", and "Special Considerations". The "Individual" option is selected and highlighted with a red box, with a blue circle containing the number "1" and an arrow pointing to it. Below the list are two buttons: "Close" and "Submit". The "Submit" button is highlighted with a red box, with a blue circle containing the number "2" and an arrow pointing to it. Below the buttons is another tab labeled "Enrollment Type Definition". Under this tab, the text "Individual -" is followed by two bullet points: "Any provider who is eligible to receive a Type I National Provider Identifier (NPI) through the [National Plan and Provider Enumeration System \(NPPES\)](#). Providers e" and "the Social Security Act, 42 U.S.C. 1395x(s).", and "Individuals providing only non-medical services, attendant care, or personal care services, who do not need an NPI."

**Enrollment Type**

Please select the applicable Enrollment Type

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

**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 e
- 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.

# Completing an Enrollment Application

1. Select a Provider Type from drop down menu.
2. Check Program(s) to enroll in.
3. Select the Tax Identifier Type (Federal Employer Identification Number (FEIN) or Social Security Number (SSN)).
4. If FEIN is selected in step 3, enter "Legal Business Name" of Organization, "Doing Business As" Organization Name, and Federal Employer Identification Number (FEIN).  
If SSN was selected in step 3, enter Last Name, First Name, Middle Name (if applicable), and Social Security Number (SSN).

**Note:** The system will validate that the Name/ Tax Identification Number combination matches IRS records.

5. Enter an NPI and an Entity Type based on your W9.
6. Check if you do not want to be on the online searchable provider listing. If checked, please supply a reason.
7. Click "Finish".

The screenshot shows the 'Basic Information' form with the following fields and steps:

- Step 1:** Provider Type:
- Step 2:** Program: ☐ DFEC ☐ DCMWC ☐ DEEOIC ☐ DLHWC
- Step 3:** Tax Identifier Type: ☒ FEIN ☐ SSN
- Step 4:** (Red box highlights the following fields)
  - Organization Name:  (Legal Business Name)
  - Organization Business Name:  (Doing Business As)
  - FEIN:
  - Last Name:
  - Middle Name:
  - First Name:
  - SSN:
- Step 5:** National Provider Identifier:  (NPI)
- Step 6:** Entity Type:   
☐ I do not wish to be included in an online searchable list of OWCP providers.  
Reason:
- Step 7:**

# Completing an Enrollment Application

Write down your application number for your records and click "OK".

The application number will also be emailed to you.

Application Number : 202      Name: Test, Test      Enrollment Type: Individual

**Basic Information**

You have successfully completed the basic information on the Enrollment Application. This is your Application #: 202  
Please make note of this application number. This is the number you will be required to use to track the status of your enrollment application. Do not lose this number once you log off.

Ok

# Completing an Enrollment Application

Complete each step      Start/End Date      Complete vs Incomplete Status

Application Number : 20230615619166      Name: Individual Reg      Enrollment Type: Individual

Close      Required Credentials      **Purge**

Optional vs Required

Enroll Provider -Individual

Business Process Wizard-Provider Enrollment (Individual). Click on the Step # under the Step column

Step	Required	Start Date	End Date	Status	Step Remark
<a href="#">Step 1: Provider Basic Information</a>	Required	06/15/2023	06/15/2023	Complete	
<a href="#">Step 2: Add Location</a>	Required	06/15/2023	06/15/2023	Complete	
<a href="#">Step 3: Add Taxonomies</a>	Required	06/15/2023	06/15/2023	Complete	
<a href="#">Step 4: Add Ownership Details</a>	Optional			Incomplete	
<a href="#">Step 5: Add Professional Licenses and Certifications</a>	Required	06/15/2023		Incomplete	
<a href="#">Step 6: Add Identifiers</a>	Optional			Incomplete	
<a href="#">Step 7: Add EDI Submission Method</a>	Optional			Incomplete	
<a href="#">Step 8: Add EDI Submitter Details</a>	Optional			Incomplete	
<a href="#">Step 9: Add EDI Contact Information</a>	Optional			Incomplete	
<a href="#">Step 10: Add Payment Details</a>	Required			Incomplete	
<a href="#">Step 11: Complete Provider Disclosure</a>	Required			Incomplete	
<a href="#">Step 12: View/Upload Attachments</a>	Optional			Incomplete	
<a href="#">Step 13: Submit Enrollment Application for Review</a>	Required			Incomplete	

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Step 1 is completed. Based on the information provided in step 1, the enrollment steps display.

**Note:** If you selected the incorrect enrollment type or provider type, use the **Purge** button to delete all information and restart the enrollment application.

# Completing an Enrollment Application

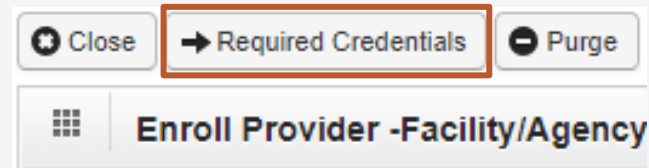
Before completing the next steps, click "Required Credentials."

A separate window will appear and display the credentials that are required for your provider type.

