

Workers' Compensation Medical Bill Processing System

# How to Complete a Provider Enrollment Application Facility Provider



# Overview

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

Enrollment as a facility is defined as follows:

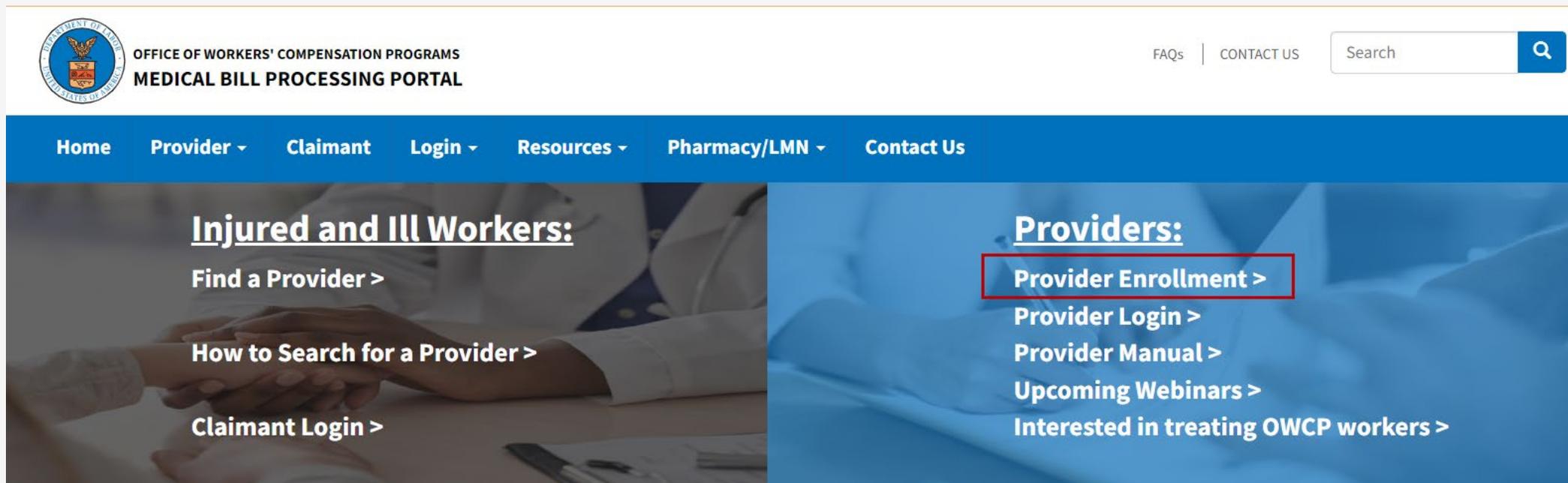
- An Inpatient or Outpatient Hospital, a Skilled Nursing Facility, an Intermediate Care Facility, a Clinic (RHC, FQHC, Hospital-Based Clinic, Urgent Care), a Psychiatric Facility, a Mental Institution, a Durable Medical Equipment Supplier, a Free Standing Ambulatory Surgical Center, a Long Term Care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



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

1. Go to the [WCMBP Portal Homepage \(https://owcpmed.dol.gov\)](https://owcpmed.dol.gov).
2. Select **Provider Enrollment**.

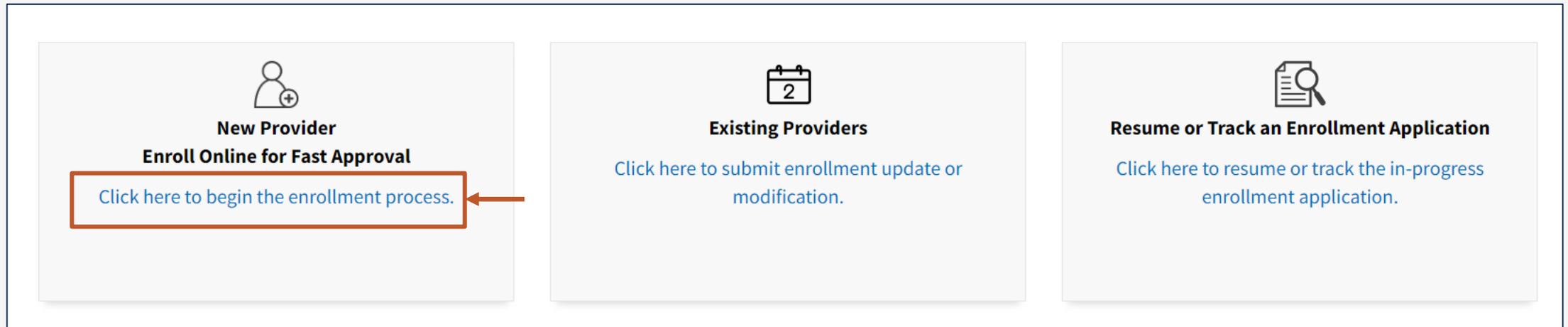
**Note:** If the Account Registration process has been completed, select [here](#) to continue to step 8 of the **OWCP Connect Account Registration** section of this tutorial.



The screenshot displays the homepage of the Office of Workers' Compensation Programs Medical Bill Processing Portal. The header includes the department logo, the text "OFFICE OF WORKERS' COMPENSATION PROGRAMS MEDICAL BILL PROCESSING PORTAL", and navigation links for "FAQs" and "CONTACT US". A search bar is located in the top right corner. Below the header is a blue navigation bar with links for "Home", "Provider", "Claimant", "Login", "Resources", "Pharmacy/LMN", and "Contact Us". The main content area is split into two columns. The left column, titled "Injured and Ill Workers:", contains links for "Find a Provider", "How to Search for a Provider", and "Claimant Login". The right column, titled "Providers:", contains links for "Provider Enrollment", "Provider Login", "Provider Manual", "Upcoming Webinars", and "Interested in treating OWCP workers". The "Provider Enrollment" link is highlighted with a red rectangular box.

# 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** link.



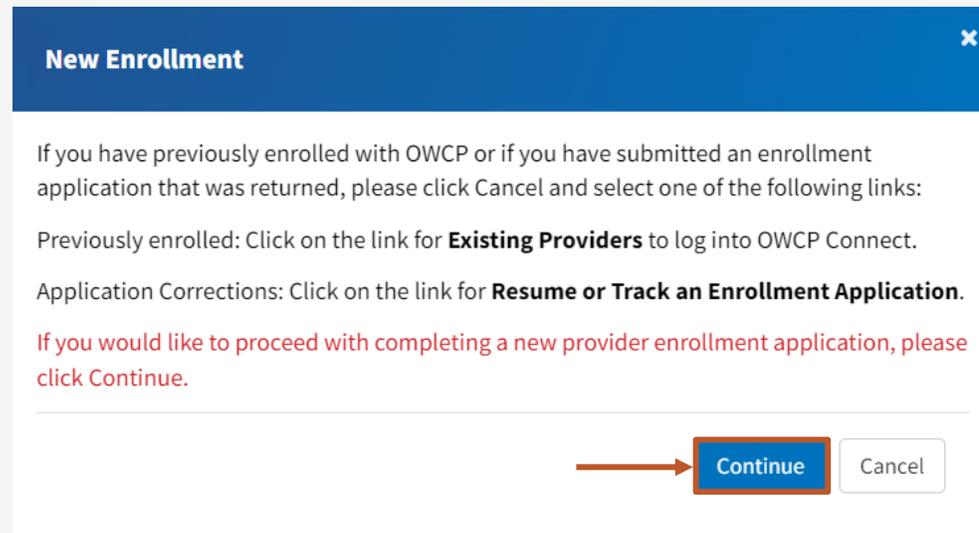
The screenshot displays three distinct sections within the WCMBP system interface:

- New Provider Enroll Online for Fast Approval:** This section features a person icon with a plus sign. Below the icon, the text reads "New Provider Enroll Online for Fast Approval". A blue link, "Click here to begin the enrollment process.", is highlighted with a red rectangular box, and a red arrow points to it from the right.
- Existing Providers:** This section features a calendar icon with the number "2". Below the icon, the text reads "Existing Providers". A blue link, "Click here to submit enrollment update or modification.", is displayed below the heading.
- Resume or Track an Enrollment Application:** This section features a magnifying glass icon over a document. Below the icon, the text reads "Resume or Track an Enrollment Application". A blue link, "Click here to resume or track the in-progress enrollment application.", is displayed below the heading.

# 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**.



**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 Users” or “Resume or Track Enrollment Application” link.

# 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 with the United States Department of Labor logo on the left, the text "United States Department of Labor Office of Workers' Compensation Programs" in the center, and the OWCP logo on the right. Below the header, the page is divided into three main sections: "OWCP Connect", "Existing User", and "New User".

**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\*



\* 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.
2.
3.

\* Required Field

### 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 link used to activate the account.

The link 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** link 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)

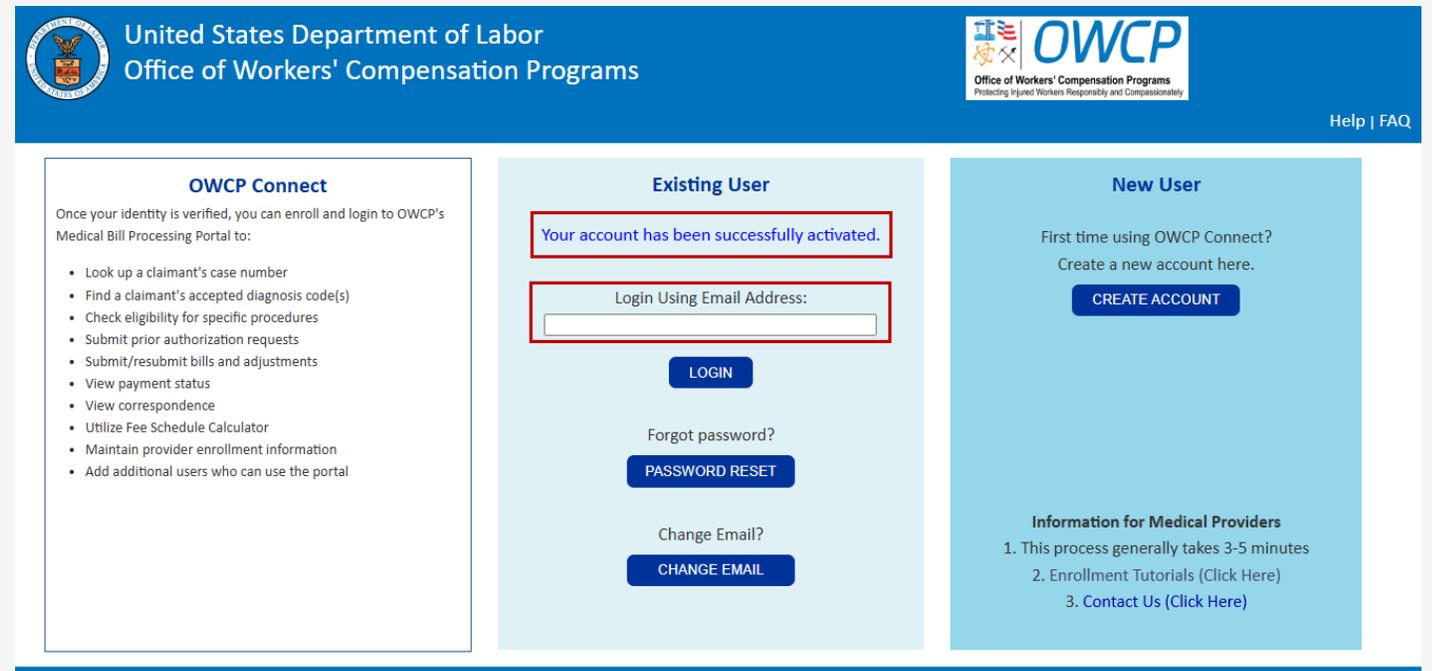
The link takes navigates to OWCP Connect where notification displays under the **Existing User** section that the account has been successfully activated.

