

Workers' Compensation Medical Bill Processing System

How to Complete a Provider Enrollment Application Group Provider



Overview

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

Enrollment as a group provider is defined as follows:

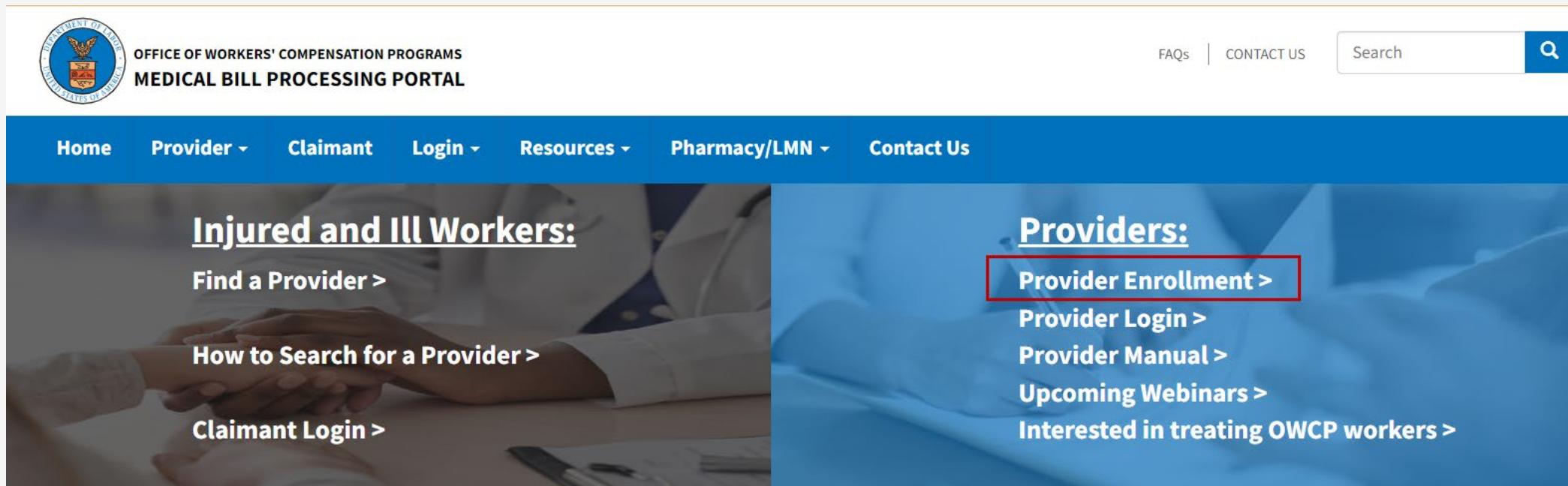
- One or more healthcare practitioners who practice their profession at a common location (whether they share common facilities, common supporting staff, or common equipment) and have formed a partnership or corporation or are employees of a person, partnership, or corporation, or other entity owning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



OFFICE OF WORKERS' COMPENSATION PROGRAMS
MEDICAL BILL PROCESSING PORTAL

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[How to Search for a Provider >](#)
[Claimant Login >](#)

Providers:

[Provider Enrollment >](#) (highlighted)
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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.

 **New Provider**
Enroll Online for Fast Approval

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

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

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

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

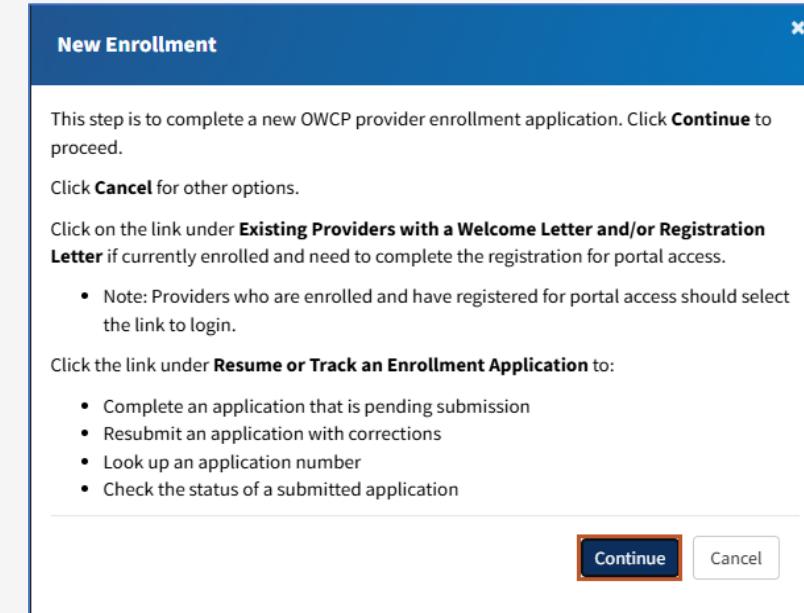
 **Resume or Track an Enrollment Application**

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

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

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

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



Note: Providers who previously enrolled and need to update enrollment or track an existing application need to select **Cancel** and then choose the appropriate "Existing Providers" or "Resume or Track an Enrollment Application" 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 image shows the OWCP Connect homepage with a blue header. The header features the United States Department of Labor logo and the text "United States Department of Labor" and "Office of Workers' Compensation Programs". On the right side of the header is the OWCP logo with the text "Office of Workers' Compensation Programs" and the tagline "Protecting Injured Workers Responsibly and Compassionately". Below the header, there are three main sections:

- OWCP Connect**: A box containing a list of services available once identity is verified, including: 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 box with a "Login Using Email Address:" input field, a "LOGIN" button, a "Forgot password?" link, and a "PASSWORD RESET" button.
- New User**: A box with the text "First time using OWCP Connect? Create a new account here." and a "CREATE ACCOUNT" button, which is highlighted with a red border. Below this box is a section titled "Information for Medical Providers" with three numbered steps: 1. This process generally takes 3-5 minutes, 2. Enrollment Tutorials (Click Here), and 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		Instructions
Enter the below information to create the account		
First Name*	<input type="text"/>	Please enter the required information and click NEXT to begin the Account Registration process.
Last Name*	<input type="text"/>	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.
Middle Initial	<input type="text"/>	This information is necessary to access personal Credit Bureau data for purposes of Identity Verification. All data transactions are secure and private.
Email*	<input type="text"/>	<i>Consider using an email address that is not associated with your current employment.</i>
Retype Email*	<input type="text"/>	<i>This email is available.</i>
Enter result of addition from image below*		
 <input type="text" value="6"/>		<i>This email is available.</i>
<small>* Required Field</small>		
NEXT		

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've entered a valid User ID and password, click **NEXT**.

PASSWORD CRITERIA

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

- Uppercase letters (including, but not limited to A, B, C, Y, Z, etc.)
- Lowercase letters (including, but not limited to a, b, c, y, z, etc.)
- Special Characters (limited to #, ?, !, @, \$, %, ^, &, *, -)
- Numbers (including, but not limited to, 1, 2, 3, 4, 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		Instructions
<p>Please select security questions & answers. They may be used during the login process for login verification.</p>		
Security Questions *		<p>Please select three security questions, and enter the answers in the spaces provided.</p>
1.	What is the name of the boy or girl that you first kissed? <input type="text"/>	These questions and answers may be used to confirm your identity during the login process, and/or if you need to reset your password.
2.	What is your maternal grandmother's name? <input type="text"/>	When you have selected the questions and entered answers, click SUBMIT.
3.	What was the last name of your childhood best friend? <input type="text"/>	
<p>* Required Field</p>		
PREV		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

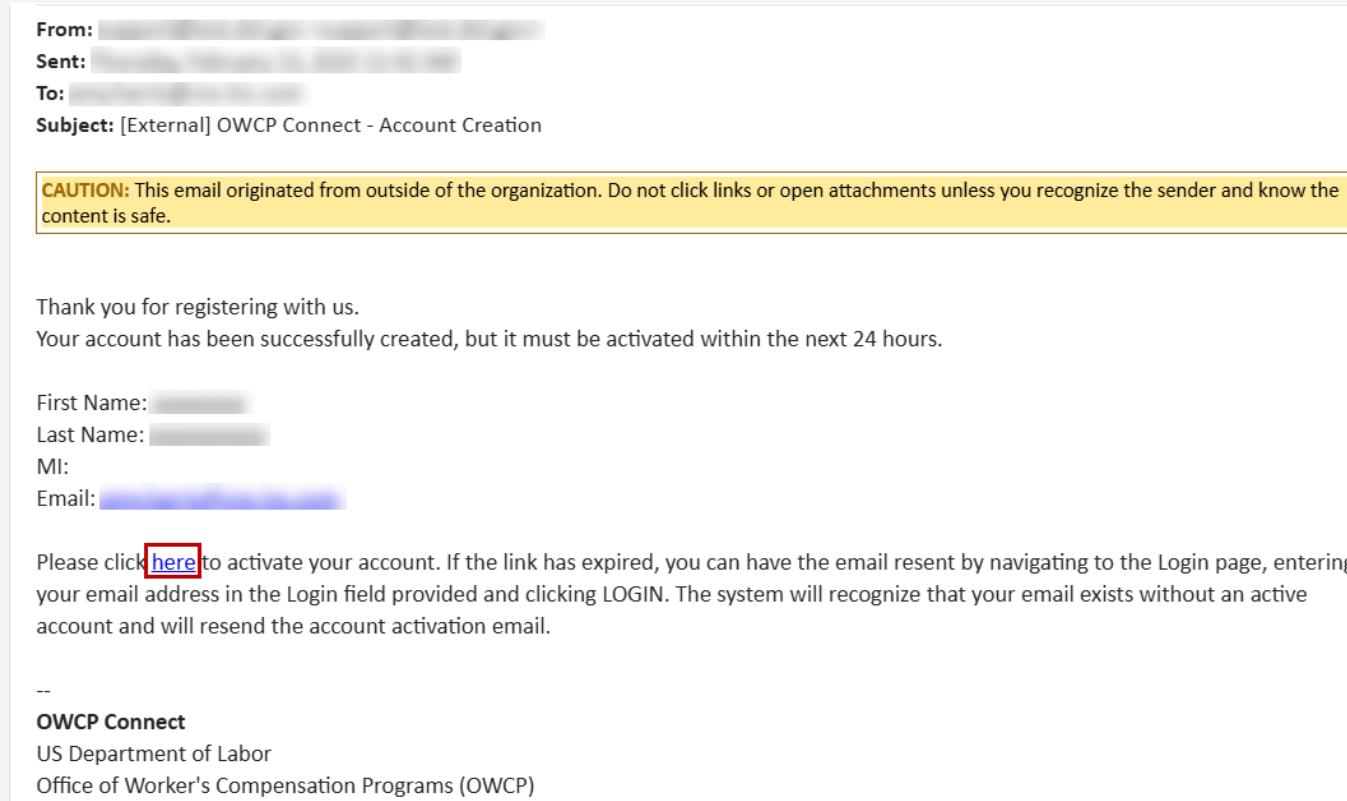
You will be receiving a confirmation email shortly.