**Note:** Credentials requirements will change as per your provider type.

1. Exit out of this window to move on to the next step, "Add Location."

**Note:** Cancel will not close this page.



Required Credentials For Provider Type			
Provider Type ▲▼	Step ▲▼	Data Element ▲▼	Credentialing Note ▲▼
01-General Hospital	Step 01: Provider Basic Information	NPI	REQUIRED
01-General Hospital	Step 03: Add Taxonomies	TAXONOMIES	REQUIRED
01-General Hospital	Step 05: Add Licenses and Certifications	LICENSE & CERTIFICATION	REQUIRED
01-General Hospital	Step 06: Add Identifiers	Provider Medicare Number	REQUIRED
01-General Hospital	Step 12: View/Upload Attachments	ACH FORM	REQUIRED
01-General Hospital	Step 12: View/Upload Attachments	COPY OF LICENSE/CERTIFICATION	REQUIRED ; IF LICENSE IS NOT REQUIRED BY STATE, ATTACH STATE APPROVAL LETTER
01-General Hospital	Step 12: View/Upload Attachments	PROVIDER ENROLLMENT FORM SIGNATURE PAGE	REQUIRED
View Page: 1   Go   Page Count   SaveToCSV   Viewing Page: 1   << First   < Prev   Next >   Last >>   Cancel			

## Step 2: Add Location

The screenshot shows a web interface for adding a location. At the top, there is a 'Locations List' header with a grid icon and an upward arrow. Below this is a form with several input fields. Step 1 points to the '+ Add' button. Step 2 points to the 'Business Name' input field. Step 3 points to the 'Contact Last Name' input field. Step 4 points to the 'Phone Number' input field. Step 5 points to the 'Next' button. The form also includes 'Contact First Name', 'Fax Number', and 'Email Address' input fields. Asterisks (\*) indicate required fields.

1. Select the "Add".

2. Enter Location Business Name.

3. Enter Contact Person First and Last Name.

4. Enter Contact Person Phone Number. (Do not add dashes or spaces)

5. Click "Next."

1. Select the "Add".
2. Enter Location Business Name.
3. Enter Contact Person First and Last Name.
4. Enter Contact Person Phone Number. (Do not add dashes or spaces)
5. Click "Next."


**Note:** Email Address and Fax Number entries are optional

# Step 2: Add Location

1. You must add your physical address, click "+Address."

Type of Address:  ▾

Address Input Option: ☒ Manually Input

End Date:  

Address Line 1: \* Address Line 2:

Address Line 3:

City/Town: \*

State/Province: \* County: \*

Country: \* Zip Code:  -  + Address ← 1

# Step 2: Add Physical Location

The screenshot shows a web form for adding a physical location. It includes fields for Address Line 1 (with a placeholder '(Enter Street Address or PO Box Only)'), Address Line 2, Address Line 3, City/Town, State/Province, County, and Country, all marked with an asterisk. There is also a Zip Code field with a hyphen separator. A 'Validate Address' button is located next to the Zip Code field. At the bottom right are 'OK' and 'Cancel' buttons. Numbered callouts indicate: 1. Address Line 1 field; 2. Zip Code field; 3. 'Validate Address' button; 4. 'OK' button.

1. Enter the Physical Address Street Number and Street Name.
2. Enter the Zip Code.
3. Click "Validate Address" . (Complete address will auto populate after validation)

## Possible Validation Results

- Address not found with Street Address and Zip Code Combination
- Address validation successful

4. Click "OK".
5. When you return to the Location Address page, select the "Next" button.

The screenshot shows a 'Location Address' page. It displays a list of addresses, with one entry partially visible: 'ontgomery' and '0850 - 3224'. Below the list is an 'Address' button with a plus icon. At the bottom right are 'Next' and 'Cancel' buttons. A numbered callout 5 points to the 'Next' button.

## Step 2: Add Mailing Location

The screenshot shows a web form for adding a mailing location. At the top, 'Type of Address' is set to 'Mailing'. Below it, 'Address Input Option' has two radio buttons: 'Manually Input' (selected) and 'Same as Physical Address' (highlighted with a red box and callout 1). The 'End Date' is set to '12/31/2999'. The form includes several text input fields: 'Address Line 1', 'Address Line 2', 'Address Line 3', 'City/Town', 'State/Province', 'Country', 'County', and 'Zip Code'. A '+ Address' button is highlighted with a red box and callout 2. At the bottom right, an 'OK' button is highlighted with a red box and callout 3, next to a 'Cancel' button.

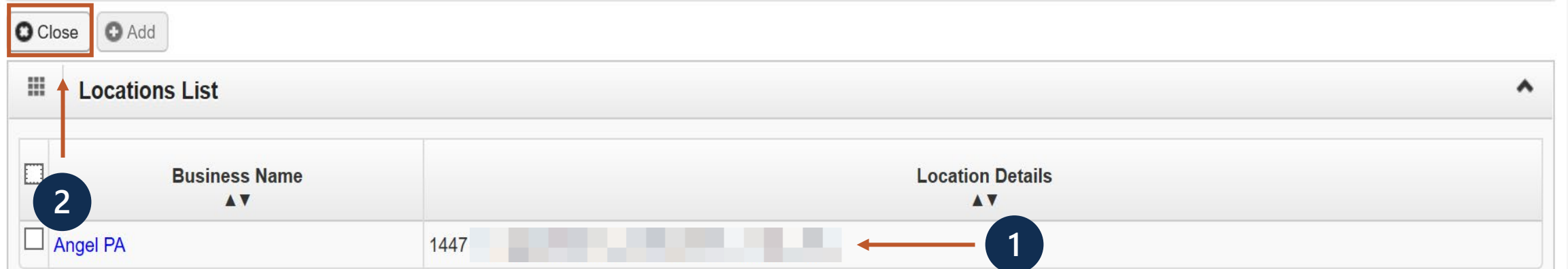
1. If mailing address is the same as the physical address, check the bubble that states "Same as Physical Address".