**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](#).



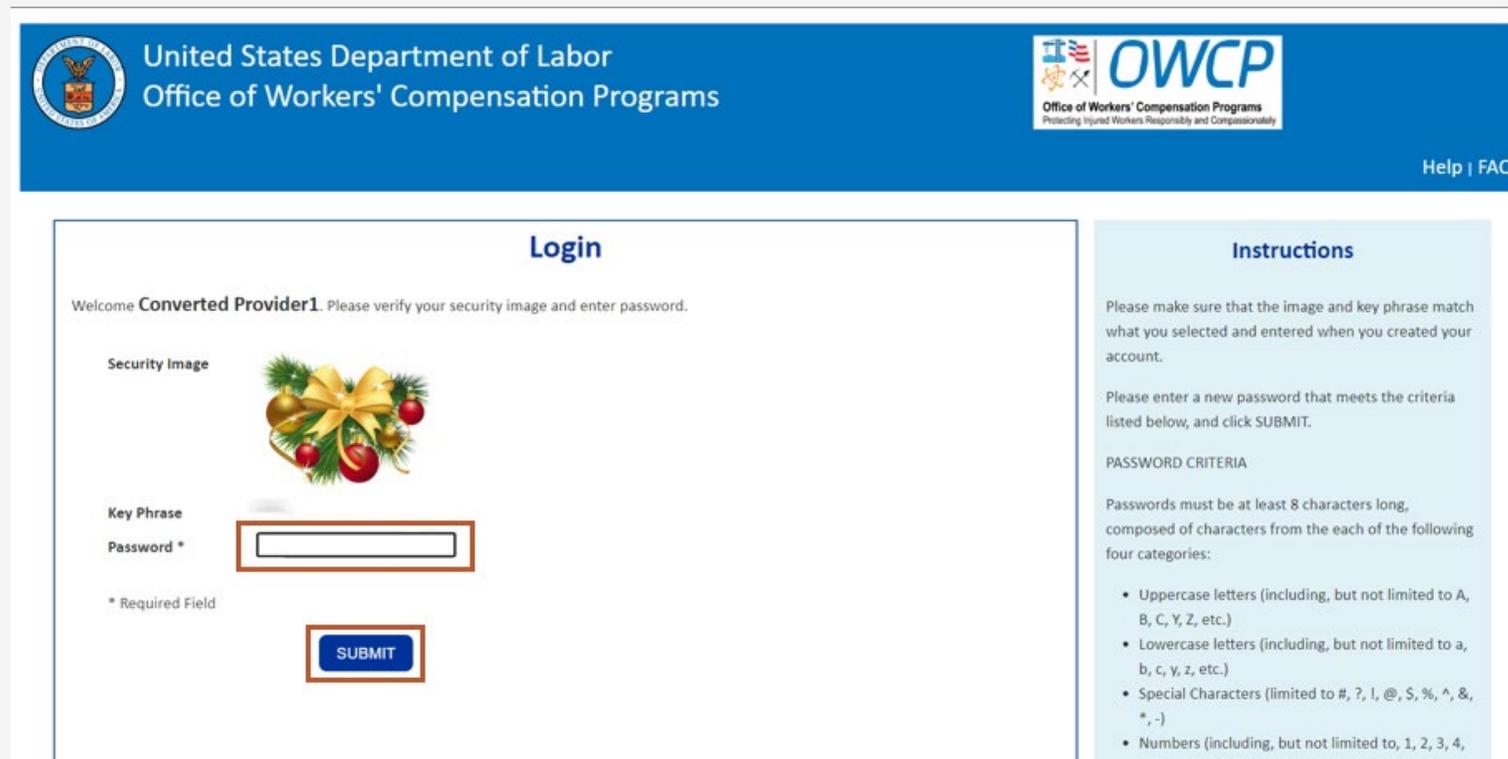
The screenshot displays the OWCP Connect portal interface. At the top, there is a blue header with the United States Department of Labor logo on the left, the text "United States Department of Labor Office of Workers' Compensation Programs" in the center, and the OWCP logo on the right. Below the header, the page is divided into three main sections:

- OWCP Connect:** A white box containing the text "Once your identity is verified, you can enroll and login to OWCP's Medical Bill Processing Portal to:" followed by a bulleted list of services: "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:** A light blue box with a red-bordered notification box at the top stating "Your account has been successfully activated." Below this is a "Login Using Email Address:" label and an empty input field. Underneath are buttons for "LOGIN", "PASSWORD RESET" (with a "Forgot password?" link above it), and "CHANGE EMAIL" (with a "Change Email?" link above it).
- New User:** A light blue box with the text "First time using OWCP Connect? Create a new account here." and a "CREATE ACCOUNT" button. At the bottom, it lists "Information for Medical Providers" with three numbered items: "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**.



The screenshot displays the OWCP Connect Account Registration page. At the top, there is a blue header with the United States Department of Labor logo on the left, the text "United States Department of Labor Office of Workers' Compensation Programs" in the center, and the OWCP logo on the right. Below the header, the page is divided into two main sections: "Login" and "Instructions".

**Login Section:**

- Header: "Login"
- Welcome message: "Welcome **Converted Provider1**. Please verify your security image and enter password."
- Security Image: A decorative image of a yellow bow and red ornaments.
- Key Phrase: A text input field.
- Password: A text input field with an asterisk indicating it is required.
- \* Required Field: A note below the password field.
- SUBMIT: A blue button with the text "SUBMIT".

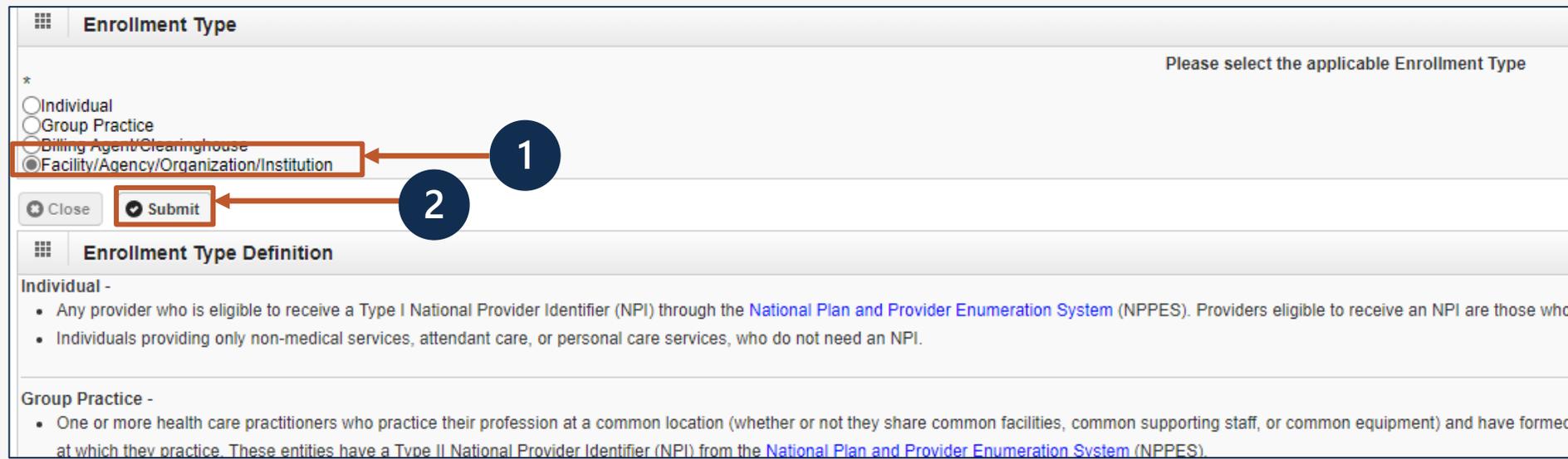
**Instructions Section:**

- Header: "Instructions"
- Text: "Please make sure that the image and key phrase match what you selected and entered when you created your account."
- Text: "Please enter a new password that meets the criteria listed below, and click SUBMIT."
- Section: "PASSWORD CRITERIA"
- Text: "Passwords must be at least 8 characters long, composed of characters from the each of the following four categories:"
- List of criteria:
  - Uppercase letters (including, but not limited to A, B, C, Y, Z, etc.)
  - Lowercase letters (including, but not limited to a, b, c, y, z, etc.)
  - Special Characters (limited to #, 7, !, @, \$, %, ^, &, \*, -)
  - Numbers (including, but not limited to 1, 2, 3, 4, ...)

# Step 1: Provider Basic Information (1 of 6)

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

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



The screenshot shows a web interface for selecting an enrollment type. At the top, there is a header "Enrollment Type" and a prompt "Please select the applicable Enrollment Type". Below this, there are four radio button options: "Individual", "Group Practice", "Billing Agent/Clearinghouse", and "Facility/Agency/Organization/Institution". The "Facility/Agency/Organization/Institution" option is selected and highlighted with a red box, with a red arrow and a blue circle containing the number "1" pointing to it. Below the options, there are two buttons: "Close" and "Submit". The "Submit" button is highlighted with a red box, with a red arrow and a blue circle containing the number "2" pointing to it. Below the buttons, there is a section titled "Enrollment Type Definition" which contains definitions for "Individual" and "Group Practice".