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.*



OWCP Connect Account Registration (8 of 9)

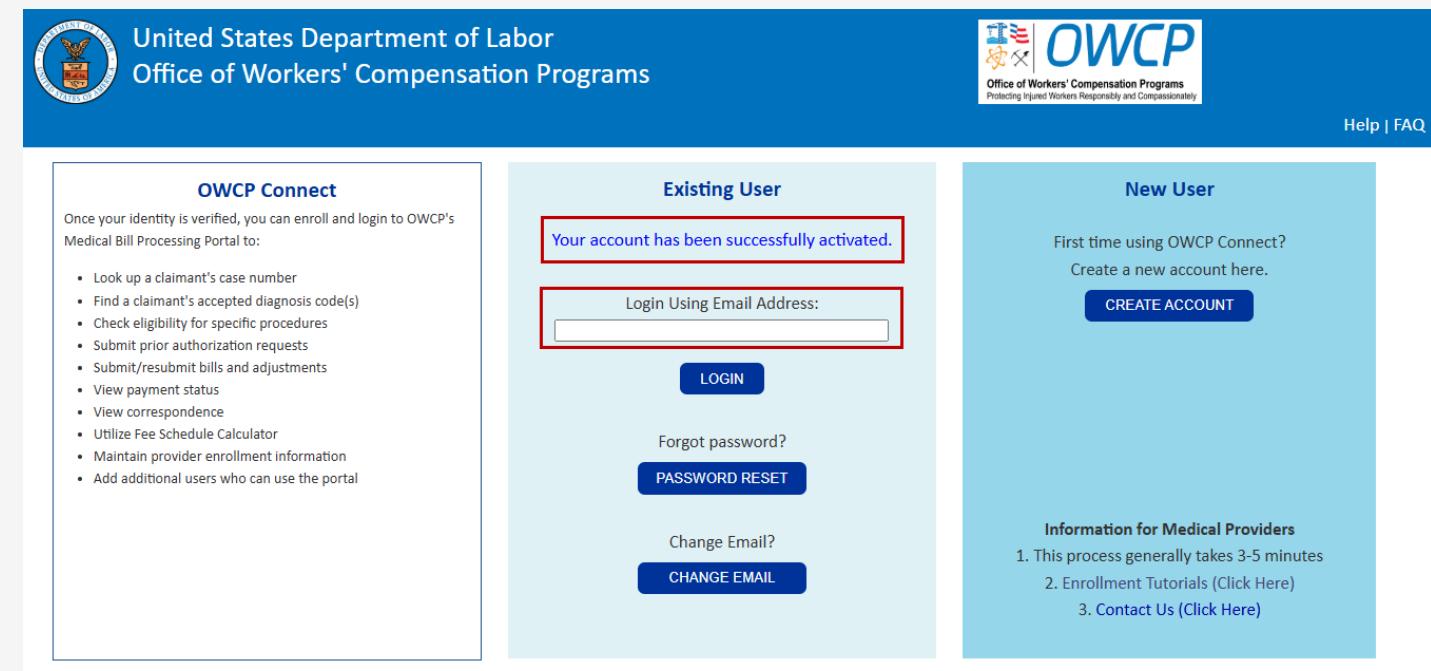
The link takes navigates to OWCP Connect where notification displays under the **Existing User** section that the account has been successfully activated.

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**

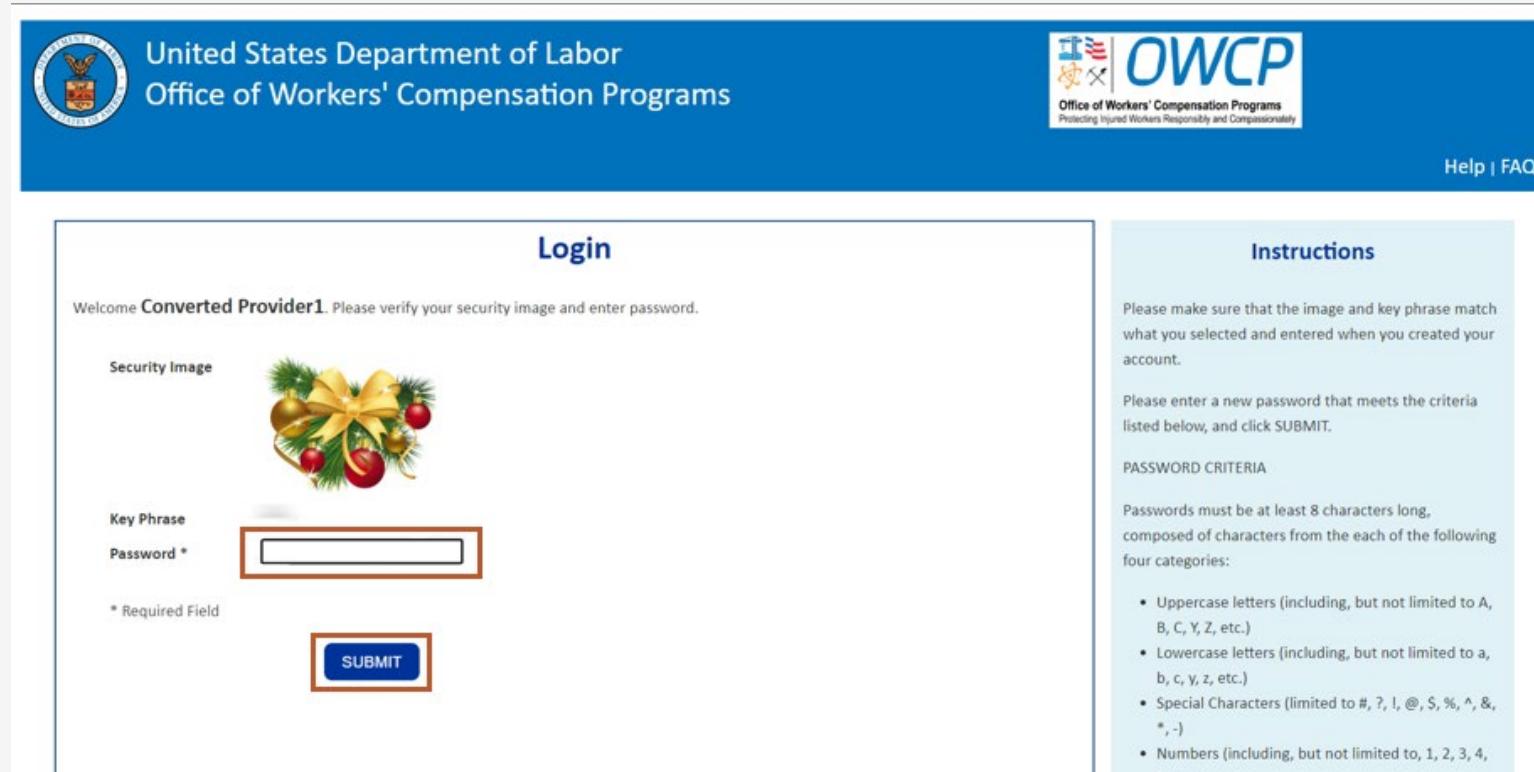
Note: Providers already registered can log in using [OWCP Connect](#).



OWCP Connect Account Registration (9 of 9)

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

16. Select **SUBMIT**.



The image shows the OWCP Connect Login page. The header features the United States Department of Labor logo and the text "United States Department of Labor" and "Office of Workers' Compensation Programs". To the right is the OWCP logo with the tagline "Protecting Injured Workers Responsibly and Compassionately". A "Help | FAQ" link is also in the header. The main content area has a "Login" title. It includes a "Security Image" section with a decorative wreath graphic, a "Key Phrase" section with a required field indicator (*), and a "Password *" section with a required field indicator (*). A "SUBMIT" button is at the bottom. To the right, a "Instructions" sidebar provides guidance on password creation and lists "PASSWORD CRITERIA" with four categories: Uppercase letters, Lowercase letters, Special Characters, and Numbers. The "Password *" field and the "SUBMIT" button are highlighted with a red box.

Login

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

Security Image



Key Phrase

>Password *

* Required Field

SUBMIT

Instructions

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

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

PASSWORD CRITERIA

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

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

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.

Enrollment Type

Please select the applicable Enrollment Type

* Group Practice Individual 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 an entity or association for the purpose of providing health care services under a single license or certificate of need, or under a single tax identification number, 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. In the **Tax Identifier Type** field, select the applicable radio button (FEIN or SSN).

6. Complete the following based on the previous step:

- If Federal Employer Identification Number (**FEIN**) was selected, complete the **Organization Name** (Legal Business Name), the **Organization Business Name** (Doing Business As), and **FEIN** fields.
- If Social Security Number (**SSN**) was selected, complete the **Last Name**, **First Name**, **Middle Name** (if applicable), and **SSN** fields.

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

3

4

5

6

Basic Information

Provider Type: --SELECT--

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

Program: DFEC DCMWC DEEOIC

Tax Identifier Type: * FEIN SSN

Organization Name: _____ (Legal Business Name)

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

Last Name: _____ Middle Name: _____

First Name: _____ SSN: _____

National Provider Identifier: _____ (NPI) Email Address: _____

Entity Type: --SELECT-- If Other, please explain: _____

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

Reason: _____

Finish Cancel

Step 1: Provider Basic Information (3 of 6)

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

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

8. 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.

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

10. 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.

11. Select **Finish**.

The screenshot shows the 'Basic Information' section of a form. The fields are as follows:

- Provider Type:** A dropdown menu with the placeholder "--SELECT--".
- If you select "Other Provider" (96) or Non-Medical Vendor (53), please explain:** A text input field.
- Program:** Checkboxes for DFEC, DCMWC, and DEEOIC.
- Tax Identifier Type:** Radio buttons for FEIN (selected) and SSN.
- Organization Name:** Text input field (Legal Business Name).
- Organization Business Name:** Text input field (Doing Business As).
- FEIN:** Text input field.
- Last Name:** Text input field.
- Middle Name:** Text input field.
- First Name:** Text input field.
- SSN:** Text input field.
- National Provider Identifier:** Text input field (NPI).
- Entity Type:** A dropdown menu with the placeholder "--SELECT--".
- I do not wish to be included in an online searchable list of OWCP providers.** A checkbox.
- Reason:** Text input field.
- Email Address:** Text input field.
- If Other, please explain:** Text input field.
- Finish:** A button.
- Cancel:** A button.

Callouts numbered 7 through 11 point to the following fields:

- 7: National Provider Identifier field.
- 8: Entity Type dropdown.
- 9: Email Address field.
- 10: 'I do not wish to be included in an online searchable list of OWCP providers.' checkbox.
- 11: Finish button.

Step 1: Provider Basic Information (4 of 6)

1. Write down the application number for record-keeping and select **Ok**. The application number will also be sent to the email address provided during the **Provider Registration for Online Access** step. Incomplete enrollment applications will be deleted after 90 calendar days of inactivity.

Note: For more information regarding applications being deleted after 90 calendar days of inactivity, review **Deletion of Incomplete Provider Enrollment Applications**.

Application Number: [REDACTED]	Name: Test Name LLC	Enrollment Type: Group Practice
Basic Information		
<p>Your Application Number is: [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. Please note that applications that are not submitted within 90-Calendar days from the last application update will be deleted.</p>		
<input checked="" type="checkbox"/> Ok		

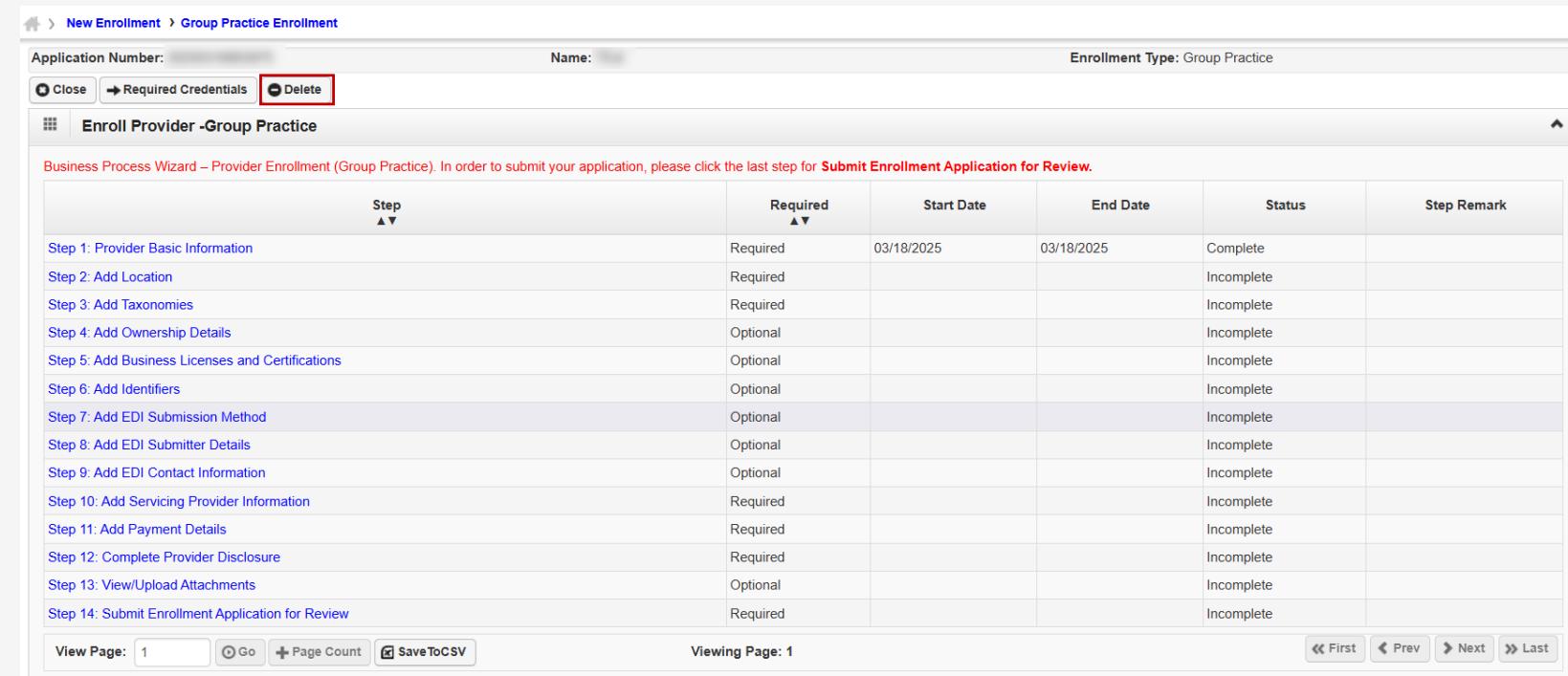
Step 1: Provider Basic Information (5 of 6)

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 an In-Progress Enrollment Application** [here](#).