OR

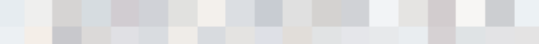
2. Click "+Address" to Enter Mailing Address Street Number and Street Name if the address is different.

3. Click "OK."

## Step 2: Add Mailing Location



The screenshot shows a web interface for managing locations. At the top, there are two buttons: 'Close' (with a red box around it) and 'Add' (with a red arrow pointing to it). Below these buttons is a section titled 'Locations List'. Inside this section is a table with two columns: 'Business Name' and 'Location Details'. The 'Business Name' column has a dropdown arrow and contains the text 'Angel PA'. The 'Location Details' column has a dropdown arrow and contains the number '1447' followed by a row of colored squares. A red circle with the number '2' is next to the 'Close' button, and a red circle with the number '1' is next to the 'Add' button.

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

1. The system displays the Location List, which confirms your address information entered.
2. Click "Close" to move on to the next step, Add Taxonomies.

# Step 3: Add Taxonomies

1. Click "Add."
2. Use the dropdown menu to view your existing Taxonomy Code Type.
3. Select Specialty type.
4. Available Taxonomy codes will populate. Highlight the codes that are applicable to your organization. Move applicable codes to Associated Taxonomy Codes.
5. Click "OK."
6. Click "Close" to move on to the next step, "Add Ownership Details."

The screenshot shows a software interface for adding taxonomies. It consists of three main sections: a top bar with 'Close' and 'Add' buttons, a 'Select Taxonomy Code Type/Specialty' section with dropdowns for 'Taxonomy Code Type' and 'Specialty', and an 'Add Taxonomy Code' section with two lists: 'Available Taxonomy Codes' and 'Associated Taxonomy Codes \*'. Arrows and numbered circles (1-6) indicate the sequence of steps: 1 points to the 'Add' button, 2 points to the 'Taxonomy Code Type' dropdown, 3 points to the 'Specialty' dropdown, 4 points to the 'Available Taxonomy Codes' list, 5 points to the 'OK' button, and 6 points to the 'Close' button.

**Note:** Taxonomy codes refer to the Healthcare Provider Taxonomy Code Set, which categorize the type, classification, and/or specialization of health care providers.

# Step 4: Add Ownership Details

Ownership Details list any business with more than a 5% interest in or where involvement is at an officer, director or agent of the company.

This step optional. If completed, you must complete required fields and click OK.

1. Select the Disclosure Type (Individual or Organization) Ownership.
2. Enter SSN or FEIN.
3. Enter Organization Name or First/Last Name.
4. Click "+Address" to enter Street Number, Street Name and Zip Code.
5. Click "OK."

**Note:** If the ownership information is the same name, FEIN and address as previously entered, click "Copy Name and Tax." The information will auto populate.

The screenshot shows the 'Add Ownership' form with the following fields and steps:

- Step 1:** Disclosure Type: Individual Ownership (dropdown menu)
- Step 2:** SSN/FEIN: (text input field)
- Step 3:** Organization Name: (text input field) and Last Name: (text input field)
- Step 4:** Address fields (Address Line 1, Address Line 2, Address Line 3, City/Town, State/Province, County, Country, Zip Code) and the '+Address' button
- Step 5:** OK button (highlighted with a red box)

At the bottom right, there are three buttons: 'Copy Name and Tax', 'OK', and 'Cancel'. The 'OK' button is highlighted with a red box.

## Step 4: Add Ownership Details

2 →

Close Add

### Ownership List

Filter By :    Go Clear Filter Save Filter My Filters

	Owner ID ▲▼	Owner Name ▲▼	Ownership Type ▲▼
<input type="checkbox"/>	654-98-6120	Test, Test	Individual

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

1 ←

1. The system displays the Ownership List, which was entered.
2. Click "Close" to move on to the next step, "Add Professional License or Certification."

# Step 5: Add Professional License or Certification

1. Select **Add** to enter License or Certification information.
2. Indicate if this is a required certification or required license, or if this specifies that a certification or license is not required.
3. In the Name field, enter the recipient's name.
4. In the **License/Certification Type** field, enter the license or certification type.
5. In the **License/Certification #** field, enter the license or certificate number.

The screenshot shows a web interface for adding professional license or certification information. At the top, there are 'Close' and 'Add' buttons. Below them is a 'License/Certification List' section. The main form is titled 'Add Professional License/Certification' and contains the following fields and instructions:

- Instructions:**
  - 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.
- License/Certification Type:** A radio button selection with three options: ☒ C-Certification, ☐ L-License, and ☐ N-License or Certification not required. A blue circle with the number 2 points to this section.
- Name:** A text input field with an asterisk. A blue circle with the number 3 points to this field.
- License/Certification Type:** A dropdown menu with an asterisk. A blue circle with the number 4 points to this field.
- Initial Issue Date:** A date input field with a calendar icon and an asterisk.
- Issued State:** A dropdown menu with an asterisk.
- Licence/Certification #:** A text input field with an asterisk. A blue circle with the number 5 points to this field.
- Expiration Date:** A date input field with a calendar icon and an asterisk.
- Issuer Agency:** A text input field with an asterisk.
- Web Link:** A text input field with an asterisk.

At the bottom right, there are 'OK' and 'Cancel' buttons.