**Enrollment Type**

Please select the applicable Enrollment Type

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

**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
- 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 at which they practice. These entities have a Type II National Provider Identifier (NPI) from the [National Plan and Provider Enumeration System \(NPPES\)](#).

# Step 1: Provider Basic Information (2 of 6)

After selecting the enrollment type, the **Step 1: Provider Basic Information** page displays.

3. 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.

4. In the **Program** field, select the checkbox next to all the desired programs to enroll.

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

5. Complete these fields:

- **Organization Name** (Legal Business Name)
- **Organization Business Name** (Doing Business As)
- **FEIN** (Federal Employer Identification Number)

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

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

- 3**: Points to the 'Provider Type' dropdown menu.
- 4**: Points to the 'Program' section with checkboxes for DFEC, DCMWC, and DEEOIC.
- 5**: Points to a box containing the 'Organization Name' (Legal Business Name), 'Organization Business Name' (Doing Business As), and 'FEIN' fields.

Other fields visible include: National Provider Identifier (NPI), Email Address, Entity Type, and a section for 'If Other, please explain' with a checkbox 'I do not wish to be included in an online searchable list of OWCP providers' and a 'Reason' text field. 'Finish' and 'Cancel' buttons are at the bottom right.

# Step 1: Provider Basic Information (3 of 6)

6. 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.

7. An entity type should be selected from the **Entity Type** drop-down list based on the W9.

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

8. Enter a valid email address in the **Email Address** field (optional).

9. A decision should be made regarding 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.

10. Select **Finish**.

The screenshot shows a web form titled "Basic Information" with the following fields and callouts:

- 6** points to the "National Provider Identifier" field.
- 7** points to the "Entity Type" dropdown menu.
- 8** points to the "Email Address" field.
- 9** points to the checkbox "I do not wish to be included in an online searchable list of OWCP providers." and the "Reason" field below it.
- 10** points to the "Finish" button.

Other visible fields include "Provider Type" (dropdown), "If you select 'Other Provider' (96) or Non-Medical Vendor (53), please explain:" (text area), "Program" (checkboxes for DFEC, DCMWC, DEEOIC), "Organization Name" (text field, Legal Business Name), "Organization Business Name" (text field, Doing Business As), "FEIN" (text field), and "If Other, please explain:" (text area). Buttons for "Finish" and "Cancel" are at the bottom right.

# Step 1: Provider Basic Information (4 of 6)

11. Write down the application number for records and select **Ok**.

**Note:** The application number will also be emailed to the email address provided in the Provider Basic Information step.

Application Number: 20 [redacted] ← Name: Test Enrollment Type: Facility/Agency/Organization/Institution

Basic Information

Your Application Number is: 20 [redacted].  
Please make note of this application number. This application number is critical to completing and submitting your OWCP enrollment application.  
You **MUST** have this number to resume or track the status of your enrollment application.  
This application number has also been emailed to the email address you entered.  
If you need assistance, please contact the call center at 1-844-493-1966.

→

# Step 1: Provider Basic Information (5 of 6)

After completing **Step 1: Provider Basic Information**, the page will display all the steps for the enrollment process.

**Note:** To successfully submit the application, all **Required** steps must be completed.

**Note:** If the incorrect enrollment type was selected, select **Delete** 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 Application** [here](#).

The screenshot shows a web application interface for enrolling a provider. At the top, there is a breadcrumb trail: 'New Enrollment > FAOI Enrollment'. Below this, there are fields for 'Application Number' and 'Name', and a dropdown for 'Enrollment Type' set to 'Facility/Agency/Organization/Institution'. A navigation bar contains 'Close', 'Required Credentials', and a highlighted 'Delete' button. The main content area is titled 'Enroll Provider -Facility/Agency/Organization/Institution' and includes a red warning message: 'Business Process Wizard – Provider Enrollment (Facility/Agency/Organization/Institution). In order to submit your application, please click the last step for **Submit Enrollment Application for Review**.' Below the message is a table with the following columns: Step, Required, Start Date, End Date, Status, and Step Remark. The table lists 13 steps, with Step 1 marked as 'Complete' and the others as 'Incomplete'. At the bottom, there are controls for 'View Page: 1', 'Go', 'Page Count', 'Save To CSV', 'Viewing Page: 1', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	03/18/2025	03/18/2025	Complete	
Step 2: Add Location	Required			Incomplete	
Step 3: Add Taxonomies	Required			Incomplete	
Step 4: Add Ownership Details	Optional			Incomplete	
Step 5: Add Business Licenses and Certifications	Required			Incomplete	
Step 6: Add Identifiers	Required			Incomplete	
Step 7: Add EDI Submission Method	Optional			Incomplete	
Step 8: Add EDI Submitter Details	Optional			Incomplete	
Step 9: Add EDI Contact Information	Optional			Incomplete	
Step 10: Add Payment Details	Required			Incomplete	
Step 11: Complete Provider Disclosure	Required			Incomplete	
Step 12: View/Upload Attachments	Optional			Incomplete	
Step 13: Submit Enrollment Application for Review	Required			Incomplete	

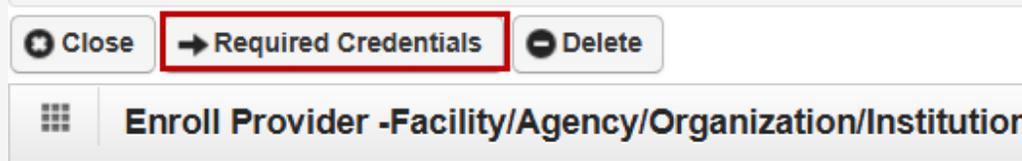
# Step 1: Provider Basic Information (6 of 6)

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12. 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.

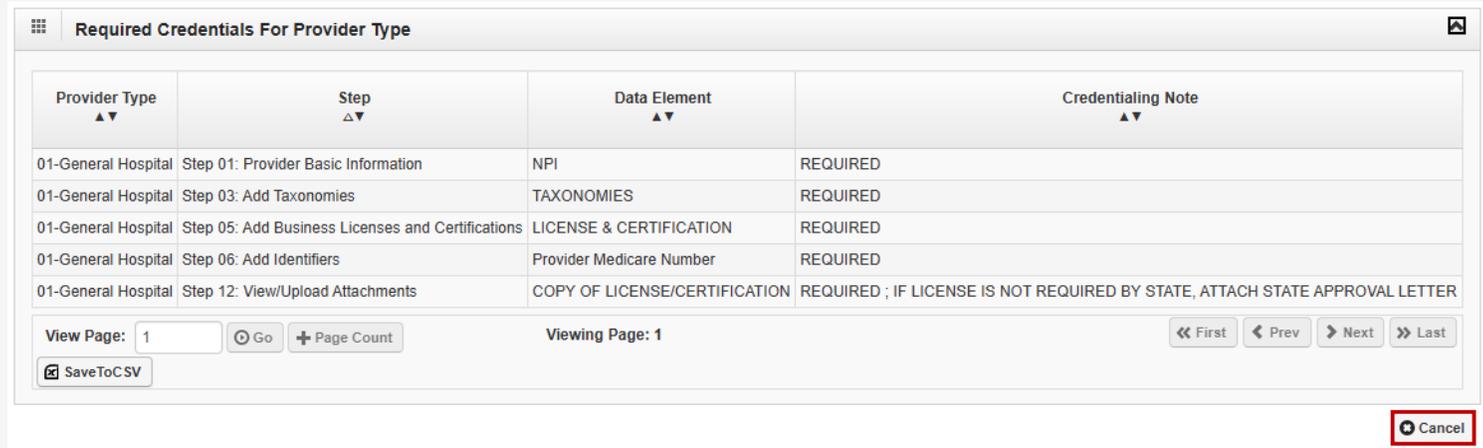
**Note:** Credentials requirements will change based on the selected provider type.

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



Close → **Required Credentials** Delete

Enroll Provider -Facility/Agency/Organization/Institution



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

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

SaveToCSV Cancel

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# Step 2: Add Location (1 of 6)

The screenshot shows a web interface for adding a provider location. On the left, a sidebar titled 'Locations List' contains a 'Close' button and an 'Add' button, with callout 1 pointing to the 'Add' button. The main area is a form titled 'Add Provider Location'. It contains several input fields: 'Business Name' (callout 2), 'Contact Last Name' (callout 3), 'Contact First Name' (callout 3), 'Phone Number' (callout 4), and 'Email Address' (callout 5). Below these fields is a checkbox labeled 'I wish to opt-in for paperless correspondence.' with a note: '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.' Callout 6 points to this checkbox. At the bottom right of the form, there are 'Next' and 'Cancel' buttons, with callout 7 pointing to the 'Next' button.

1. Select **Add**.
  2. Enter the location in the **Business Name** field.
  3. Enter the contact's last name and first name in the **Contact Last Name** and **Contact First Name** fields.
  4. Enter the contact's phone number (excluding dashes or spaces) in the **Phone Number** field.
- Note:** The **Fax Number** field is optional.
5. Enter the contact's email address in the **Email Address** field.
  6. 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.
7. Select **Next**.

# Step 2: Add Location (2 of 6)

## Physical Address

- Note:** The physical address must be added, *this step is required*. The address fields are initially disabled.
8. To enter address details, select **+Address**. The **Address Details** window opens over the existing screen.

The screenshot displays a form for adding a physical address. At the top, there is a dropdown menu for 'Type of Address' set to 'Physical Address'. Below it, the 'Address Input Option' is set to 'Manually Input' with a radio button. An 'End Date' field is set to '12/31/2999' with a calendar icon. The form contains several input fields: 'Address Line 1:', 'Address Line 2:', 'Address Line 3:', 'City/Town:', 'State/Province:', 'Country:', 'County:', and 'Zip Code:'. The 'Address Line 1' and 'City/Town' fields have an asterisk next to them. The 'County' and 'Country' fields also have an asterisk. The 'Zip Code' field is split into two boxes with a hyphen between them. A red box highlights the '+ Address' button, and a blue circle with the number '8' points to it. At the bottom right, there are 'Next' and 'Cancel' buttons.