The screenshot shows a table of 14 enrollment steps. The columns are: Step, Required, Start Date, End Date, Status, and Step Remark. The steps are:

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	Optional			Incomplete	
Step 6: Add Identifiers	Optional			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 Servicing Provider Information	Required			Incomplete	
Step 11: Add Payment Details	Required			Incomplete	
Step 12: Complete Provider Disclosure	Required			Incomplete	
Step 13: View/Upload Attachments	Optional			Incomplete	
Step 14: Submit Enrollment Application for Review	Required			Incomplete	

Step 1: Provider Basic Information (6 of 6)

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

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

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

13

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

View Page: 1 Go + Page Count
SaveToCSV

Viewing Page: 1
First Prev Next Last

14 Cancel

Step 2: Add Location (1 of 6)

The screenshot shows a 'Locations List' window on the left and an 'Add Provider Location' form on the right. The 'Add Provider Location' form has the following fields and interactions:

- Business Name:** Field 2 (highlighted with a blue circle and number 2).
- Contact Last Name:** Field 3 (highlighted with a blue circle and number 3).
- Contact First Name:** Field 4 (highlighted with a blue circle and number 4).
- Phone Number:** Field 5 (highlighted with a blue circle and number 5).
- Email Address:** Field 6 (highlighted with a blue circle and number 6).
- Checkboxes:** A checkbox labeled 'I wish to opt-in for paperless correspondence.' is located below the Email Address field. A note below it states: '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.'
- Buttons:** 'Next' and 'Cancel' buttons are located at the bottom right of the form.

Numbered circles 1 through 7 are overlaid on the interface, corresponding to the numbered steps in the list below.

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.

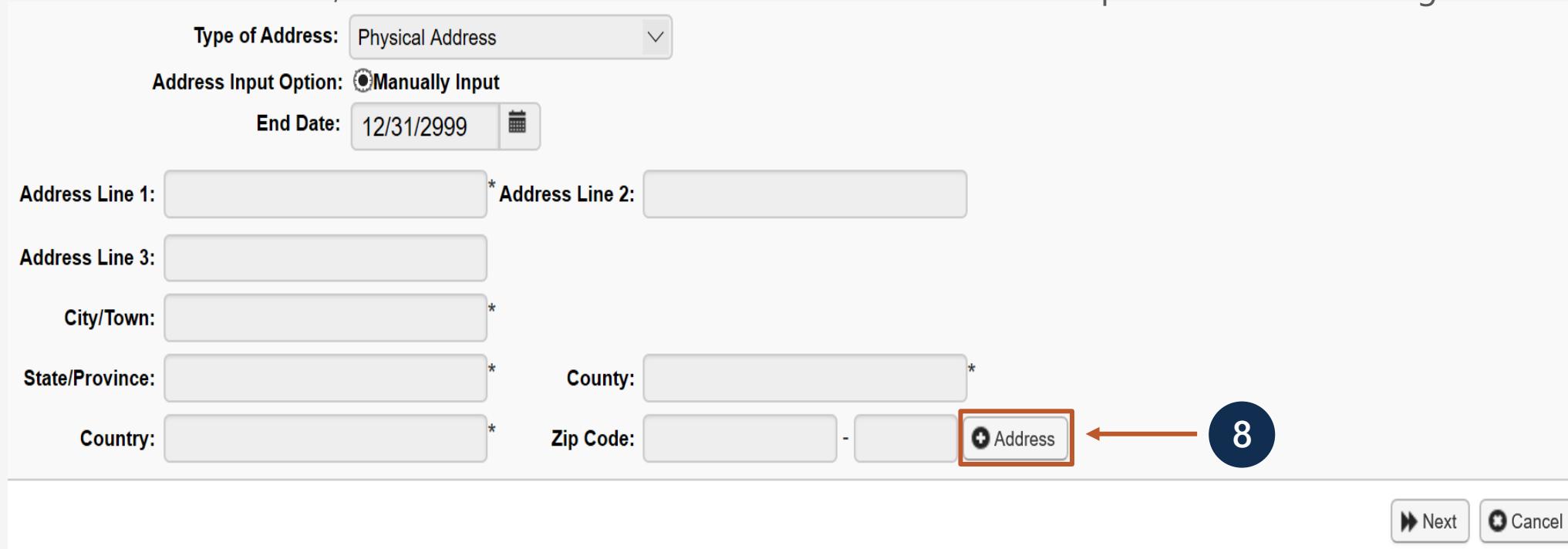
Note: When the checkbox is selected, the **Email Address** field becomes mandatory.

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 image shows the 'Address Details' window. At the top, there are dropdown menus for 'Type of Address' (Physical Address) and 'Address Input Option' (Manually Input). Below these are fields for 'End Date' (12/31/2999) and 'Address Line 1' and 'Address Line 2'. There are also fields for 'Address Line 3', 'City/Town', 'State/Province', 'Country', 'County', and 'Zip Code'. The 'Zip Code' field is followed by a button labeled 'Address' with a magnifying glass icon, which is highlighted with a red box and circled with the number 8. At the bottom right 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 a 'Address details' form. The 'Address Line 1' field is highlighted with a red box and labeled with the number 9. The 'Zip Code' field is labeled with the number 10. The 'Validate Address' button is highlighted with a red box and labeled with the number 11. The 'OK' and 'Cancel' buttons are at the bottom right.

The screenshot shows the same 'Address details' form after validation. A message 'Address validation successful' is displayed above the address fields. The 'OK' button is highlighted with a red box and labeled with the number 12. The 'Cancel' button is also present.

Step 2: Add Location (4 of 6)

Mailing Address

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

Location Address

Type of Address: Physical Address

Address Input Option: Manually Input

End Date: 12/31/2999

Address Line 1: * Address Line 2:

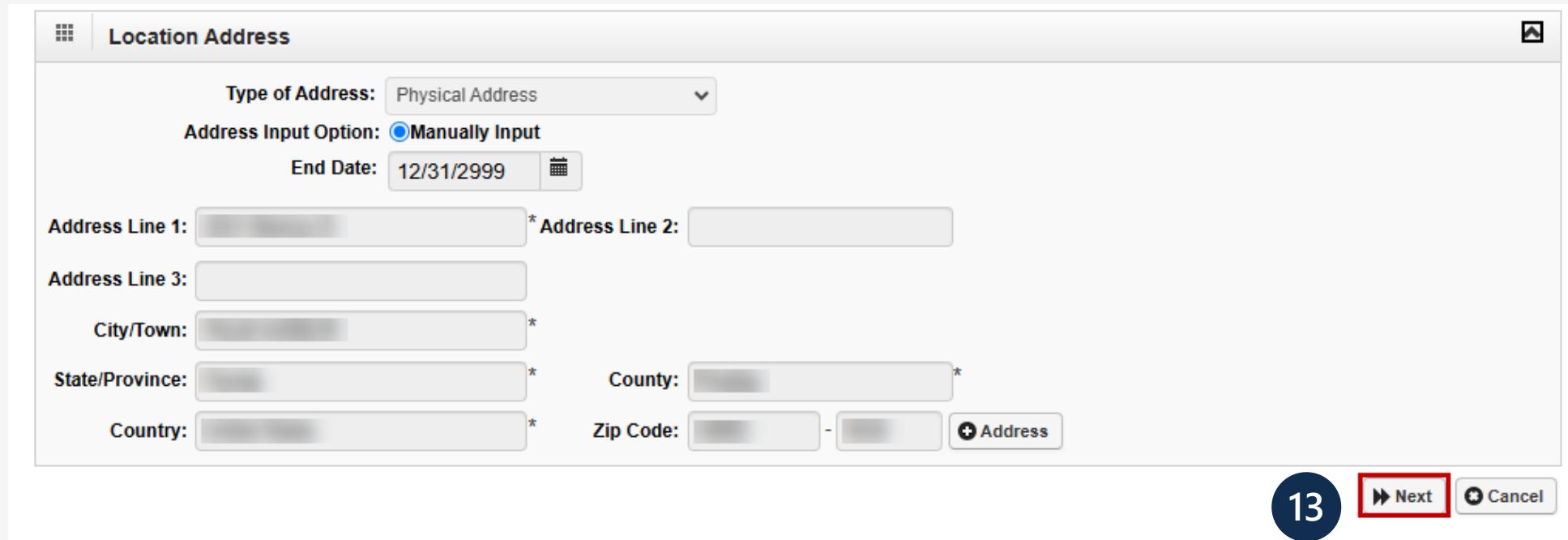
Address Line 3:

City/Town: *

State/Province: * County: *

Country: * Zip Code: -

13



Step 2: Add Location (5 of 6) Mailing Address

Type of Address: Mailing

Address Input Option: Manually Input Same as Physical Address

End Date: 12/31/2999

Address Line 1: * Address Line 2:

Address Line 3:

City/Town: *

State/Province: *

Country: *

County: *

Zip Code: -

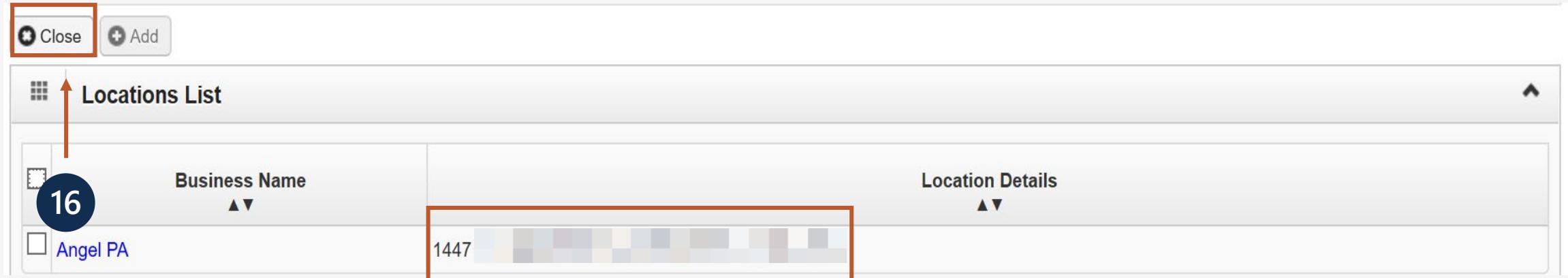
+ Address

OK Cancel

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, there are 'Close' and 'Add' buttons. Below them is a 'Locations List' header with a grid icon. The list displays a single location entry: '16' (highlighted with a blue circle), 'Business Name' (Angel PA), and 'Location Details' (1447, followed by a redacted address). A red arrow points to the 'Close' button, and a red box highlights the address field.