# Step 5: Add Professional License or Certification

6. In the **Initial Issue Date** and the **Expiration Date** fields, enter or select the initial issue date and expiration date.
7. Within the **Issued State** drop-down list, select the state where the license or certification was issued. (**Must match the state of physical address**)
8. In the **Issuer Agency** field, enter the issuing agency.
9. In the **Web Link** field, enter the web link to the issuing agency.
10. Select **OK**.

**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

Name: \*

License/Certification Type: \*

Initial Issue Date: \* ← 6 → Expiration Date: \*

Issued State: \* ← 7 → Issuer Agency: \* ← 8

Web Link: \* ← 9

10 → OK Cancel

# Step 5: Add Professional License or Certification

1. The system displays the License/Certification List, which confirms your license/certification information entered.
2. Click "Close" to move on to the next step "Add Identifiers", which is optional.

2 →

**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				03/01/2020	03/06/2020

View Page: 1    Viewing Page: 1

# Step 6: Add Identifiers (Optional)

The screenshot shows a software interface for adding provider identifiers. At the top, there are buttons for 'Close', 'Add', and 'Required Credentials'. Below these is a section titled 'Provider Identifiers'. The main form is titled 'Add New Identifier'. It contains the following fields and controls:

- Identifier Type:** A drop-down menu currently showing 'Drug Enforcement Agency (DEA) N'. An arrow points to this field from step 2.
- Identifier Value:** A text input field with an asterisk. An arrow points to this field from step 3.
- Start Date:** A date input field with a calendar icon and an asterisk. An arrow points to this field from step 4.
- End Date:** A date input field with a calendar icon and an asterisk. An arrow points to this field from step 4.
- Buttons:** 'OK' and 'Cancel' buttons at the bottom right. An arrow points to the 'OK' button from step 5.

A callout box for the 'Identifier Type' menu shows the following options: Drug Enforcement Agency (DEA) Number, NPI, Other Provider ID, Previous Provider ID, Provider Medicare Number, and United Mine Workers' of America (UMWA) Number.

1. Click "Add."
2. Select the identifier type from the "Identifier Type" drop-down menu.
3. Enter the identifier value in the "Identifier Value" field.
4. Enter or select the start and end dates in the "Start Date" and "End Date" fields.
5. Select "Ok."

**Note:** This step is optional because all provider types do not require Identifiers. Identifiers are typically issued by external entities that uniquely identify the provider. Please refer to the "Required Credentials" button to check if your provider type requires an identifier

# Step 6: Add Identifiers

1. The system displays the Provider Identifiers list, which confirms your identifiers entered.
2. Click "Close" to move on to the next step, "Add EDI Submission Method."

2 →

**Provider Identifiers**

Filter By :

<input type="checkbox"/>	Identifier Type ▲▼	Identifier Value ▲▼	Start Date ▲▼	End Date ▲▼
<input type="checkbox"/>	NPI	1831277425	03/07/2020	03/07/2020

1 →  View Page:     Viewing Page: 1

# Step 7: Add EDI Submission Method (Optional)

Electronic Data Interchange (EDI) is the computer-to-computer exchange of business documents in a standard electronic format between business partners.

1. Select your "Mode of Submission."
2. Click "Ok."

**Note:** If the Mode of Submission is Billing Agent/Clearinghouse, you must provide the billing agent/clearinghouse OWCP ID in Step 8.

**EDI Submission Details**

**Mode of Submission:** ☒ Billing Agent/Clearinghouse ☐ Web Interactive ☐ FTP Secured Batch ☐ Web Batch ☐ None

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
None	For submission through paper form ONLY.

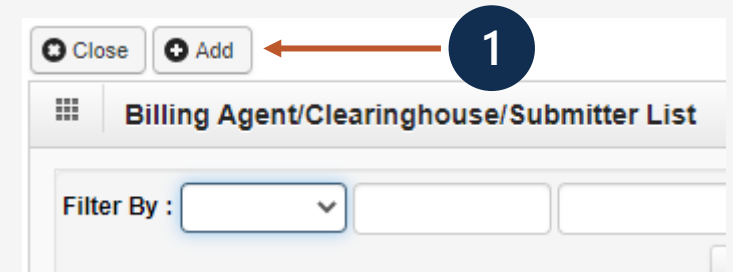
- Web Batch method is often used by providers who submit their own HIPAA batch transactions. It allows a maximum file size of 50 MB.  
- Your EDI submission method is FTP Secured Batch if you submit and retrieve batches at a secure web folder assigned to you by OWCP. This method was designed with clearinghouses and billing agents in mind. It allows a maximum file size of 100 MB.  
- Don't select "None" if other submission method is selected. You can always submit paper form in addition to EDI Submission.