**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." Select **OK** to close the error message and add the address.

# Step 2: Add Location (3 of 6)

## Physical Address

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

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

11. 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.

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

The screenshot shows the 'Address details' form with the following fields and annotations:

- Address Line 1:** A text input field with a red circle '9' next to it. Below it is the instruction '(Enter Street Address or PO Box Only)'. A red box highlights the 'Validate Address' button.
- Address Line 2:** A text input field.
- Address Line 3:** A text input field.
- City/Town:** A dropdown menu with a red circle '10' next to it.
- State/Province:** A dropdown menu.
- County:** A dropdown menu.
- Country:** A dropdown menu.
- Zip Code:** A text input field with a red circle '10' next to it.
- Validate Address:** A button with a red circle '11' next to it.
- OK** and **Cancel** buttons are at the bottom right.

The screenshot shows the 'Address details' form after successful validation. The fields are populated with greyed-out text:

- Address Line 1:** Populated with a street address.
- Address Line 2:** Empty.
- Address Line 3:** Empty.
- City/Town:** Populated with a city name.
- State/Province:** Populated with a state name.
- County:** Populated with a county name.
- Country:** Populated with a country name.
- Zip Code:** Populated with a zip code.
- Validate Address:** A button.
- OK** and **Cancel** buttons are at the bottom right. A red circle '12' is next to the OK button.

# Step 2: Add Location (4 of 6)

## Mailing Address

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

The screenshot shows a 'Location Address' form with the following fields and options:

- Type of Address:** Physical Address (dropdown menu)
- Address Input Option:** Manually Input (radio button selected)
- End Date:** 12/31/2999 (calendar icon)
- Address Line 1:** [input field] \*
- Address Line 2:** [input field]
- Address Line 3:** [input field]
- City/Town:** [input field] \*
- State/Province:** [input field] \*
- County:** [input field] \*
- Country:** [input field] \*
- Zip Code:** [input field] - [input field] + Address

At the bottom right, there is a blue circle with the number 13, a red-bordered button with a right arrow and the text 'Next', and a 'Cancel' button.

# Step 2: Add Location (5 of 6)

## Mailing Address

The screenshot shows a form for adding a mailing address. At the top, there is a dropdown menu for 'Type of Address' set to 'Mailing'. Below it, the 'Address Input Option' section has two radio buttons: 'Manually Input' (selected) and 'Same as Physical Address'. An orange box highlights the 'Same as Physical Address' option, with an arrow pointing to a blue circle labeled '14'. Below the radio buttons is an 'End Date' field with a calendar icon and the date '12/31/2999'. The form contains several input fields: 'Address Line 1:', 'Address Line 2:', 'Address Line 3:', 'City/Town:', 'State/Province:', 'Country:', 'County:', and 'Zip Code:'. The 'Address' button, which has a plus sign icon, is highlighted with an orange box and an arrow pointing from the blue circle '14'. At the bottom right, there are 'OK' and 'Cancel' buttons. A blue circle labeled '15' is positioned above the 'OK' button.

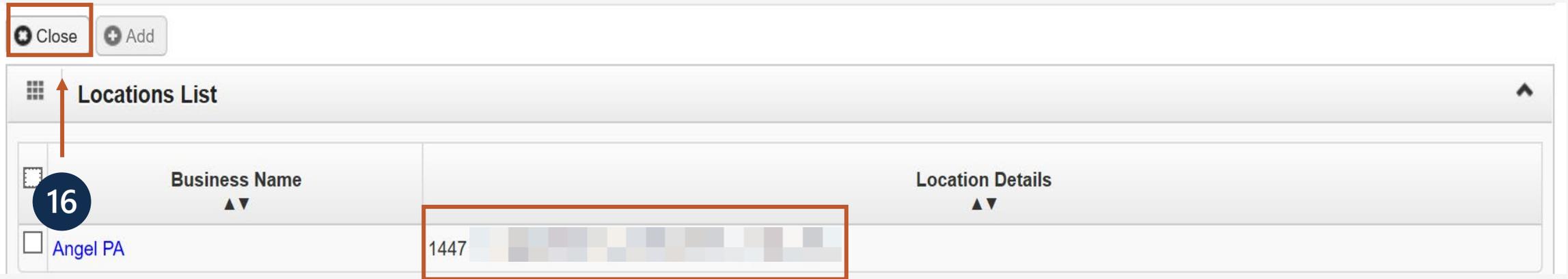
14. Proceed based on the mailing address:

- If the mailing address *is the same as the physical address*, select the **Same as Physical Address** radio button.
- 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.

15. Select **OK**.

## Step 2: Add Location (6 of 6)



The screenshot shows a software interface for managing locations. At the top left, there are two buttons: 'Close' (with a red box around it) and 'Add'. Below these is a section titled 'Locations List' with a grid icon and an upward arrow. Underneath is a table with two columns: 'Business Name' and 'Location Details'. The first row of the table contains the text 'Angel PA' under 'Business Name' and '1447' under 'Location Details'. A red box highlights the '1447' value. A blue circle with the number '16' and an arrow points to the 'Close' button.

Business Name	Location Details
Angel PA	1447

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

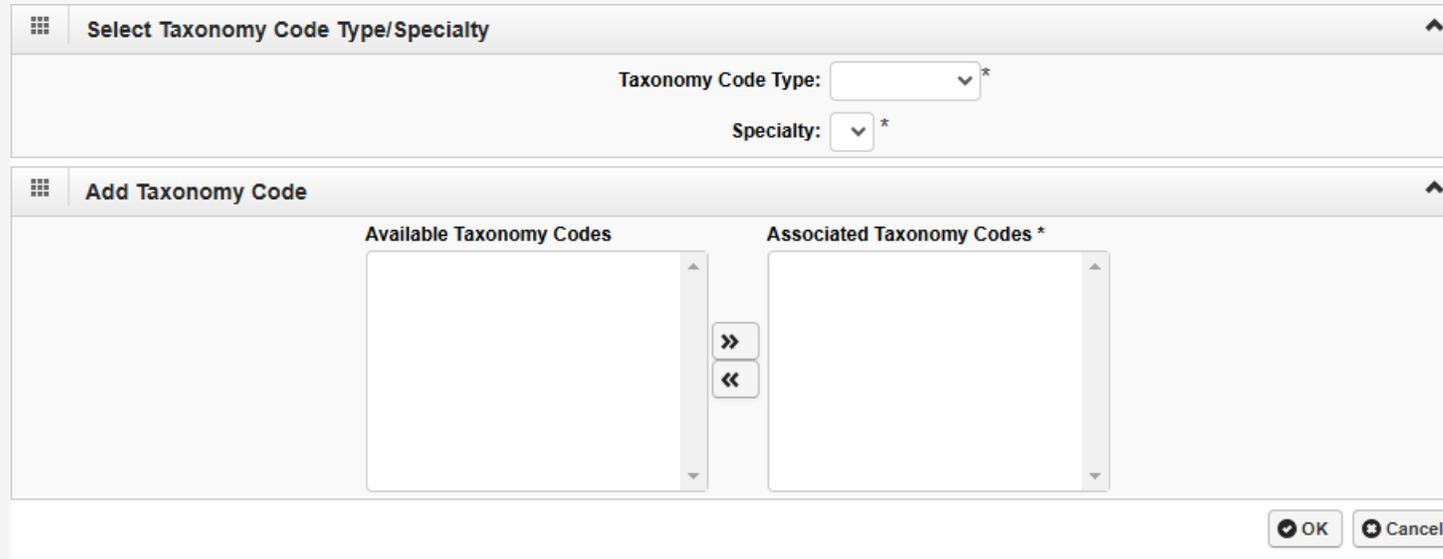
16. To move on to the next step, select **Close**.

# Step 3: Add Taxonomies (1 of 5)

1. To add taxonomy codes, select **+Add**.

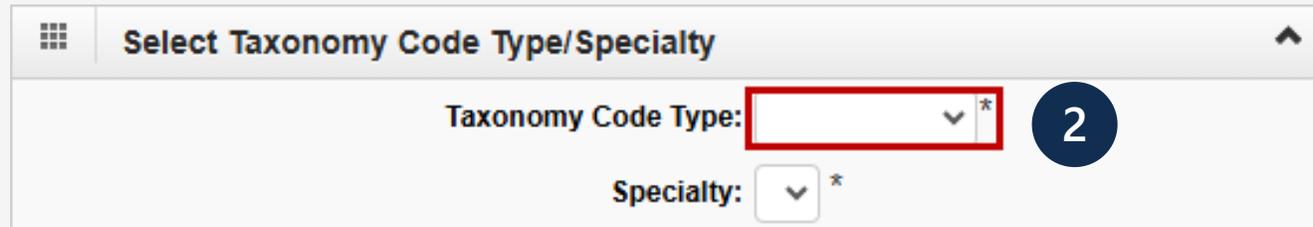


The **Add Taxonomy Code** page opens.



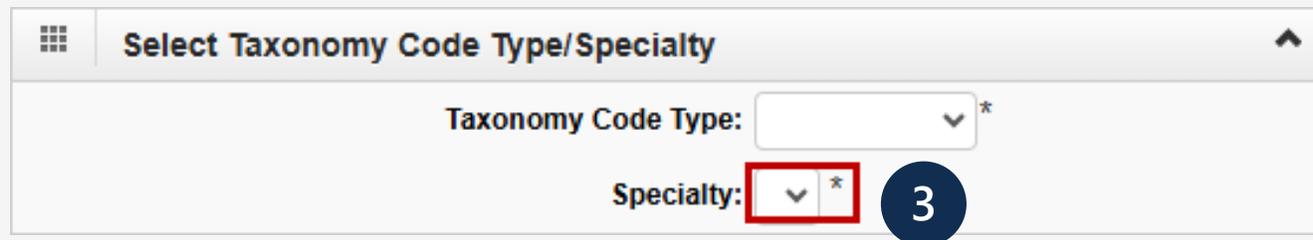
## Step 3: Add Taxonomies (2 of 5)

- From the **Taxonomy Code Type** drop-down list, select the applicable taxonomy code type.



The screenshot shows a form titled "Select Taxonomy Code Type/Specialty". It contains two dropdown menus. The first dropdown, labeled "Taxonomy Code Type:", is highlighted with a red box and has a blue circle with the number "2" next to it. The second dropdown, labeled "Specialty:", is not highlighted. Both dropdowns have an asterisk (\*) next to them, indicating they are required fields.