Business Name	Location Details
Angel PA	1447 [REDACTED]

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

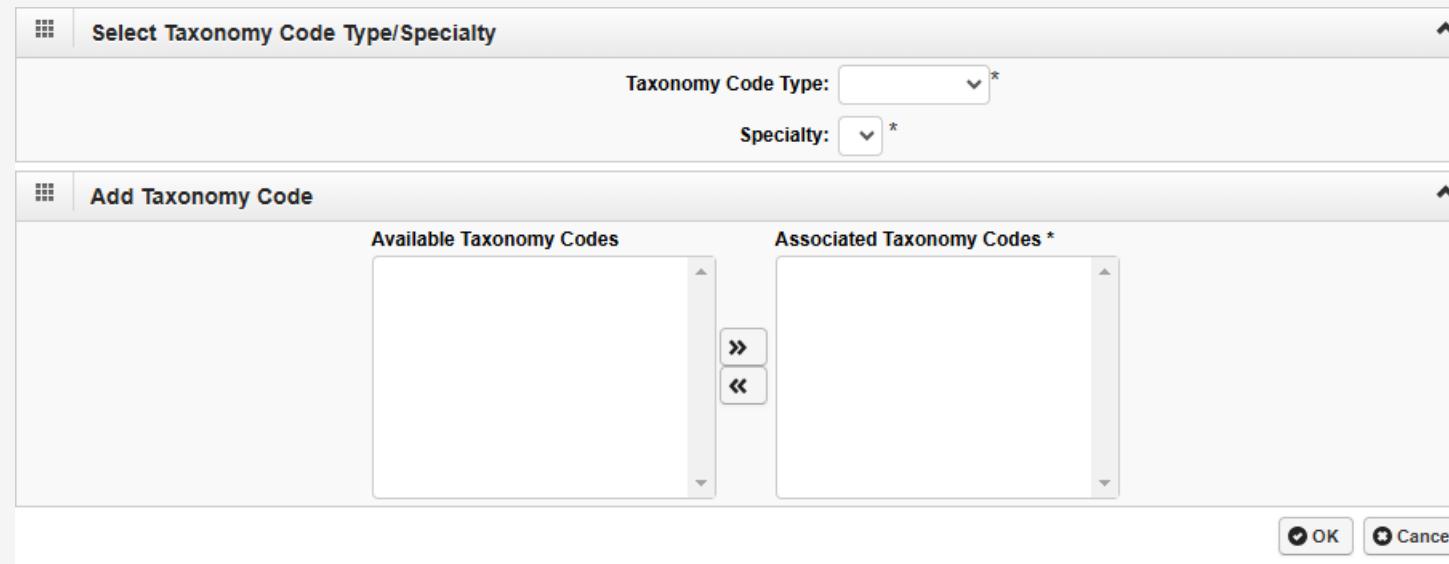
16. To move on to the next step, select **Close**.

Step 3: Add Taxonomies (1 of 5)

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

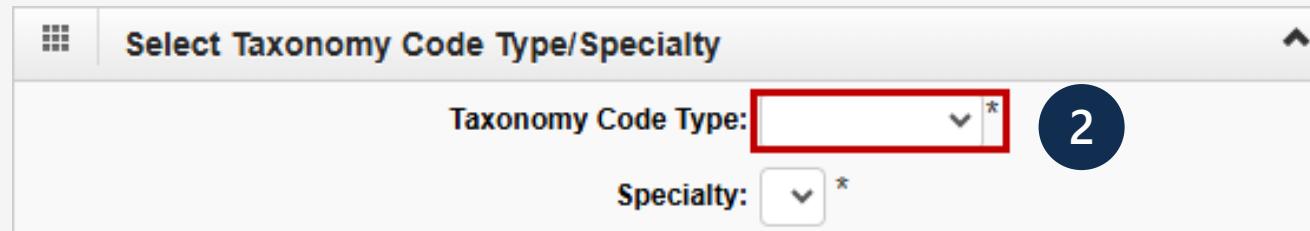


The **Add Taxonomy Code** page opens.

A screenshot of the 'Add Taxonomy Code' dialog box. It consists of two main sections: 'Select Taxonomy Code Type/Specialty' and 'Add Taxonomy Code'. The 'Select Taxonomy Code Type/Specialty' section contains dropdown menus for 'Taxonomy Code Type:' and 'Specialty:'. The 'Add Taxonomy Code' section contains two lists: 'Available Taxonomy Codes' and 'Associated Taxonomy Codes *'. Between the lists are two buttons: '»' and '«'. At the bottom of the dialog are 'OK' and 'Cancel' buttons.

Step 3: Add Taxonomies (2 of 5)

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

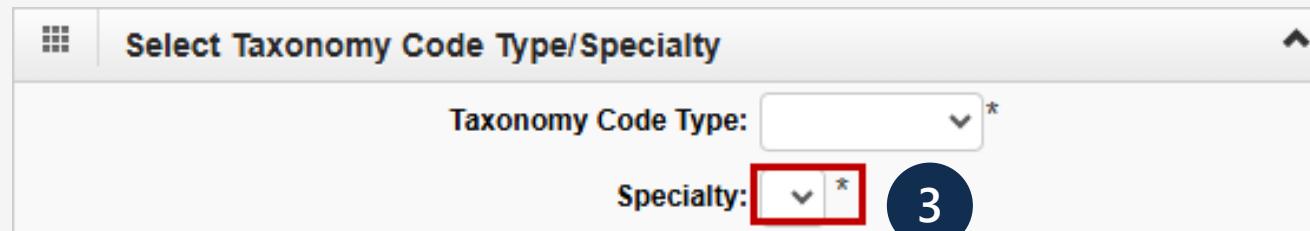


Select Taxonomy Code Type/Specialty

Taxonomy Code Type: *

Specialty: *

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



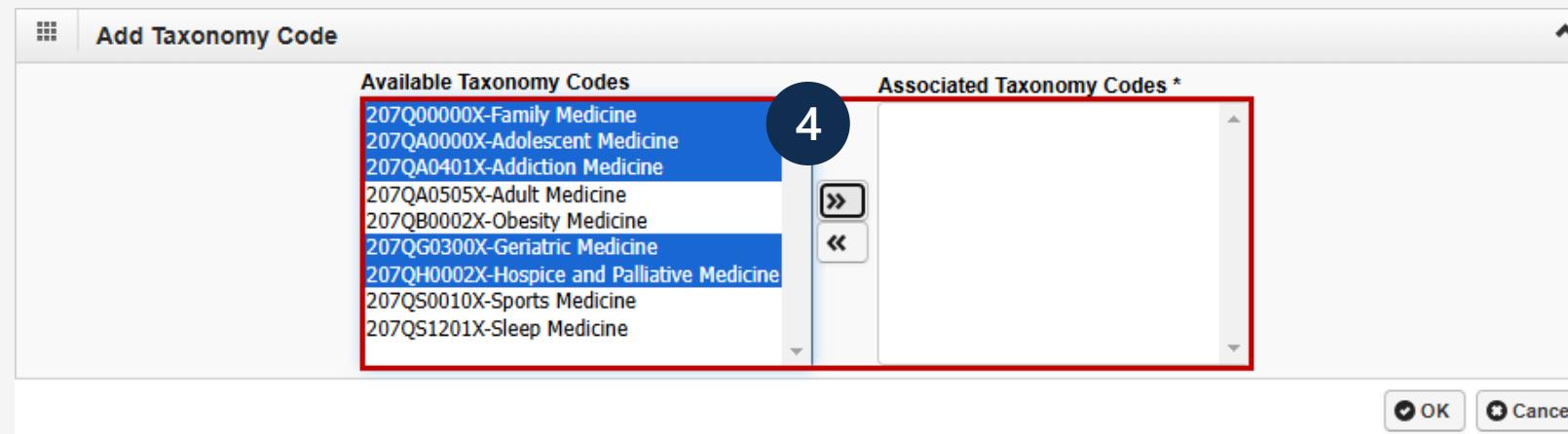
Select Taxonomy Code Type/Specialty

Taxonomy Code Type: *

Specialty: *

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: 20-Allopathic & Osteopathic Physicians *

Specialty: 7Q-Family Medicine *

Add Taxonomy Code

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

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

Close **Add**

Taxonomy List

Filter By :

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

Delete 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**.

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

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

6. Select **OK**.

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

The screenshot shows the 'Add Ownership' window. Step 1 highlights the 'Add' button. Step 2 highlights the 'Ownership Type' dropdown set to 'Individual Ownership'. Step 3 highlights the 'SSN/FEIN' field. Step 4 highlights the 'Last Name' and 'First Name' fields. Step 5 highlights the address fields: 'Address Line 1', 'Address Line 2', 'City/Town', 'State/Province', 'County', and 'Country'. Step 6 highlights the 'OK' button at the bottom right. A note on the right side of the window states: '- 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).'

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

7 →

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

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 (Optional) (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.

The screenshot shows a software interface for adding a business license or certification. At the top, there are 'Close' and 'Add' buttons, with 'Add' highlighted. A blue circle with the number '1' points to the 'Add' button. Below this is a 'License/Certification List' section. The main form is titled 'Add Business License/Certification' and contains the following fields:

- License/Certification Type:** A dropdown menu with three options: 'C-Certification' (selected), 'L-License', and 'N-License or Certification not required'. A blue circle with the number '2' points to this field.
- Name:** A text input field with an asterisk (*) indicating it is required. A blue circle with the number '3' points to this field.
- License/Certification #:** A text input field with an asterisk (*) indicating it is required. A blue circle with the number '5' points to this field.
- Initial Issue Date:** A date picker field with an asterisk (*) indicating it is required. A blue circle with the number '4' points to this field.
- Expiration Date:** A date picker field with an asterisk (*) indicating it is required.
- Issued State:** A dropdown menu with an asterisk (*) indicating it is required.
- Issuer Agency:** A text input field with an asterisk (*) indicating it is required.
- Web Link:** A text input field with an asterisk (*) indicating it is required.

At the bottom right of the form are 'OK' and 'Cancel' buttons.

Step 5: Add Professional Licenses and Certifications (Optional) (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 Group Practice Enrollment Type.
• Servicing provider and professional licensure information will be required on Step 10 of this application or modification.

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

Name: *

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

Initial Issue Date: * 7 Expiration Date: *

Issued State: * 8 Issuer Agency: * 9

Web Link: * 10

11 → **OK** **Cancel**

Step 5: Add Professional Licenses and Certifications (Optional) (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:

*

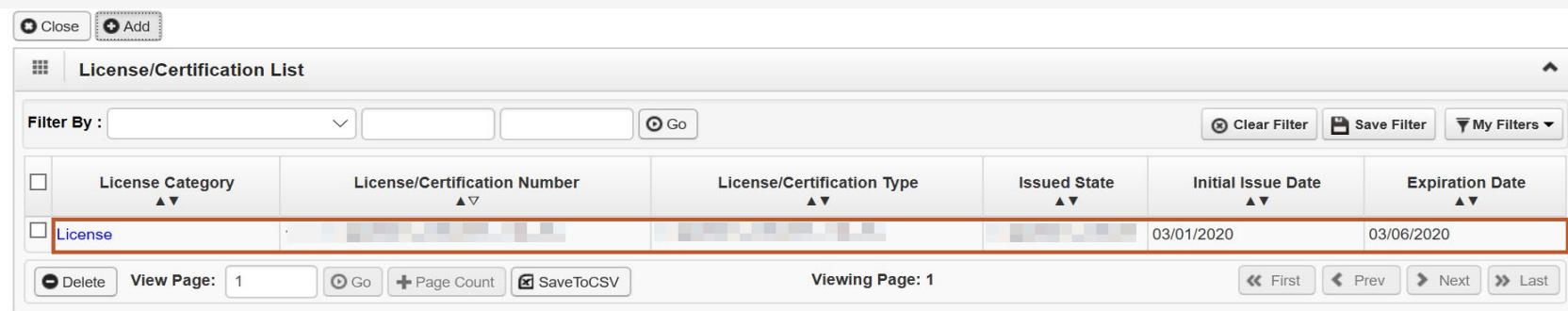
Please upload letter/evidence from the State authority in "View/Upload Attachments" step confirming that a license or certification is not required. Verification will be performed before your enrollment can be approved.

OK Cancel

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

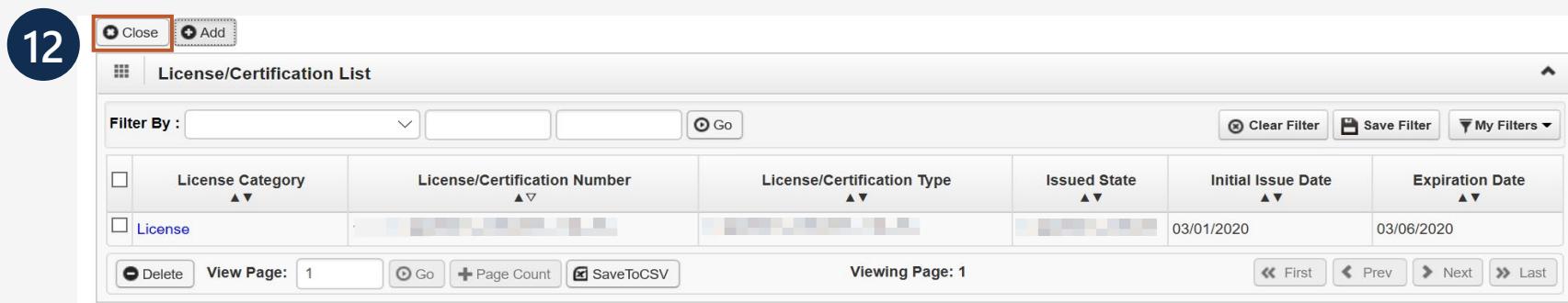
The **License/Certification List** displays the entered license or certification information.