OK Cancel

# Step 8: Add EDI Submitter Details (Optional)

**Note:** Step 8 is required if the EDI Submission Method is Billing Agent/Clearinghouse in Step 7.

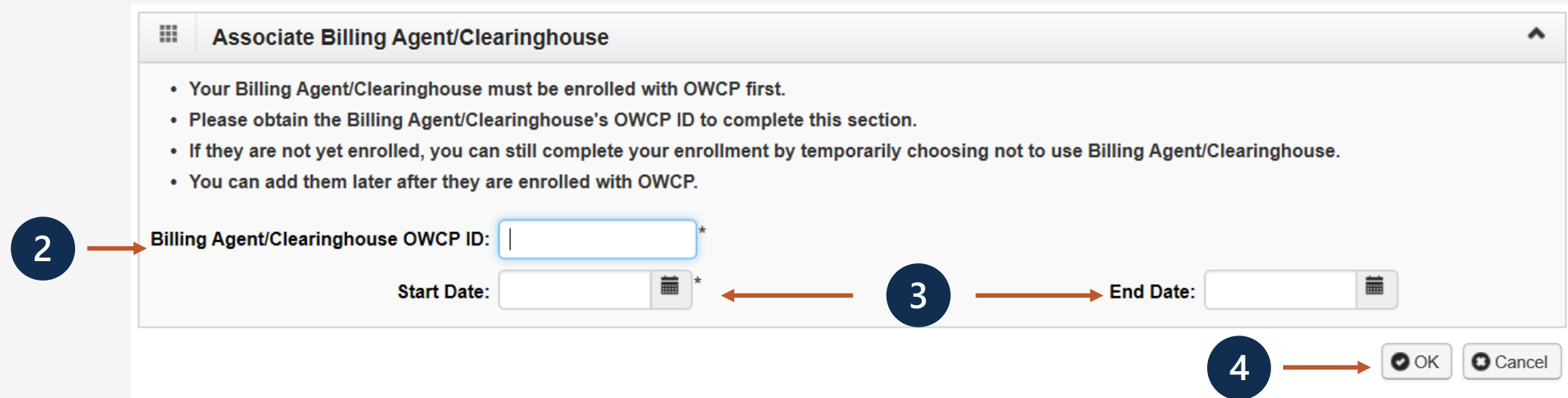
1. Select the "Add" button on the Billing Agent/Clearinghouse/Submitter List page.
2. Enter the "Billing Agent/Clearinghouse OWCP ID."
3. Enter the date(s).
4. Click "OK."



Close Add

Billing Agent/Clearinghouse/Submitter List


Filter By :




**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 they are not yet enrolled, you can still complete your enrollment by temporarily choosing not to use Billing Agent/Clearinghouse.
- You can add them later after they are enrolled with OWCP.

Billing Agent/Clearinghouse OWCP ID:  \*

Start Date:   \*

End Date:  

OK Cancel

# Step 8: Add EDI Submitter Details (Optional)

1. The system displays the Billing Agent/Clearinghouse, which confirms their OWCP ID was entered.
2. Click "Close" to move on to the next step, "Add EDI Contact Information."

2 →

**Billing Agent/Clearinghouse/Submitter List**

Filter By :

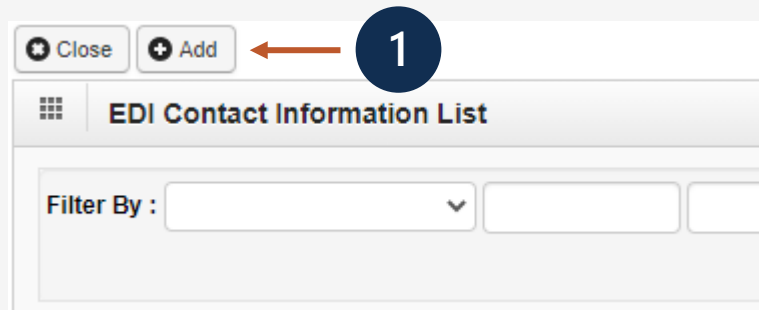
<input type="checkbox"/>	OWCP ID ▲▼	Billing Agent/Clearinghouse ▲▼	Start Date ▲▼	End Date ▲▼
<input type="checkbox"/>	700031100	ABC Billing	02/23/2020	12/31/2999

View Page:

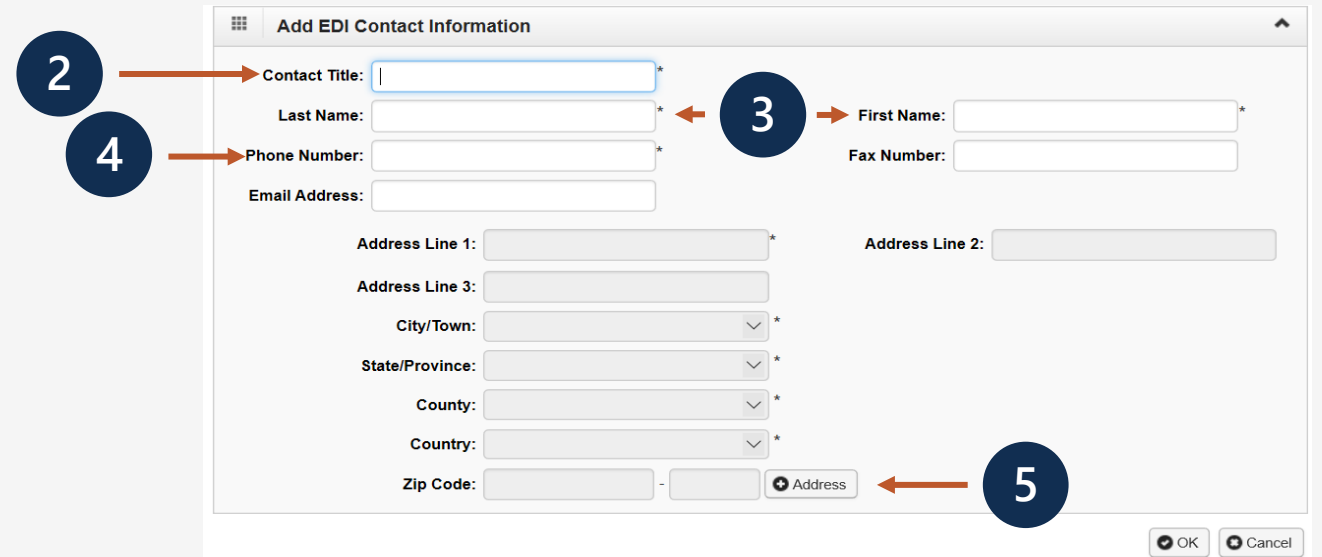
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# Step 9: Add EDI Contact Information (Optional)

**Note:** EDI Contact Information will need to be on file if we need to ask the Billing Agent/Clearinghouse any questions pertaining to their EDI enrollment and/or future submissions and retrievals.