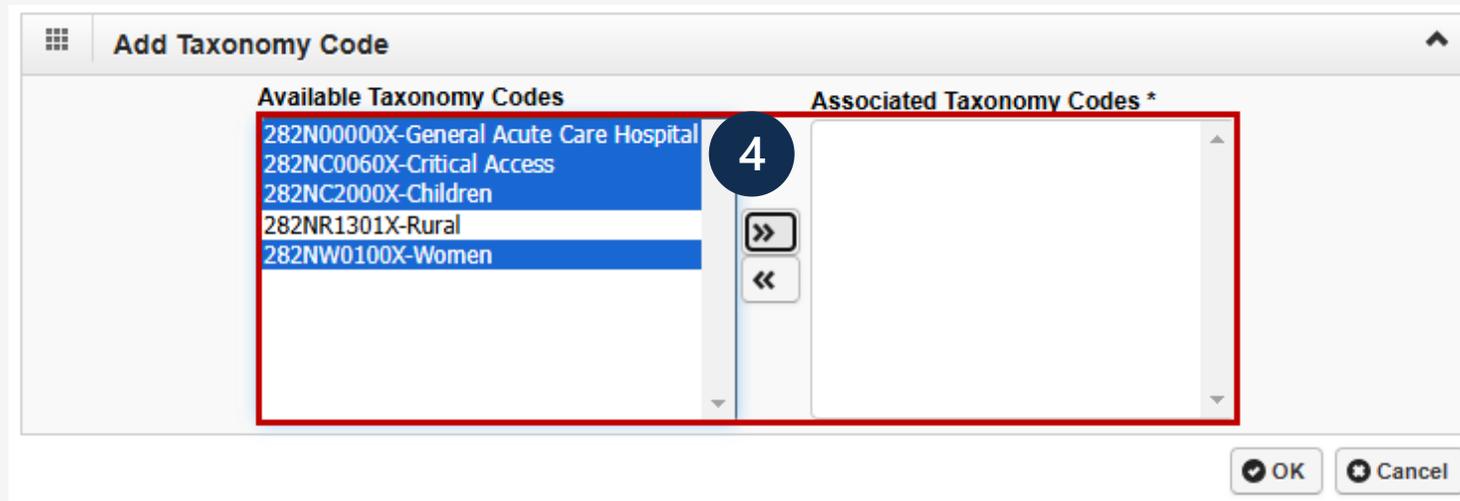
- From the **Specialty** drop-down list, select the specialty type.



The screenshot shows the same form as above. In this view, the "Specialty:" dropdown menu is highlighted with a red box and has a blue circle with the number "3" next to it. The "Taxonomy Code Type:" dropdown menu is no longer highlighted.

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

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



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

# Step 3: Add Taxonomies (4 of 5)

5. Select **OK**.

**Select Taxonomy Code Type/Specialty**

Taxonomy Code Type: 28-Hospitals \*

Specialty: 2N-General Acute Care Hospital \*

**Add Taxonomy Code**

Available Taxonomy Codes	Associated Taxonomy Codes *
282NR1301X-Rural	282N00000X-General Acute Care Hospital
	282NC0060X-Critical Access
	282NC2000X-Children
	282NW0100X-Women

5 OK Cancel

# Step 3: Add Taxonomies (5 of 5)

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

6

### Taxonomy List

Filter By :

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

View Page:     Viewing Page: 1

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

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

1. Select **Add**.
2. Select the (individual or organization) ownership from the **Ownership Type** drop-down list.
3. Enter the Social Security Number (SSN) or Federal Employer Identification Number (FEIN) in the **SSN/FEIN** field.
4. Enter either the organization name in the **Organization Name** field or the last name and first name in the **Last Name** and **First Name** fields.
5. Select **+Address** to open the **Address Details** window.
  - a. Enter the street number and name in the **Address Line 1** field.
  - b. Enter the zip code in the **Zip Code** field.
  - c. Select **+Validate Address** to populate address details.
  - d. To close the window, select **OK**.
6. 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.

**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.

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

- 1:** The **+Add** button in the top left corner.
- 2:** The **Ownership Type** dropdown menu, currently set to 'Individual Ownership'.
- 3:** The **SSN/FEIN** text input field.
- 4:** The **Organization Name**, **Last Name**, and **First Name** text input fields.
- 5:** The **+Address** button located below the **Zip Code** field.
- 6:** The **OK** button in the bottom right corner.

Additional form details include:

- Buttons: **Close**, **+Add**, **Ownership List (Optional)**, **Add Ownership**, **Copy Name and Tax**, **OK**, **Cancel**.
- Text: **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).
- Fields: **Organization Name**, **Last Name**, **First Name**, **Address Line 1**, **Address Line 2**, **Address Line 3**, **City/Town**, **State/Province**, **County**, **Country**, **Zip Code**.

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

7 →

Close Add

Ownership List (Optional)

Filter By : [ ] [ ] [ ] Go Clear Filter Save Filter My Filters

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

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

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

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

# Step 5: Add Professional Licenses and Certifications (1 of 4)

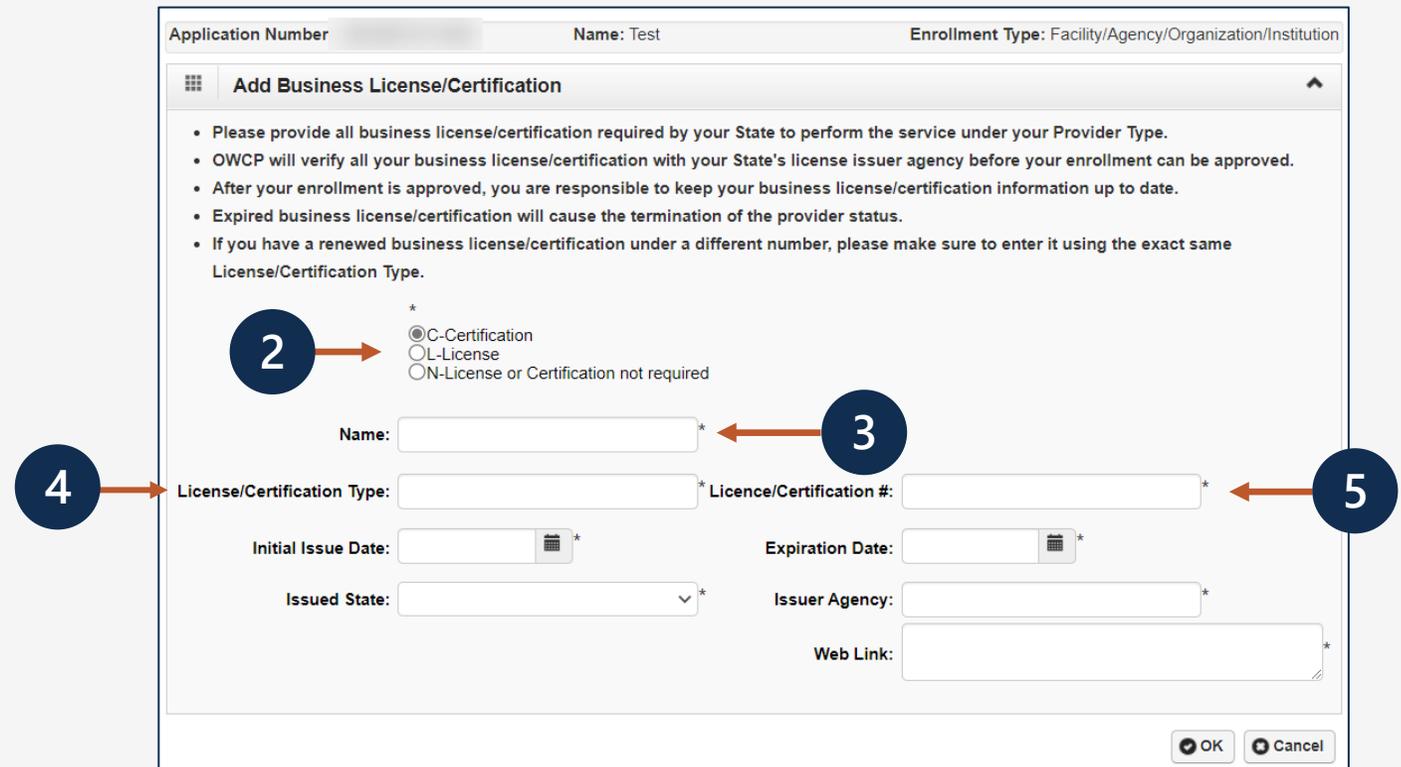
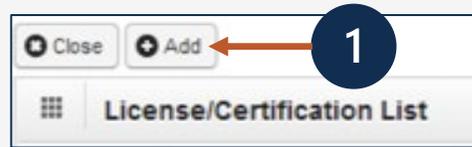
1. To enter the License or Certification information, select **+Add**.
2. Select the applicable option:
  - C-Certification
  - L-License
  - N-License or Certification not required

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

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

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

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



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

### Add Business License/Certification

- Please provide all business license/certification required by your State to perform the service under your Provider Type.
- OWCP will verify all your business license/certification with your State's license issuer agency before your enrollment can be approved.
- After your enrollment is approved, you are responsible to keep your business license/certification information up to date.
- Expired business license/certification will cause the termination of the provider status.
- If you have a renewed business license/certification under a different number, please make sure to enter it using the exact same License/Certification Type.

**2** →  C-Certification  
 L-License  
 N-License or Certification not required

**3** → Name: \*

**4** → License/Certification Type: \* **5** → License/Certification #: \*

Initial Issue Date: \* Expiration Date: \*

Issued State: \* Issuer Agency: \*

Web Link: \*

OK Cancel

# Step 5: Add Professional Licenses and Certifications (2 of 4)

6. In the **Initial Issue Date** field, enter or select the initial issue date.
7. In the **Expiration Date** field, enter or select the expiration date.
8. 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.

9. Enter the issuing agency in the **Issuer Agency** field.
10. In the **Web Link** field, enter the web address of the issuing agency.
11. Select **OK**.

### Add Business License/Certification

- Please provide all business license/certification required by your State to perform the service under your Provider Type.
- OWCP will verify all your business license/certification with your State's license issuer agency before your enrollment can be approved.
- After your enrollment is approved, you are responsible to keep your business license/certification information up to date.
- Expired business license/certification will cause the termination of the provider status.
- If you have a renewed business license/certification under a different number, please make sure to enter it using the exact same License/Certification Type.