Note: Add all business licenses or certifications required by the State to perform the service under the Enrollment Provider Type. *Business licenses are not required for groups.*



The screenshot shows a software interface for managing licenses and certifications. At the top, there are buttons for 'Close' and 'Add'. Below that is a title bar 'License/Certification List'. A 'Filter By' dropdown and a 'Go' button are on the left. On the right 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, representing a license entry. The 'License' column contains the word 'License'. The 'Initial Issue Date' is 03/01/2020 and the 'Expiration Date' is 03/06/2020. At the bottom, there are buttons for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

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



This screenshot is identical to the one above, showing the 'License/Certification List' page. A large blue circle with the number '12' is positioned to the left of the 'Close' button in the top left corner. The rest of the interface, including the table and bottom controls, is the same as the previous screenshot.

Step 6: Add Identifiers (Optional) (1 of 2)

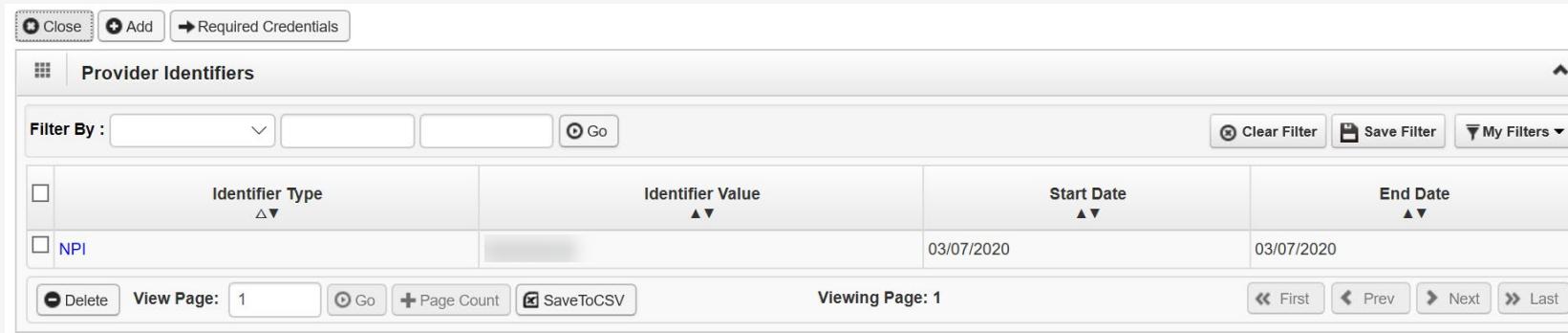
The screenshot shows the 'Provider Identifiers' dialog box. At the top, there are buttons for 'Close', '+ Add', and 'Required Credentials'. The '+ Add' button is highlighted with a red arrow and the number 1. Below the buttons is the title 'Provider Identifiers'. The main area is titled 'Add New Identifier'. It contains fields for 'Identifier Type' (set to 'Drug Enforcement Agency (DEA) N'), 'Identifier Value' (empty), 'Start Date' (empty), and 'End Date' (empty). A red arrow points from the 'Identifier Type' field to the 'Identifier Value' field, labeled with the number 2. Another red arrow points from the 'Start Date' field to the 'End Date' field, labeled with the number 4. A red arrow points from the 'OK' button to the 'OK' button, labeled with the number 5. A red box highlights the 'Identifier Type' dropdown, labeled with the number 2. The 'Identifier Type' dropdown list is titled 'Drug Enforcement Agency (DEA) Number' and contains the following options: NPI, Other Provider ID, Previous Provider ID, Provider Medicare Number, and United Mine Workers' of America (UMWA) Number.

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.

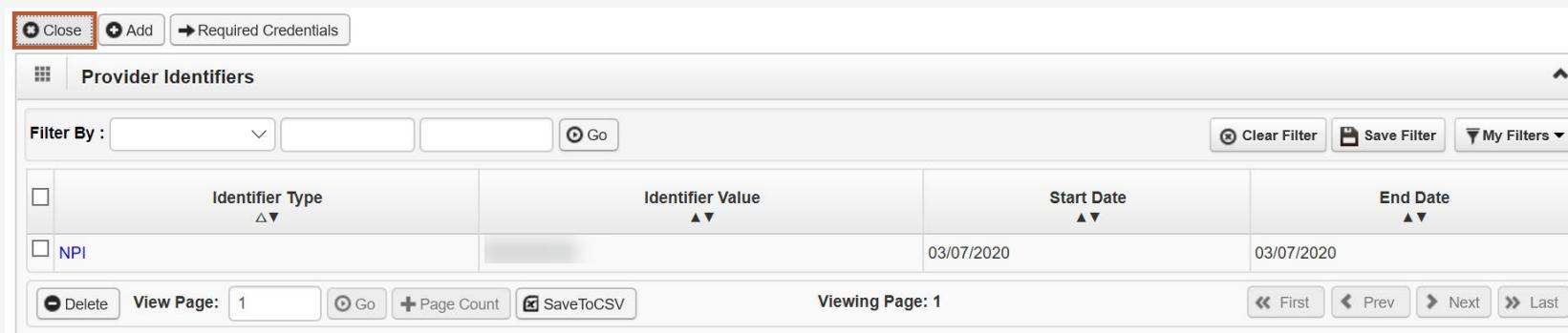
Step 6: Add Identifiers (Optional) (2 of 2)

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



The screenshot shows a web-based application interface for managing provider identifiers. At the top, there are buttons for 'Close', 'Add', and 'Required Credentials'. The main title is 'Provider Identifiers'. Below the title is a 'Filter By' dropdown and a 'Go' button. To the right are 'Clear Filter', 'Save Filter', and 'My Filters' buttons. The main content area is a table with four columns: 'Identifier Type', 'Identifier Value', 'Start Date', and 'End Date'. The 'Identifier Type' column has a dropdown arrow. The 'Identifier Value' column contains the text 'NPI'. The 'Start Date' and 'End Date' columns both show the date '03/07/2020'. At the bottom of the table are buttons for 'Delete', 'View Page' (set to 1), 'Go', 'Page Count', and 'SaveToCSV'. The status bar indicates 'Viewing Page: 1' and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

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



The screenshot is identical to the one above, showing the 'Provider Identifiers' list with a single NPI entry. A large, dark blue circle with the number '6' in white is positioned in the top-left corner of the page, indicating the step to take.

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.

1

You may check multiple Modes of Submission.

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

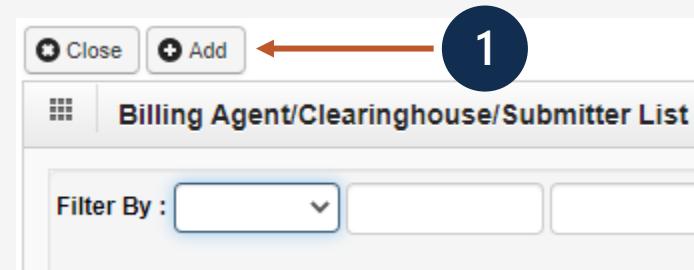
Step 8: Add EDI Submitter Details (1 of 3)

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

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

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

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



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.

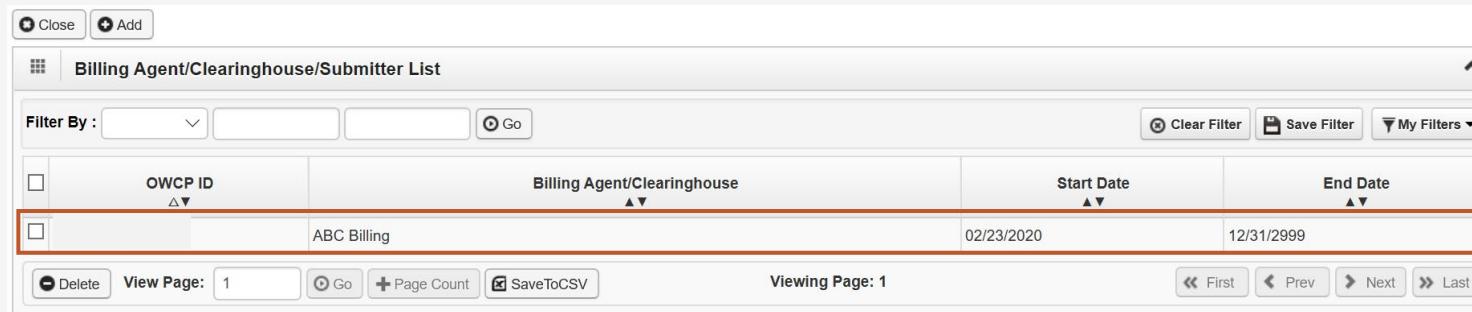
2 → Billing Agent/Clearinghouse OWCP ID: *

Start Date: * ← 3 → End Date:

4 →

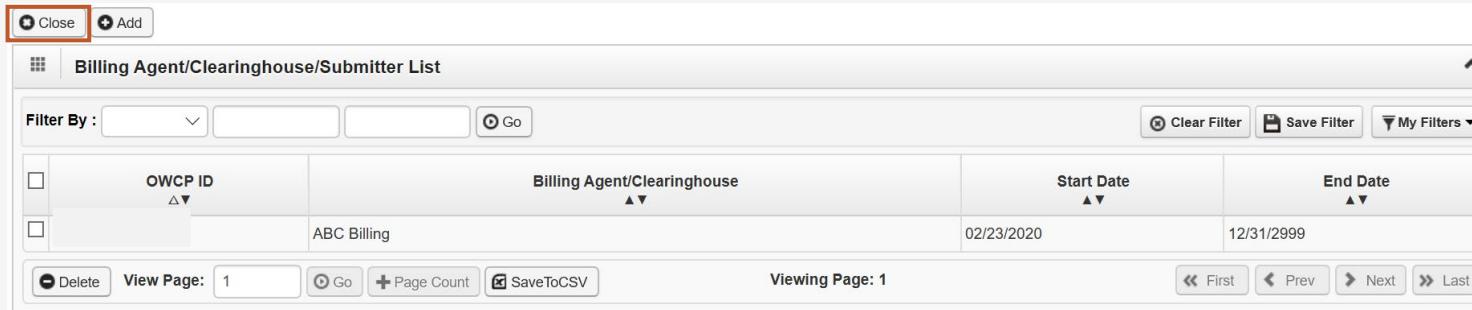
Step 8: Add EDI Submitter Details (3 of 3)

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



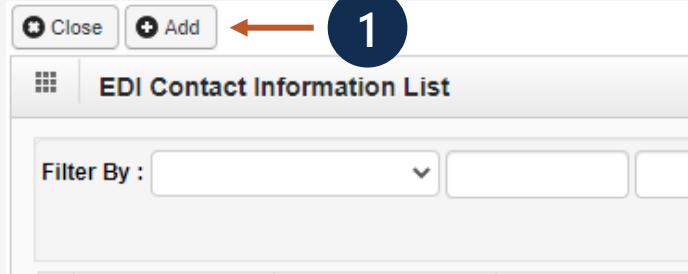
OWCP ID	Billing Agent/Clearinghouse	Start Date	End Date
	ABC Billing	02/23/2020	12/31/2999

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



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

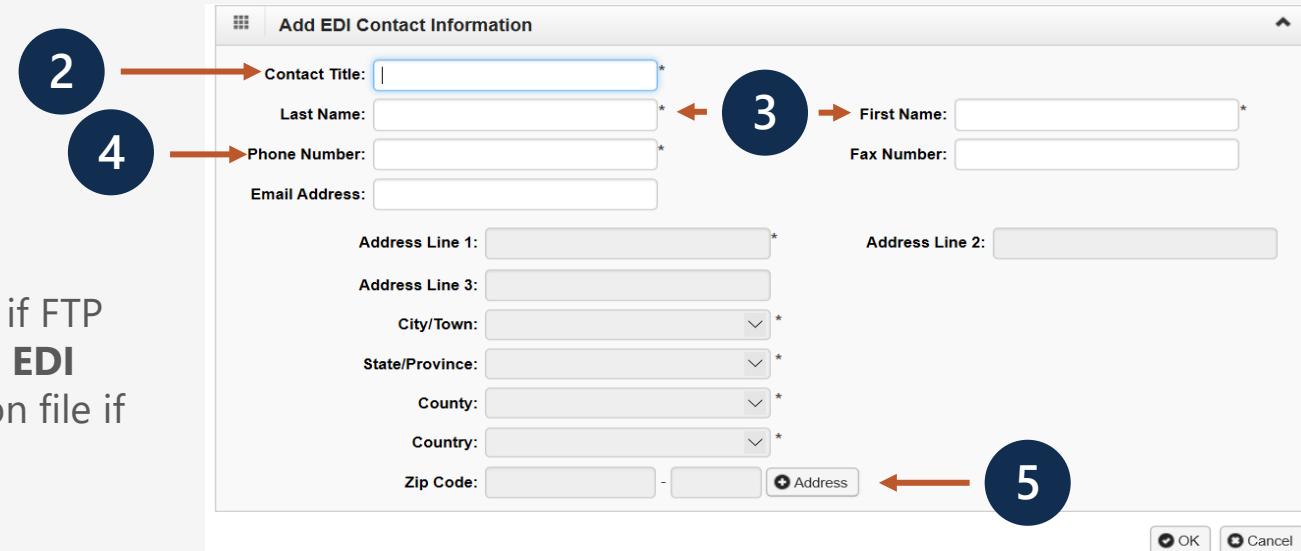
Step 9: Add EDI Contact Information (1 of 3)



Close Add ← 1

EDI Contact Information List

Filter By :



Add EDI Contact Information

Contact Title:

Last Name: * ← 2

First Name: * ← 3

Phone Number: * ← 4

Fax Number:

Email Address:

Address Line 1: * ← 5

Address Line 2:

Address Line 3:

City/Town: * ← 2

State/Province: * ← 3

County: * ← 4

Country: * ← 5

Zip Code: - ← 5

OK Cancel

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 FTP Secured Batch or Web Batch was selected in **Step 7: Add EDI Submission Method**.