The screenshot shows the 'EDI Contact Information List' page. At the top, there are 'Close' and 'Add' buttons. A red arrow points from a blue circle containing the number '1' to the 'Add' button. Below the buttons is a 'Filter By' section with a dropdown menu and two input fields.



The screenshot shows the 'Add EDI Contact Information' form. It contains several input fields and dropdown menus. Numbered steps are indicated by red arrows and blue circles:

- Step 2: Points to the 'Contact Title' field.
- Step 3: Points to the 'First Name' field.
- Step 4: Points to the 'Phone Number' field.
- Step 5: Points to the '+ Address' button.

Other fields include 'Last Name', 'Fax Number', 'Email Address', 'Address Line 1', 'Address Line 2', 'Address Line 3', 'City/Town', 'State/Province', 'County', 'Country', and 'Zip Code'. The form has 'OK' and 'Cancel' buttons at the bottom right.

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

1. Select the "Add" button on the EDI Contact Information List page.
2. Enter the Title of the contact person to answer EDI questions if needed.
3. Enter contact person's First and Last Name.
4. Enter 10-digit phone number.
5. Click "+Address."

# Step 9: Add EDI Contact Information (Optional)

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

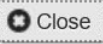

1. Enter Street Number and Name in Address Line 1.
2. Enter Zip Code.
3. Click "Validate Address."
4. Click "Ok."



The screenshot shows a web form titled "Address details" with the following fields and controls:





- Address Line 1:** A text input field with an asterisk (\*). An orange arrow labeled "1" points to this field.
- 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 (\*).
- State/Province:** A dropdown menu with a downward arrow and an asterisk (\*).
- County:** A dropdown menu with a downward arrow and an asterisk (\*).
- Country:** A dropdown menu with a downward arrow and an asterisk (\*).
- Zip Code:** Two text input fields separated by a hyphen (-). An orange arrow labeled "2" points to the first input field.
- Validate Address:** A button with a plus icon and the text "Validate Address". An orange arrow labeled "3" points to this button.
- OK/Cancel:** Two buttons at the bottom right. An orange arrow labeled "4" points to the "OK" button.

Below the "Address Line 1" field, there is a small text instruction: "(Enter Street Address or PO Box Only)".





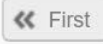



# Step 9: Add EDI Contact Information (Optional)

2  

 **EDI Contact Information List** 

Filter By :       

<input type="checkbox"/>	Contact Title ▲▼	Contact Name ▲▼	Contact Phone Number ▲▼	Contact Email ▲▼	End Date ▲▼
<input type="checkbox"/>					12/31/2999

 View Page:     Viewing Page: 1    

1. The system displays the EDI Contact Information List, which confirms contact information entered.
2. Click Close to move on to the next step, "Add Payment Details."

# Step 10: Add Payment Details

**1**

**Note:** Electronic Funds Transfer (EFT) is mandatory. Payment Details must be entered to receive payment from OWCP. The ACH form must be signed, uploaded, faxed or mailed. If faxed or mailed, the enrollment cover sheet is needed. The ACH form can be found on the WCMBP Portal Forms and References page: <https://owcpmed.dol.gov/portal/resources/forms-and-references/general>.

**Payment Details**

Payment Method: Electronic Funds Transfer(Direct Deposit)

**Financial Institution Information**

Financial Institution Name:  **2**

ACH Coordinator Name:

Depositor Account Number:  **4**

Type of Account:  **5**

Nine-Digit Routing Transit Number:  **3**

Phone Number:

Depositor Account Title:  **6**

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

Address Line 2

Address Line 3

City/Town

State/Province

County

Country

Zip Code

Signed by Representative: ☐

The ACH form has to be signed by a Financial Institution Representative.  
Please upload the copy of the signed form in "View/Upload Attachments" step or mail it in to complete your enrollment.

Title of Representative:

Representative Phone Number:

1. Click "Add."
2. Enter the name of the financial institution.
3. Enter the institution's routing number.
4. Your depositor account number.
5. Select the "Type of Account" from the drop down (Checking or Saving).
6. Enter the "Depositor Account Title" (The name that is printed on your checks).

# Step 10: Add Payment Details

The screenshot shows a web form titled "Payment Details" with a sub-section "Financial Institution Information". The form includes fields for Financial Institution Name, ACH Coordinator Name, Depositor Account Number, Type of Account (set to "Checking"), Nine-Digit Routing Transit Number, Phone Number, Depositor Account Title, Address Line 1, Address Line 2, Address Line 3, City/Town, County, State/Province, Country, Zip Code, and Representative Phone Number. There is also a "Signed by Representative" checkbox and a "Title of Representative" field. A note states: "The ACH form has to be signed by a Financial Institution Representative. Please upload the copy of the signed form in 'View/Upload Attachments' step or mail it in to complete your enrollment." At the bottom are "OK" and "Cancel" buttons. Numbered callouts point to specific elements: 7 points to the "Address" button next to the Zip Code field; 8 points to the "Signed by Representative" checkbox; 9 points to the "Title of Representative" field; 10 points to the "Representative Phone Number" field; and 11 points to the "OK" button.