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

Name: \*

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

6 → Initial Issue Date: \* 7 → Expiration Date: \*

8 → Issued State: \* 9 → Issuer Agency: \*

10 → Web Link: \*

11 →

# Step 5: Add Professional Licenses and Certifications (3 of 4)

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

### Add Professional License/Certification

- Please provide all professional license/certification required by your State to perform the service under your Provider Type.
- OWCP will verify all your professional license/certification with your State's license issuer agency before your enrollment can be approved.
- After your enrollment is approved, you are responsible to keep your professional license/certification information up to date.
- Expired license/certification will cause the termination of the provider status.
- If you have a renewed professional license/certification under a different number, please make sure to enter it using the exact same License/Certification Type.

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

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

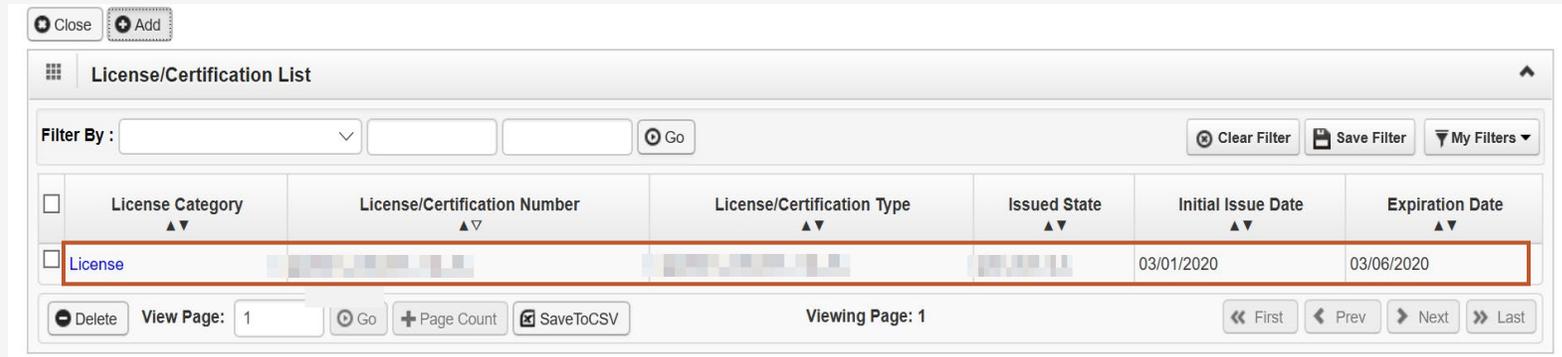
Please upload letter/evidence from the State authority in "View/Upload Attachments" step confirming that a license or certification is not required. Verification will be performed before your enrollment can be approved.

OK Cancel

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

The **License/Certification List** displays the entered license or certification information.

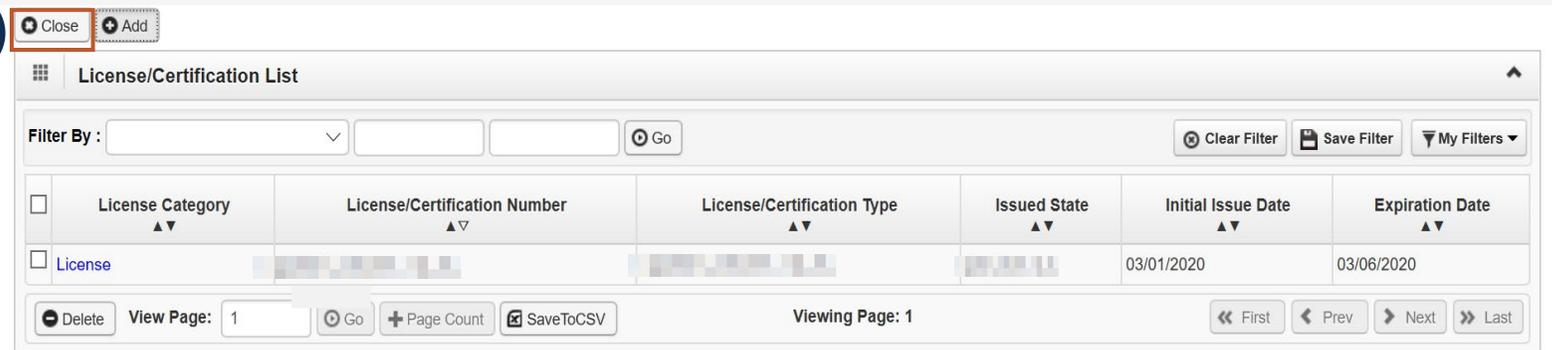
**Note:** Add all business licenses or certifications required by the State to perform the service under the Enrollment Provider Type.



The screenshot shows the 'License/Certification List' interface. At the top left, there are 'Close' and 'Add' buttons. Below them is a filter section with 'Filter By:' and a 'Go' button. To the right of the filter are 'Clear Filter', 'Save Filter', and 'My Filters' buttons. The main area is a table with the following columns: License Category, License/Certification Number, License/Certification Type, Issued State, Initial Issue Date, and Expiration Date. A single row is visible with the value 'License' in the first column, and dates '03/01/2020' and '03/06/2020' in the last two columns. At the bottom, there are 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', and 'Viewing Page: 1' buttons. On the far right, there are navigation buttons: 'First', 'Prev', 'Next', and 'Last'.

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

12



This screenshot is identical to the one above, showing the 'License/Certification List' interface. The 'Close' button at the top left is highlighted with a red box, indicating the action to be taken.

# Step 6: Add Identifiers (1 of 2)

The screenshot shows the 'Add New Identifier' form. At the top, there are buttons for 'Close', '+ Add', and 'Required Credentials'. Below this is a 'Provider Identifiers' section. The 'Add New Identifier' form contains the following fields:

- Identifier Type:** A dropdown menu currently set to 'Provider Medicare Number'. A callout box shows the available options: Drug Enforcement Agency (DEA) Number, NPI, Other Provider ID, Previous Provider ID, Provider Medicare Number, and United Mine Workers' of America (UMWA) Number.
- Identifier Value:** A text input field.
- Start Date:** A date picker field.
- End Date:** A date picker field.
- Buttons:** 'OK' and 'Cancel' buttons at the bottom right.

1. Select **+Add**.
2. Select the identifier type from the **Identifier Type** drop-down list.
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 may be required for the provider type entered in **Step 1: Provider Basic Information**. Select **Required Credentials** to determine if the provider type requires an identifier.

# Step 6: Add Identifiers (2 of 2)

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

The screenshot shows the 'Provider Identifiers' interface. At the top, there are buttons for 'Close', 'Add', and 'Required Credentials'. Below this is a search bar with 'Filter By:' and a 'Go' button. To the right are 'Clear Filter', 'Save Filter', and 'My Filters' options. The main table has columns for 'Identifier Type', 'Identifier Value', 'Start Date', and 'End Date'. A single row is visible with 'Provider Medicare Number' as the identifier type, a redacted value, and dates from 01/01/2025 to 01/01/2026. At the bottom, there are navigation buttons like 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', and 'Viewing Page: 1' along with 'First', 'Prev', 'Next', and 'Last' navigation arrows.

6. 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 box. A blue circle containing the number '6' is positioned to the left of the 'Close' button, indicating the step number.

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

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

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

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

You may check multiple Modes of Submission.

### EDI Submission Details

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

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

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

OK Cancel

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

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

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

**EDI Submission Details**

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

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

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

2

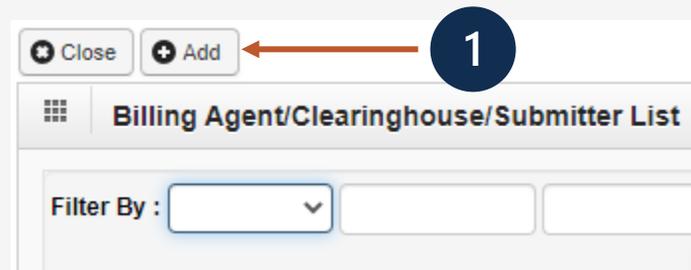
# Step 8: Add EDI Submitter Details (1 of 3)

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

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

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

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



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

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

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

4. Select **OK**.

**Associate Billing Agent/Clearinghouse**

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

**2** → Billing Agent/Clearinghouse OWCP ID:  \*

Start Date:  \* ← **3** → End Date:

**4** →

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

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

The screenshot shows a web interface for managing billing agents. At the top left, there are 'Close' and 'Add' buttons. The main title is 'Billing Agent/Clearinghouse/Submitter List'. Below the title is a filter section with 'Filter By:' and a 'Go' button. To the right of the filter are 'Clear Filter', 'Save Filter', and 'My Filters' options. The main content is a table with the following columns: 'OWCP ID', 'Billing Agent/Clearinghouse', 'Start Date', and 'End Date'. A single row is visible, containing 'ABC Billing', '02/23/2020', and '12/31/2999'. At the bottom of the table, there are navigation controls including 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', 'Viewing Page: 1', and 'First', 'Prev', 'Next', 'Last' buttons.

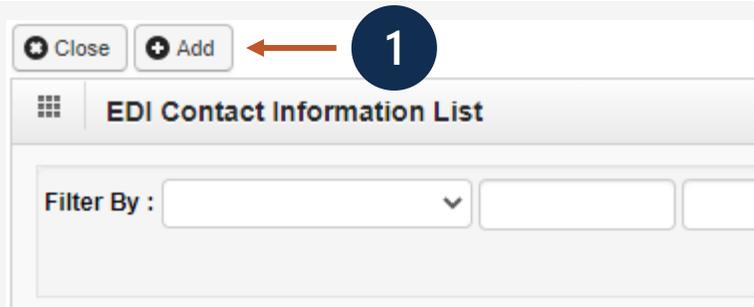
OWCP ID	Billing Agent/Clearinghouse	Start Date	End Date
	ABC Billing	02/23/2020	12/31/2999

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

This screenshot is identical to the one above, showing the same web interface. The 'Close' button at the top left is highlighted with a red box, indicating the action to be taken.