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

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

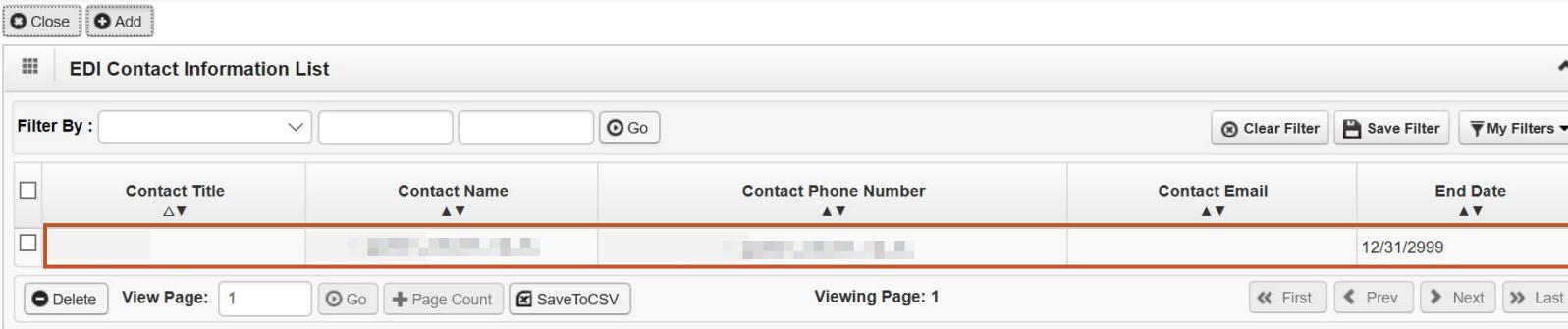
Note: If the address cannot be validated, an alert window opens. Select **OK** to continue or select **Cancel** to revalidate the address.

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

The screenshot shows the 'Address details' dialog box. It has a header with a close button. The main area contains fields for Address Line 1, Address Line 2, Address Line 3, City/Town, State/Province, County, and Country. Below these is a 'Zip Code' field with a dropdown and a 'Validate Address' button. At the bottom are 'OK' and 'Cancel' buttons. Numbered callouts point to each: 6 points to Address Line 1, 7 points to Zip Code, 8 points to Validate Address, and 10 points to OK.

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

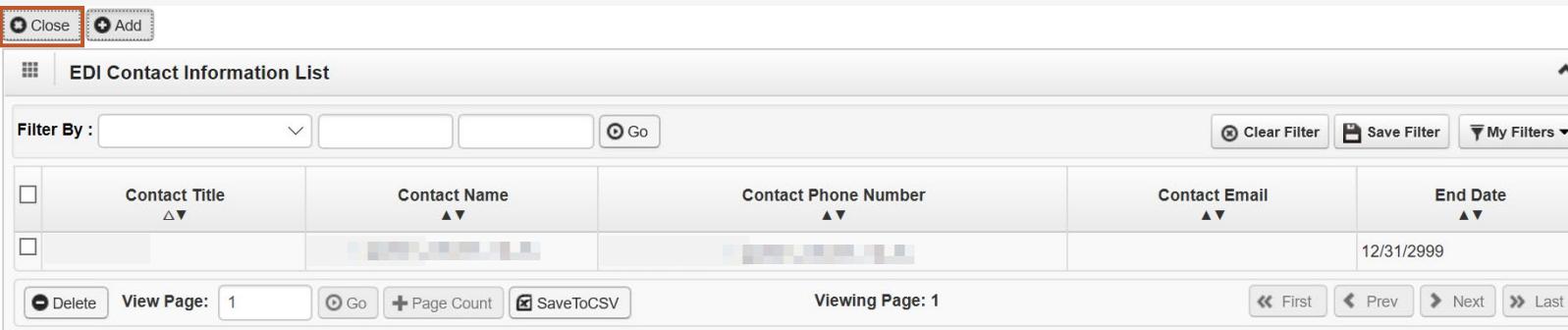
The **EDI Contact Information List** displays the entered contact information.



The screenshot shows a software interface for managing contact information. At the top, there are 'Close' and 'Add' buttons. The main title is 'EDI Contact Information List'. Below the title is a filter bar with fields for 'Filter By' and buttons for 'Go', 'Clear Filter', 'Save Filter', and 'My Filters'. The main area is a table with columns: Contact Title, Contact Name, Contact Phone Number, Contact Email, and End Date. A single row of data is visible, with the 'Contact Name' and 'Contact Email' fields redacted with grey text. The 'End Date' field shows '12/31/2999'. At the bottom, there are buttons for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

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

10



This screenshot is identical to the one above, showing the 'EDI Contact Information List' interface. The 'Close' button at the top left is highlighted with a red box. The rest of the interface, including the table data and bottom controls, is the same as the previous screenshot.

Step 10: Add Servicing Provider Information (1 of 2)

Note: There is no limit to how many servicing providers can be added to the practice.

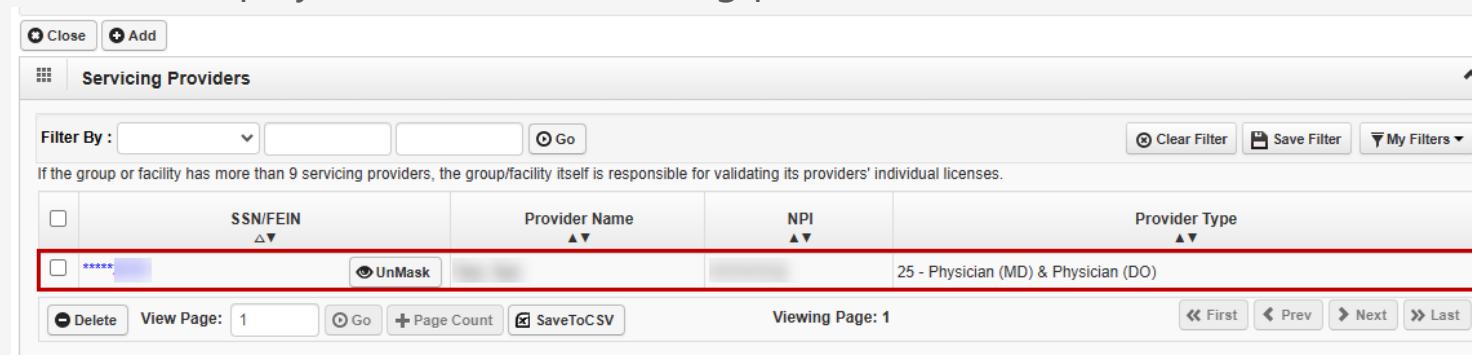
Note: At least one servicing provider must be added in this step to submit the application.

1. Select **+Add**.
2. Enter the individual servicing provider's name in the **Last Name** and **First Name** fields.
3. Enter the individual servicing provider's social security number (SSN) in the **SSN** field.
4. Select the servicing provider type from the **Provider Type** drop-down list.
5. Enter the servicing provider's National Provider Identifier (NPI) in the **National Provider Identifier (NPI)** field.
6. Enter up to five taxonomy codes in the **Taxonomy** fields.
7. Complete all applicable **License/Certification** fields for all license and certification information for the associated servicing provider.
8. Select **OK**.

The screenshot shows the 'Servicing Providers' dialog box. At the top right are 'Close' and 'Add' buttons, with a red arrow pointing to the 'Add' button and a blue circle labeled '1' above it. The title 'Servicing Providers' is centered above the form. The form is divided into sections: 'Associate Servicing Provider' (Last Name, First Name, Middle Name, SSN, all highlighted with a red box and blue circles labeled 2, 3), 'Provider Type' (a dropdown menu highlighted with a red box and blue circle labeled 4), 'National Provider Identifier (NPI)' (highlighted with a red box and blue circle labeled 5), 'Taxonomy' (a dropdown menu highlighted with a red box and blue circle labeled 6), and a table for 'License/Certification' information (highlighted with a red box and blue circle labeled 7). The table has columns for Category, Type, Number, State, Issue Date, and Expiration Date. At the bottom right are 'OK' and 'Cancel' buttons, with a red box and blue circle labeled '8' above the 'OK' button.

Step 10: Add Servicing Provider Information (2 of 2)

The **Servicing Providers** list displays the entered servicing providers' information.



	SSN/FEIN	Provider Name	NPI	Provider Type
<input type="checkbox"/>	*****	<input type="button" value="UnMask"/>		25 - Physician (MD) & Physician (DO)
<input type="button" value="Delete"/> View Page: 1 <input type="button" value="Go"/> <input type="button" value="Page Count"/> <input type="button" value="SaveToCSV"/> Viewing Page: 1 <input type="button" value="First"/> <input type="button" value="Prev"/> <input type="button" value="Next"/> <input type="button" value="Last"/>				

9. Proceed as applicable:

- To enter additional servicing providers, select **+Add**.
- To move on to the next step, select **Close**.



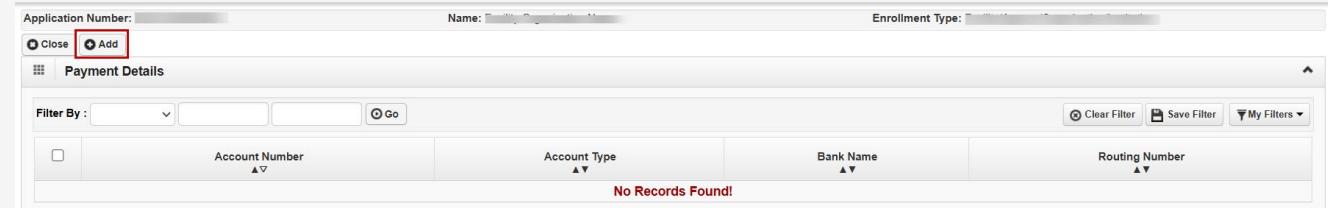
	SSN/FEIN	Provider Name	NPI	Provider Type
<input type="checkbox"/>	*****	<input type="button" value="UnMask"/>		25 - Physician (MD) & Physician (DO)
<input type="button" value="Delete"/> View Page: 1 <input type="button" value="Go"/> <input type="button" value="Page Count"/> <input type="button" value="SaveToCSV"/> Viewing Page: 1 <input type="button" value="First"/> <input type="button" value="Prev"/> <input type="button" value="Next"/> <input type="button" value="Last"/>				

Step 11: Add Payment Details (1 of 6)

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

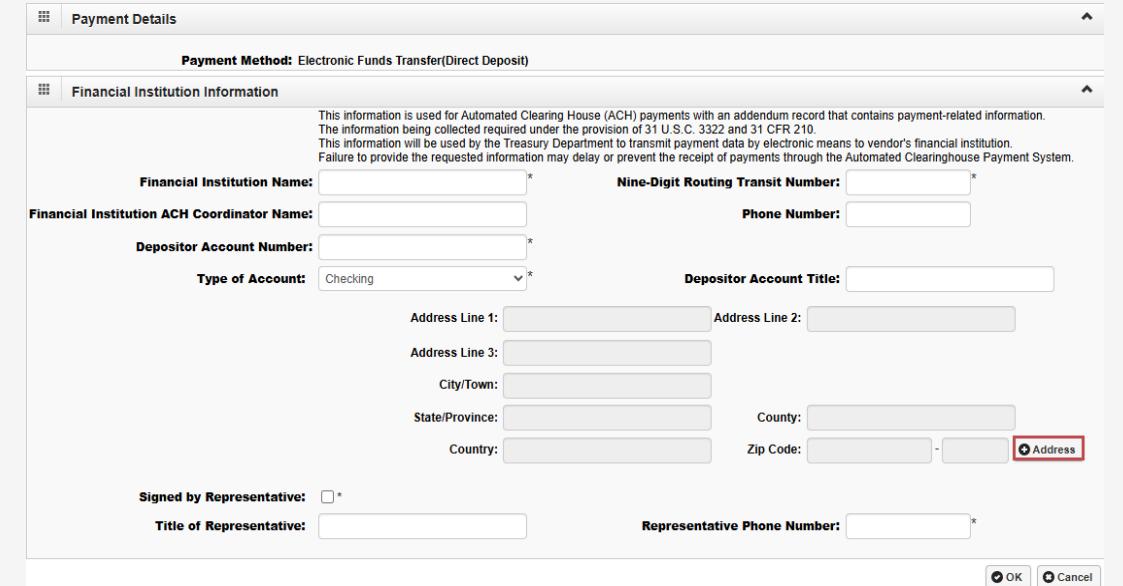
1. Select **+Add**.