7. Click "Address" to add the Financial Institution address. The address details dialog will display.
8. Once address is added, select the "Signed by Representative" check box to indicate that the ACH form has been signed by a representative of the financial institution.
9. Enter the title of the financial institution's representative in the "Title of Representative" field.
10. Enter the representative's phone number in the "Representative Phone Number" field.
11. Click "OK."

# Step 10: Add Payment Details

2 →

1 →

EDI Contact Information List

Filter By :

<input type="checkbox"/>	Contact Title ▲▼	Contact Name ▲▼	Contact Phone Number ▲▼	Contact Email ▲▼	End Date ▲▼
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	12/31/2999

**View Page:**

**Viewing Page: 1**

1. The system displays the Payment Details List, which confirms payment information was entered.
2. Click Close to move on to the next step 11, "Complete Provider Disclosure."

# Step: 11 Complete Provider Disclosure

1. Answer the two disclosure questions:

**Note:** Provider Disclosure page asks questions of the provider to confirm additional background information. If you answer "Yes" to the first Disclosure question, please provide details under comments section including type of action, agency undertaking adverse action and date of action.

If you are a **FECA** provider enrolling in Provider "75" Durable Medical Equipment (DME) and answer "Yes" to question 2, provide the phone number that you used in your Medicare DMEPOS enrollment.

2. Click "Save" and then click "Close" to move on to the next step, "View/Upload Attachments."

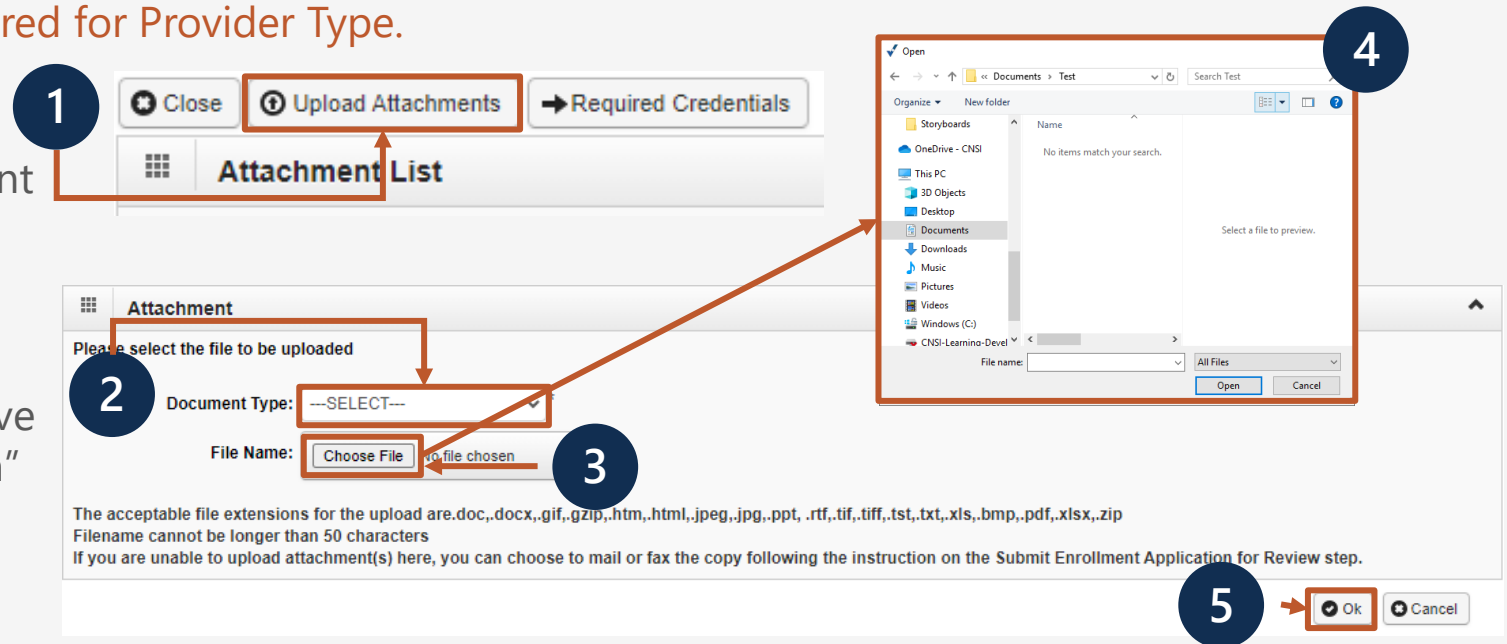
The screenshot shows the 'Provider Disclosure' form. At the top left, there are 'Close' and 'Save' buttons. A red circle with the number '2' and an arrow points to these buttons. The main form area has a title bar 'Provider Disclosure' and a sub-header 'If you answer Yes to the first Disclosure question, provide details including type of action, Agency undertaking adverse action and date of action.' Below this is a table with three columns: 'Question', 'Answer', and 'Comments'. The first row contains a question about fraud or abuse. The 'Answer' column has a dropdown menu with options 'No', 'Not Completed', and 'Yes'. A red circle with the number '1' and an arrow points to the 'Not Completed' option. The 'Comments' column has a text area. The second row contains a question about Medicare enrollment for FECA providers. The 'Answer' column has a dropdown menu with options 'No', 'Not Completed', and 'Yes'. The 'Comments' column has a text area. At the bottom of the form, there is a 'View Page: 1' section with 'Go', 'Page Count', and 'SaveToCSV' buttons. To the right of this is a 'Viewing Page: 1' section with navigation buttons: '<< First', '< Prev', '> Next', and '>> Last'.