OWCP ID	Billing Agent/Clearinghouse	Start Date	End Date
	ABC Billing	02/23/2020	12/31/2999

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

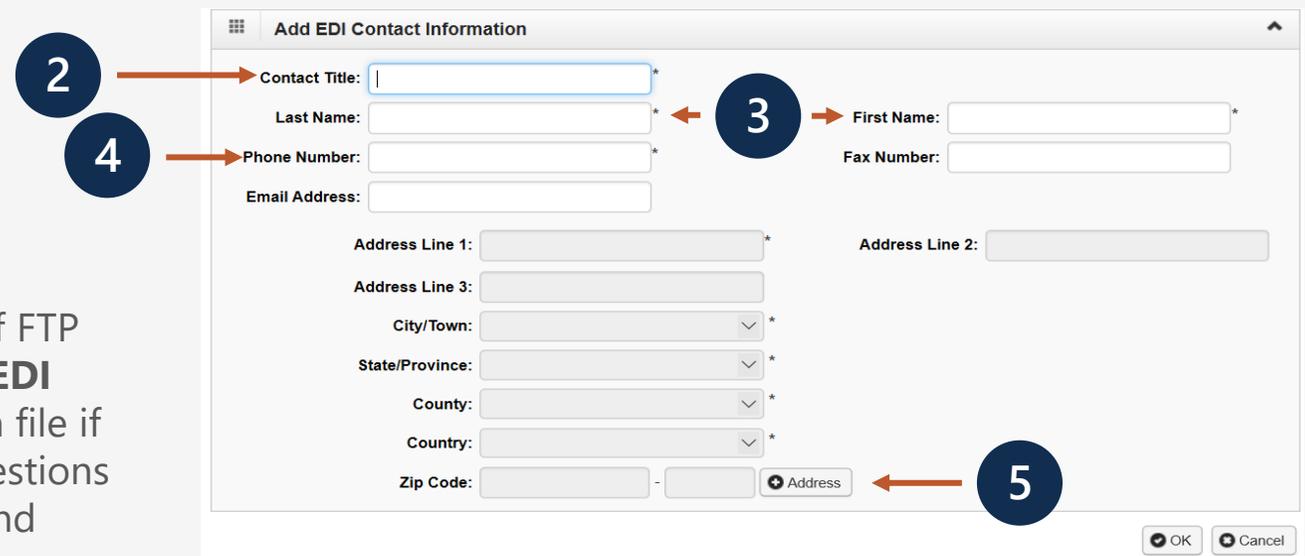


**Note:** Step 9: Add EDI Contact Information is required if FTP Secured Batch or Web Batch was selected in **Step 7: Add EDI Submission Method**. EDI Contact Information must be on file if we need to ask the Billing Agent or Clearinghouse any questions pertaining to their EDI enrollment or future submissions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

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

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

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



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

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

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

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

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

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

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

- 6** points to the "Address Line 1" field, which includes a subtext "(Enter Street Address or PO Box Only)".
- 7** points to the "Zip Code" field, which is split into two boxes for the zip code and hyphenated area.
- 8** points to the "Validate Address" button.
- 10** points to the "OK" button at the bottom right of the form.

Other fields in the form include "Address Line 2", "Address Line 3", "City/Town", "State/Province", "County", and "Country", all marked with an asterisk to indicate they are required.

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

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

Close Add

EDI Contact Information List

Filter By : [ ] [ ] [ ] Go Clear Filter Save Filter My Filters

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

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

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

11

Close Add

EDI Contact Information List

Filter By : [ ] [ ] [ ] Go Clear Filter Save Filter My Filters

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

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

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

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

1. Select **+Add**.

1

Application Number: [redacted] Name: [redacted] Enrollment Type: [redacted]

Close +Add

Payment Details

Filter By: [dropdown] [input] [input] Go Clear Filter Save Filter My Filters

<input type="checkbox"/>	Account Number ▲▼	Account Type ▲▼	Bank Name ▲▼	Routing Number ▲▼
No Records Found!				

The **Payment Details and Financial Institution Information** page opens.

Payment Method: Electronic Funds Transfer(Direct Deposit)

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]\* Nine-Digit Routing Transit Number: [input]\*

Financial Institution ACH Coordinator Name: [input]\* Phone Number: [input]

Depositor Account Number: [input]\*

Type of Account: [dropdown]\* Depositor Account Title: [input]

Address Line 1: [input] Address Line 2: [input]  
(Enter Street Address or PO Box Only)

Address Line 3: [input]

City/Town: [input]

State/Province: [input] County: [input]

Country: [input] Zip Code: [input] - [input] +Address

Signed by Representative: \*

Title of Representative: [input] Representative Phone Number: [input]\*

OK Cancel

# Step 10: 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.

2 **Financial Institution Name:**

3 **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:**

4 **Financial Institution ACH Coordinator Name:**

5 **Phone Number:**

# Step 10: 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:  \*

Nine-Digit Routing Transit Number:  \*

Financial Institution ACH Coordinator Name:

Phone Number:  37

**6** Depositor Account Number:  \*

**7** Type of Account:  \*

Depositor Account Title:

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:

**8** Depositor Account Title:

Address Line 1:  Address Line 2:

# Step 10: 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**.

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

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:  \*

State/Province:  County:

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

**Signed by Representative:**  \* **10**

Title of Representative:  Representative Phone Number:  \*

**OK** **Cancel**

# Step 10: 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 a multi-step form for adding payment details. The form is divided into two main sections, each with a 'Signed by Representative' checkbox and fields for 'Title of Representative' and 'Representative Phone Number'. The top section shows the 'Signed by Representative' checkbox as unchecked, with a red box highlighting the 'Title of Representative' field (labeled 11) and another red box highlighting the 'Representative Phone Number' field (labeled 12). Below this section are 'OK' and 'Cancel' buttons. The bottom section shows the 'Signed by Representative' checkbox as checked, with a red box highlighting the 'OK' button (labeled 13). Below the bottom section is an alert window 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." A blue 'OK' button is highlighted with a red box and labeled 14.

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

Signed by Representative:  \* 11  
Title of Representative:   
Representative Phone Number:  \* 12

OK Cancel

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

Signed by Representative:  \*  
Title of Representative:   
Representative Phone Number: 5555555555 \* 13

OK Cancel

owcpmed.uat.dol.gov says  
Please note: Acentra Health will make two phone call attempts to reach the contact identified on the signed ACH form. Failure to answer and verify banking details may result in a rejection of your enrollment application.  
OK 14

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

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

The screenshot shows the 'Payment Details' list interface. At the top left, there are 'Close' and 'Add' buttons. Below them is a 'Payment Details' header with a grid icon and an upward arrow. A 'Filter By' section contains two input fields, a 'Go' button, and 'Clear Filter', 'Save Filter', and 'My Filters' options. The main table has four columns: 'Account Number', 'Account Type', 'Bank Name', and 'Routing Number'. A single row is visible with the following data: Account Number: \*\*\*\*\*3210, Account Type: Checking, Bank Name: Sample Bank, Routing Number: 1[redacted]9. Below the table are 'Delete', 'View Page: 1', 'Go', '+ Page Count', 'SaveToCSV', and 'Viewing Page: 1' controls. Navigation buttons for 'First', 'Prev', 'Next', and 'Last' are at the bottom right.

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

15

This screenshot is identical to the previous one, but the 'Close' button at the top left is highlighted with a red box, indicating the next step in the process.

# Step 11: Complete Provider Disclosure

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

The screenshot shows the 'Provider Disclosure' form. At the top left, there are 'Close' and 'Save' buttons. A blue circle with the number '2' is placed over the 'Save' button. The main 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?'. Below the question is a table with two columns: 'Answer' and 'Comments'. A blue circle with the number '1' is placed over the 'Answer' dropdown menu, which is open and shows '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.' This question is located below the first question. The 'Answer' dropdown menu is open, showing 'No' and 'Yes' options. The 'Comments' column is empty. At the bottom, there are navigation buttons: 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', and 'Viewing Page: 1'.

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

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

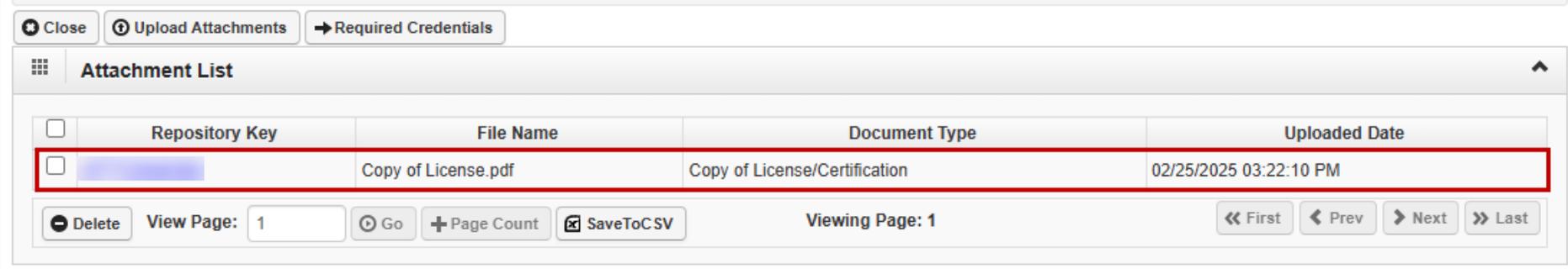
**Note:** In this step, upload required attachments (via Direct Data Entry or DDE). If attachments are not uploaded at the time of submission, the option to mail or fax required attachments with a provider enrollment cover sheet is available. The application will stay in an "Awaiting Attachments" status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

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

The screenshot illustrates the 'Attachment List' interface. At the top, there are three buttons: 'Close', 'Upload Attachments' (highlighted with a red box and a blue circle '1'), and 'Required Credentials'. Below these is the 'Attachment List' header. The main area contains a 'Document Type' dropdown menu (highlighted with a red box and a blue circle '2') currently set to '--SELECT--'. Below it is a 'File Name' field with a 'Choose File' button (highlighted with a red box and a blue circle '3') and a small 'No file chosen' message. To the right, an 'Open' file dialog is open (highlighted with a red box and a blue circle '4'), showing the 'Documents' folder selected in the left pane. The right pane shows 'No items match your search'. The 'File name' field is empty. The 'Open' button is highlighted. Below the dialog, there is a list of acceptable file extensions: .doc, .docx, .gif, .gzip, .htm, .html, .jpeg, .jpg, .ppt, .rtf, .tif, .tiff, .tst, .txt, .xls, .bmp, .pdf, .xlsx, .zip. A note states: 'Filename cannot be longer than 50 characters' and 'If you are unable to upload attachment(s) here, you can choose to mail or fax the copy following the instruction on the Submit Enrollment Application for Review step.' At the bottom right, the 'Ok' button is highlighted with a red box and a blue circle '5', and the 'Cancel' button is also visible.