1



The screenshot shows a software application window titled 'Payment Details'. At the top left, there are 'Close' and 'Add' buttons, with 'Add' being highlighted by a red box. The main area displays a table with columns for 'Account Number', 'Account Type', 'Bank Name', and 'Routing Number'. A message at the bottom of the table says 'No Records Found!'. The top of the window has fields for 'Application Number', 'Name', and 'Enrollment Type', and includes filter and search options.

The **Payment Details and Financial Institution Information** page opens. Select **+Address** to add address and validate.



The screenshot shows a detailed form for 'Payment Details and Financial Institution Information'. It includes sections for 'Payment Method' (set to 'Electronic Funds Transfer(Direct Deposit)'), 'Financial Institution Information' (with fields for 'Financial Institution Name', 'Financial Institution ACH Coordinator Name', 'Depositor Account Number', 'Type of Account' (set to 'Checking'), and 'Depositor Account Title'), and 'Address' (with fields for 'Address Line 1', 'Address Line 2', 'Address Line 3', 'City/Town', 'State/Province', 'County', 'Country', and 'Zip Code'). At the bottom, there are fields for 'Signed by Representative', 'Title of Representative', 'Representative Phone Number', and 'OK' and 'Cancel' buttons. A note in the financial institution section states: '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.'

Step 11: Add Payment Details (2 of 6)

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

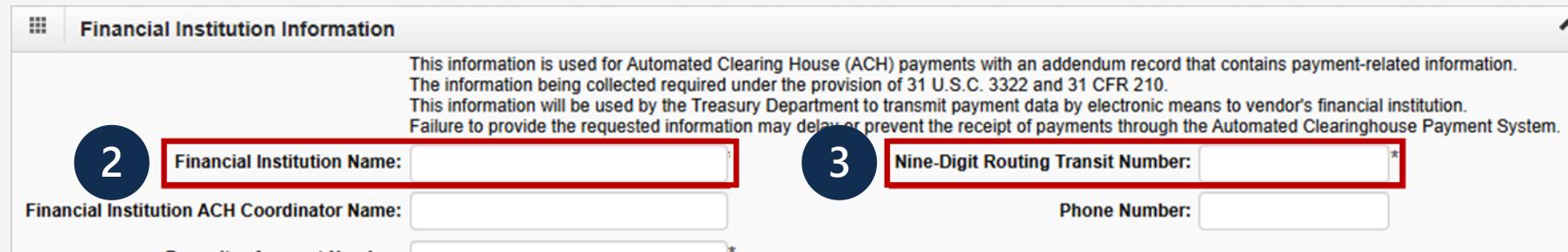
Financial Institution Information

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 3

Financial Institution ACH Coordinator Name:

Phone Number:



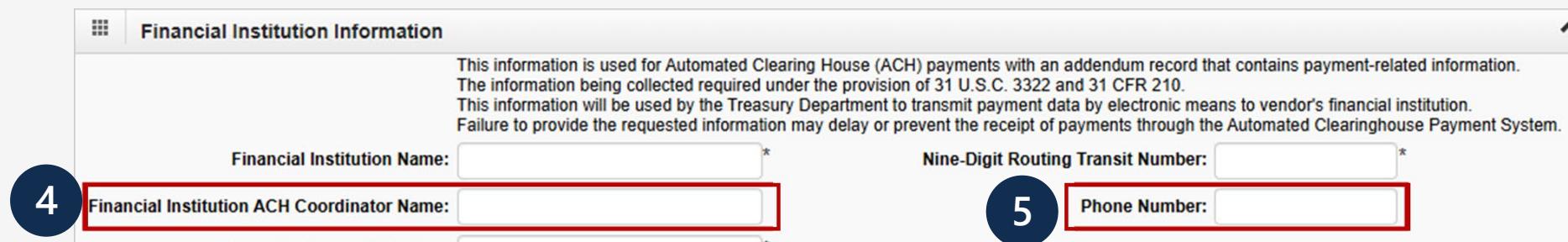
4. Complete the **Financial Institution ACH Coordinator Name** field.
5. Complete the **Phone Number** field (optional).

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.

4 5

Financial Institution ACH Coordinator Name: 5



Step 11: Add Payment Details (3 of 6)

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

Financial Institution Information

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

Financial Institution Name: <input type="text" value="Sample Bank"/> *	Nine-Digit Routing Transit Number: <input type="text" value="12"/> *
Financial Institution ACH Coordinator Name: <input type="text"/>	Phone Number: <input type="text" value="51 37"/>
6 Depositor Account Number: <input type="text"/>	Depositor Account Title: <input type="text"/>
7 Type of Account: <input type="text" value="Checking"/>	

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

Financial Institution ACH Coordinator Name: <input type="text" value="John Doe"/>	Phone Number: <input type="text"/>
Depositor Account Number: <input type="text"/> *	
Type of Account: <input type="text" value="Checking"/> *	8 Depositor Account Title: <input type="text"/>
Address Line 1: <input type="text"/>	Address Line 2: <input type="text"/>

Step 11: Add Payment Details (4 of 6)

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

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

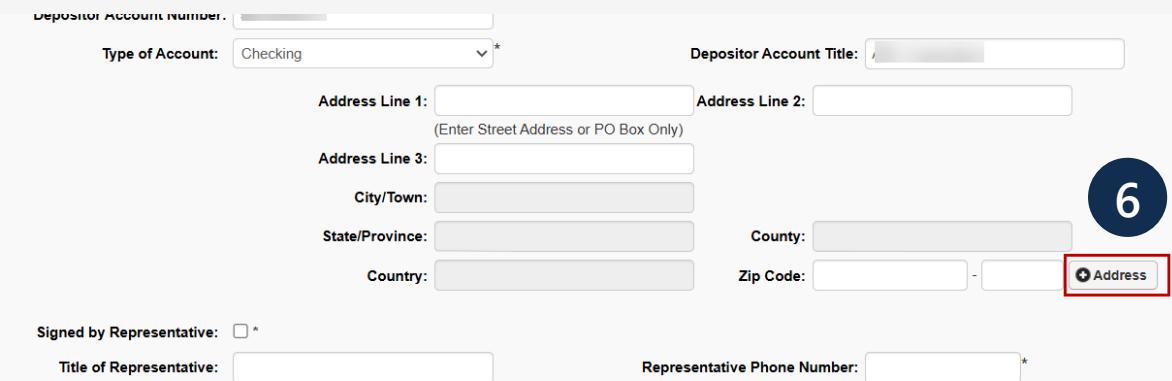
Note: The full address populates if the address can be validated.

Note: If the address cannot be validated, an alert window opens.

Select **OK** to continue or select **Cancel** to revalidate the address.

- Select **OK**.

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



The screenshot shows the 'Address Details' window. It includes fields for Depositor Account Number, Type of Account (set to Checking), Depositor Account Title, Address Line 1 (placeholder: Enter Street Address or PO Box Only), Address Line 2, Address Line 3, City/Town, State/Province, County, Country, Zip Code, and a 'Address' button. Below these are fields for Signed by Representative (checkbox), Title of Representative, and Representative Phone Number, along with OK and Cancel buttons.

6



The screenshot shows the 'Address Details' window after address validation. The address fields are populated: State/Province: New York, County: Schenectady, Country: United States, Zip Code: 12345. The 'Address' button is highlighted with a red box. Below these are fields for Signed by Representative (checkbox, marked with a red box), Title of Representative, and Representative Phone Number, along with OK and Cancel buttons. A circled '7' is positioned over the 'Signed by Representative' field.

7

Step 11: 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 shows a payment details form with the following fields and values:

- State/Province: New York
- Country: United States
- County: Schenectady
- Zip Code: 12345 - 0001
- Signed by Representative:** *
- Title of Representative:** (highlighted with a red box)
- Representative Phone Number:** (highlighted with a red box)
- OK** and **Cancel** buttons

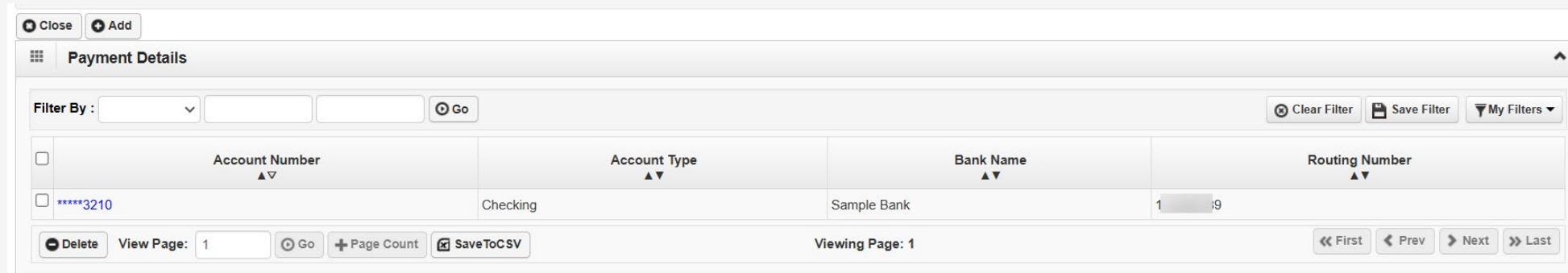
Below this, a modal window displays the following text:

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.

OK button (highlighted with a red box) and **14**

Step 11: Add Payment Details (6 of 6)

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



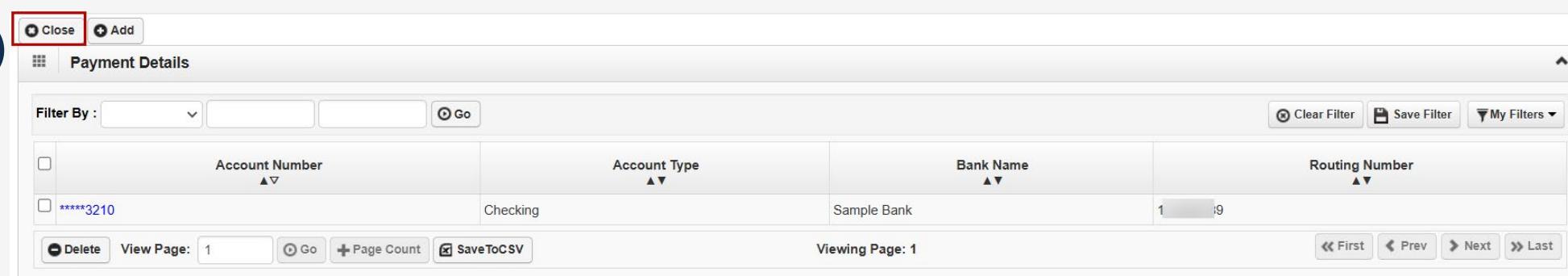
The screenshot shows a table with four columns: Account Number, Account Type, Bank Name, and Routing Number. The first row contains the following data:

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

Below the table are buttons for Delete, View Page (set to 1), Go, Page Count, and SaveToCSV. The status bar indicates "Viewing Page: 1".