Question	Answer	Comments
Within ten years of the date of this statement have you or any individual listed on this application had an action related to fraud or abuse in a government program taken against him or her resulting in (1) a felony or misdemeanor conviction; (2) a liability finding in civil proceedings; or (3) a settlement entered into in lieu of conviction?	Not Completed	
(Required for FECA providers) For Provider Type "Medical Supplies/Durable Medical Equipment (DME) / Prosthetics / Orthotics" (75) only: Are you an accredited DMEPOS supplier enrolled with Medicare? If Yes; provide the phone number that you used in your Medicare DMEPOS enrollment.	No Not Completed Yes	

# Step 12: View/Upload Attachments (Optional)

**Note:** In this Step, you are able to upload required attachments and submit this application electronically (via Direct Data Entry or DDE). If attachments are not uploaded at the time of submission, you have the option to mail or fax required attachments with a provider enrollment sheet. The application will stay in an "Awaiting Attachments Status" for 9 days. If the attachments and cover sheet are not received within this timeframe, your application will be Returned to Provider (RTPed). **Please select Required Credentials to check what attachments are required for Provider Type.**

1. Click "Upload Attachments".
2. Select the document type from the Document Type drop-down menu.
3. Click the "Choose File" button. (The system displays the Open window.)
4. Locate and select the file from your local drive that you need to upload and click the "Open" button. (The system updates the File Name field.)
5. Click "OK."



# Step 12: View/Upload Attachments (Optional)

1. The system displays the Attachment List, which confirms an attachment uploaded.
2. Click Close to move on to the next step 13, "Submit Enrollment Application for Review."

The screenshot shows a web interface for managing attachments. At the top, there are three buttons: 'Close' (with a close icon), 'Upload Attachments' (with an upload icon), and 'Required Credentials' (with a right arrow icon). Below these is a section titled 'Attachment List' with a grid icon on the left and an upward arrow on the right. The list contains one row with the following data:

<input type="checkbox"/>	Repository Key	File Name	Document Type	Uploaded Date
<input type="checkbox"/>		Provider Enrollment Application.pdf	ACH Form	03/08/2020 12:50:43 AM

Below the table, there is a row of controls: a 'Delete' button (with a minus icon), a 'View Page: 1' input field, a 'Go' button (with a magnifying glass icon), a '+ Page Count' button, and a 'SaveToCSV' button (with a download icon). To the right of these is the text 'Viewing Page: 1' and a set of navigation buttons: '<< First', '< Prev', '> Next', and '>> Last'. Two callouts are present: a blue circle with the number '1' and an arrow pointing to the checkbox in the first column of the table, and a blue circle with the number '2' and an arrow pointing to the 'Close' button at the top left.

# Step 13: Submit Enrollment Application for Review

1. Select **this link** to print the Signature Page (Page 8) to sign and date it.

**Note:** To upload the signature page, select **Close** and return to Step 12 to upload the attachment. The signature page can also be faxed or mailed in with cover sheet.

2. Select **this link** to obtain and print the cover sheet.
3. Select **Submit Enrollment**.

The screenshot shows a web interface for a 'Final Submission'. At the top, there are two buttons: 'Close' and 'Submit Enrollment'. A red box highlights the 'Submit Enrollment' button, with a red arrow pointing to it from a blue circle containing the number '3'. Below the buttons is a section titled 'Final Submission' with a sub-header 'Instructions for submitting signature and supporting documentation:'. This section contains a list of five numbered instructions. A red arrow points from a blue circle containing the number '1' to the first instruction, which contains a blue hyperlink 'this link'. Another red arrow points from a blue circle containing the number '2' to the second instruction, which contains a blue hyperlink 'this link'. Below the instructions is a section titled 'Provider Enrollment:' followed by contact information for the Department of Labor - OWCP.

Close Submit Enrollment

**Final Submission**

Instructions for submitting signature and supporting documentation:

1. Click [this link](#) to download and print the signature page, which is page 8 of OWCP-1168. Additional pages from the pdf OWCP-1168 are not required to complete this
2. Review the Terms on the Signature page, sign and date. Wet signature only. No stamps or electronic signatures are acceptable.
3. Upload the signature page and other supporting documents.
4. You can also click [this link](#) to open the cover sheet and signature page, enter the Application Number and print. Then mail or fax the cover sheet, signature page, and below.
5. After you submit the enrollment, you cannot make further changes until your enrollment application is approved.

**Provider Enrollment:**

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

# Submitting an Enrollment Application

Once the enrollment application is completed, the provider can submit:

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

**Via Fax** 888.444.5335

**Via DDE** [owcpmed.dol.gov](http://owcpmed.dol.gov)

**Note:** If all steps are completed and attachments are uploaded via DDE, allow 7 business days for processing.

- If application is submitted with an “awaiting attachments” status, you have 9 days to fax or mail the attachments.
- If attachments are received within that timeframe, allow 7 business days for processing from the date on which the attachments were received.
- If attachments are not received in 9 days when application is submitted via DDE, the application will be RTPed.
- Faxed and/or Mailed applications will be RTPed if incomplete and/or have missing attachments.
- Allow 7 business days for processing from date of receipt for faxed and/or mailed applications.