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

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



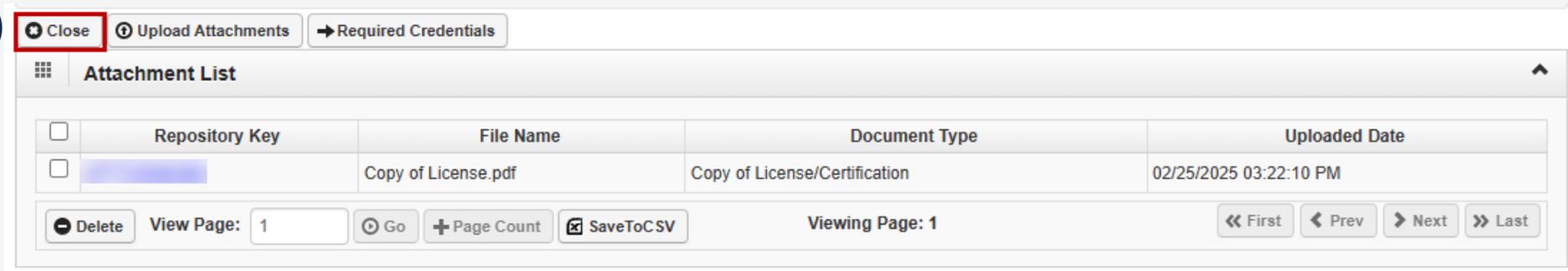
The screenshot shows a web interface for managing attachments. At the top, there are three buttons: "Close", "Upload Attachments", and "Required Credentials". Below this is a section titled "Attachment List" with a grid icon and an upward arrow. The main content is a table with the following columns: "Repository Key", "File Name", "Document Type", and "Uploaded Date". A single row of data is visible, with a red border around it. The row contains a checkbox, a blue bar for the repository key, the file name "Copy of License.pdf", the document type "Copy of License/Certification", and the upload date "02/25/2025 03:22:10 PM". Below the table, there are several controls: a "Delete" button, a "View Page: 1" input field, a "Go" button, a "+ Page Count" button, a "SaveToCSV" button, and a "Viewing Page: 1" label. On the right side, there are navigation buttons: "<< First", "< Prev", "> Next", and ">> Last".

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

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

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

7



This screenshot is identical to the previous one, but the "Close" button at the top left is highlighted with a red box, indicating the next step in the process.

# Verify Information Before Submission

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

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

2. Select the link 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

# Step 13: Submit Enrollment Application for Review

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

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

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

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

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

**Final Submission**

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

**Confirm & Sign**

I, the undersigned, certify to the following: I have read the contents of this application, and the information contained herein is true, correct, and complete. I certify that I and my agents have currently in effect all necessary licenses, certifications, approvals, insurance, etc. required to properly provide the services and/or supplies for the OWCP in the state, county, locality, or jurisdiction where the services and/or supplies are provided. I will provide proof of such licenses, certifications, approvals, insurance, etc. upon the OWCP's request. I understand that any revocation, withdrawal, or non-renewal of necessary license, certification, approval, insurance, etc. required for me to properly provide services, shall be grounds for termination of enrollment/registration by the OWCP. I authorize the OWCP to verify the information contained herein. I agree to notify the OWCP of any change in ownership, practice location and/or Final Adverse Action involving fraud or abuse within 30 days of the reportable event. In addition, I agree to notify the OWCP of any other changes to the information in this form within 90 days of the effective date of change. I also certify that I am not currently sanctioned, suspended, debarred or excluded by any Federal or State Health Care Program, (e.g., Medicare, Medicaid, or any other Federal program), or otherwise prohibited from providing services to Medicare, Medicaid, or other Federal program beneficiaries nor am I any owners, officers, or managing employees of the practice listed in this application. I understand that any deliberate omission, misrepresentation, or falsification of any information contained in this application or contained in any communication supplying information to the Department of Labor, Office of Workers' Compensation Program (OWCP), or any deliberate alteration of any text on this application form, may be punished by criminal, civil, or administrative penalties including, but not limited to, the denial or revocation of OWCP billing privileges, civil damages, and/or imprisonment. I agree to abide by the OWCP regulations and program instructions that apply to me or to the organization listed in Section 3A of this enrollment form. I understand that payment of a claim by OWCP is conditioned upon the claim and the underlying transaction complying with state and federal laws (including, but not limited to, the Federal anti-kickback statute) and OWCP regulations, and program instructions.

First Name: \* Last Name: \*

Title:  Signature Date: 02/25/2025 15:45:28

**1**

**Privacy Act Statement**

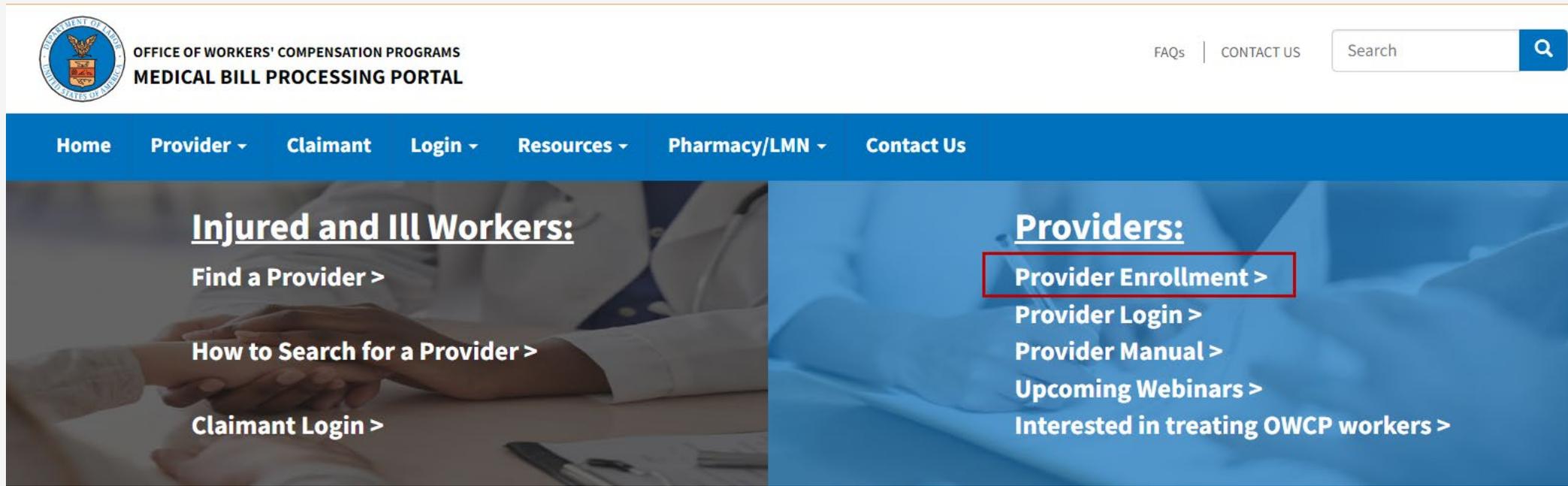
Collection of this information by OWCP is necessary for its administration of the Federal Employees' Compensation Act, the Black Lung Benefits Act, the Longshore and Harbor Workers' Compensation Act and the Energy Employees Occupational Illness Compensation Program Act, and is authorized under 20 CFR 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.

**2**

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

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

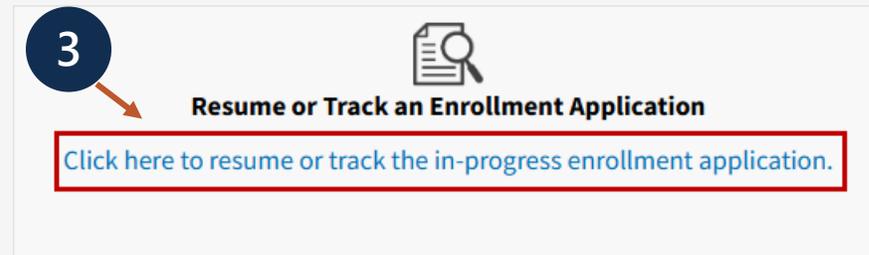
1. Go to [WCMBP Portal Homepage \(https://owcpmed.dol.gov\)](https://owcpmed.dol.gov).
2. Select **Provider Enrollment**.



The screenshot shows the homepage of the Office of Workers' Compensation Programs Medical Bill Processing Portal. The header includes the department logo, the text "OFFICE OF WORKERS' COMPENSATION PROGRAMS MEDICAL BILL PROCESSING PORTAL", and navigation links for "FAQs" and "CONTACT US". A search bar is located in the top right corner. Below the header is a blue navigation bar with links for "Home", "Provider", "Claimant", "Login", "Resources", "Pharmacy/LMN", and "Contact Us". The main content area is split into two columns. The left column, titled "Injured and Ill Workers:", contains links for "Find a Provider", "How to Search for a Provider", and "Claimant Login". The right column, titled "Providers:", contains links for "Provider Enrollment", "Provider Login", "Provider Manual", "Upcoming Webinars", and "Interested in treating OWCP workers". The "Provider Enrollment" link is highlighted with a red rectangular box.

# 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** link.
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** link and proceed to the next slide.
6. To return to the in-progress enrollment application, select **Submit**.



Close Submit

6

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: \*

5

# 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** link.

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

The screenshot shows a web application interface. At the top, there is a navigation bar with 'Profile:', 'External Links', 'Help', and 'Logout'. Below this is a breadcrumb trail: 'Track Application > Application Number Lookup'. The main content area is titled 'Application Number Lookup' and contains three input fields: 'National Provider Identifier:', 'SSN/FEIN:', and 'Zip Code:'. A 'Submit' button is located to the right of these fields. Below the lookup section is an 'Enrollment Applications' section. It starts with a note: 'Note: Applications that are not yet approved are displayed below.' This is followed by a table with the following columns: 'Application Number', 'Provider Name', 'National Provider Identifier', 'SSN/FEIN', 'Address', 'Status', 'Created Date', and 'Submitted Date'. The first row of the table is highlighted in blue. Below the table, there are navigation controls: 'View Page: 1', 'Go', '+ Page Count', 'Viewing Page: 1', and buttons for 'First', 'Prev', 'Next', and 'Last'. A 'SaveToCSV' button is also present.

# 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