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

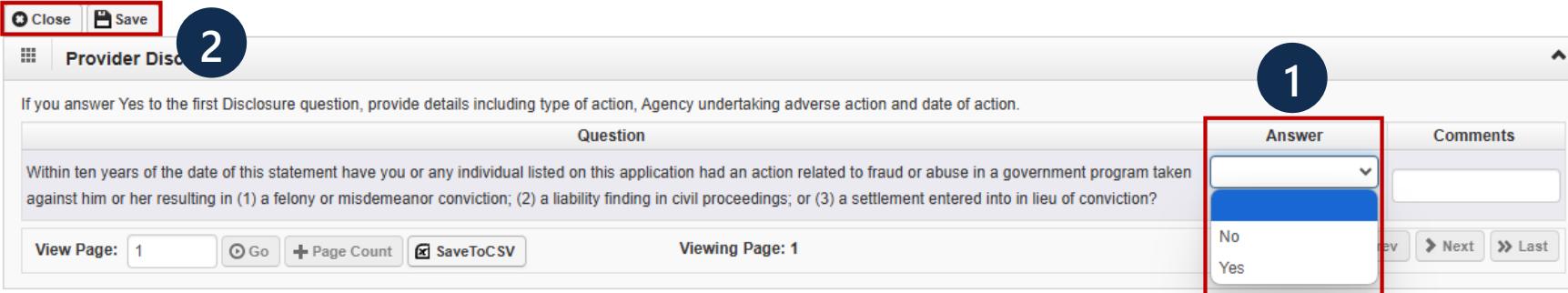
15



The screenshot is identical to the one above, but the "Close" button in the top left corner is highlighted with a red box.

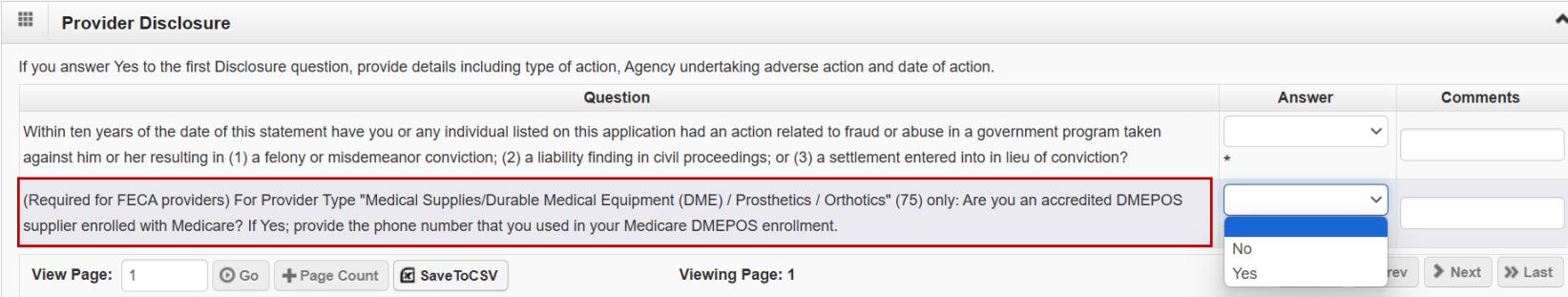
Step 12: Complete Provider Disclosure

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



The screenshot shows a web-based application for provider disclosure. At the top, there are 'Close' and 'Save' buttons. The 'Save' button is highlighted with a red box and the number '2'. Below the buttons, the title 'Provider Disclosure' is shown with a blue circle containing the number '1' over it. The main content area contains a question about legal actions taken against the provider or their employees. At the bottom, there are buttons for 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', and 'Viewing Page: 1'. To the right, there is a table with columns 'Answer' and 'Comments'. A dropdown menu is open in the 'Answer' column, showing 'No' and 'Yes' options. The 'Yes' option is highlighted with a blue background and a red box, indicating it is selected.

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



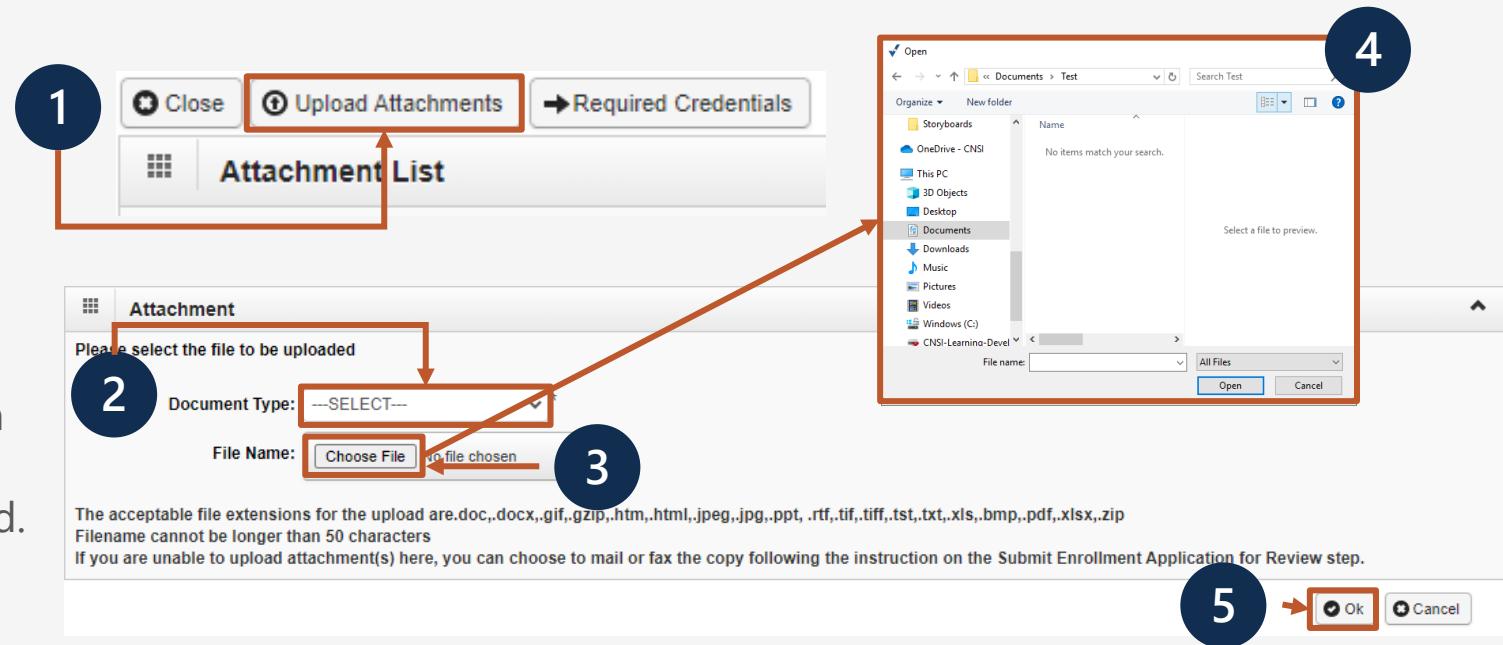
This screenshot shows the same provider disclosure interface as the previous one, but with an additional question for FECA DME providers. The question asks if the provider is an accredited DMEPOS supplier enrolled with Medicare. A red box highlights this question. The rest of the interface is identical to the first screenshot, including the 'Save' button (highlighted with a red box and the number '2'), the 'Provider Disclosure' title (with a blue circle containing the number '1'), and the dropdown menu for the disclosure question.

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

Step 13: View/Upload Attachments (1 of 2)

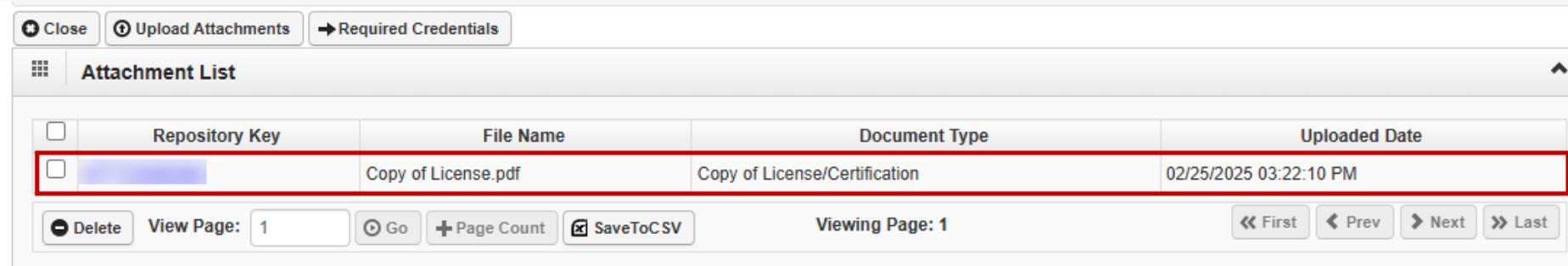
Note: In this step, upload required attachments (via Direct Data Entry or DDE). If attachments are not uploaded at the time of submission, the option to mail or fax required attachments with a provider enrollment cover sheet is available. The application will stay in an "Awaiting Attachments" status 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**.



Step 13: View/Upload Attachments (2 of 2)

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

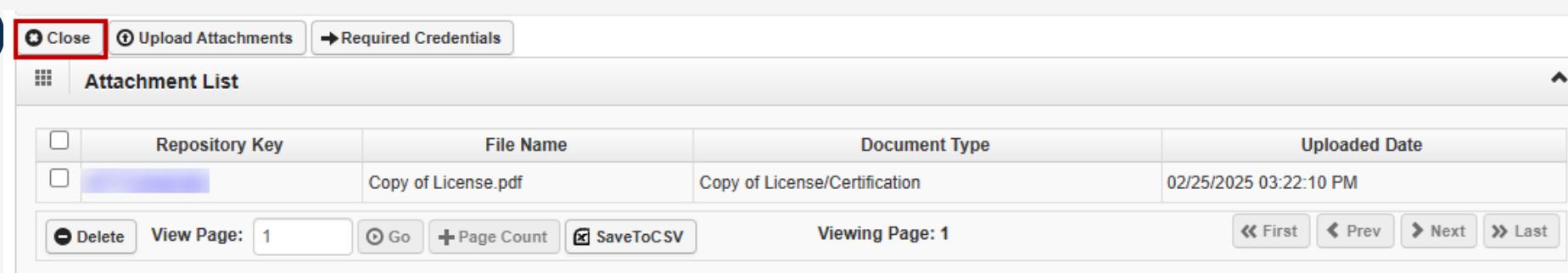


The screenshot shows a table with four columns: Repository Key, File Name, Document Type, and Uploaded Date. A single row is present, representing a file named 'Copy of License.pdf' with a document type of 'Copy of License/Certification' and an uploaded date of '02/25/2025 03:22:10 PM'. The entire row is highlighted with a red box. The table has a header row with column labels. Below the table are buttons for Delete, View Page (set to 1), Go, Page Count, SaveToCSV, and navigation buttons for First, Prev, Next, and Last.

	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

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

6. Repeat the Upload Attachment steps on the previous slide for multiple attachments.
7. To move on to the next step, select **Close**.



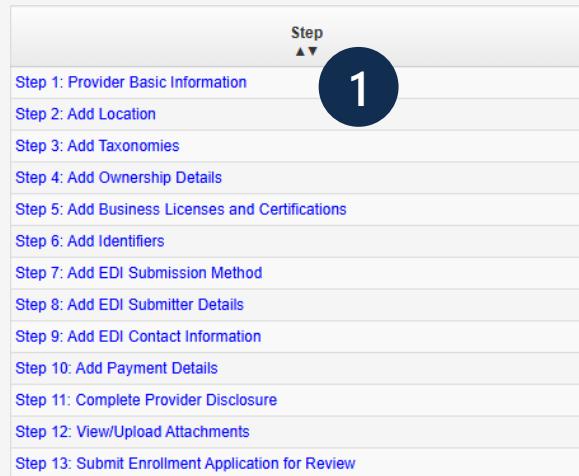
The screenshot is identical to the one above, showing the Attachment List table with a single row of data. A blue circle with the number '7' is positioned to the left of the 'Close' button in the top navigation bar, which is highlighted with a red box. The table and buttons are identical to the previous screenshot.

	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

Buttons: Close, Upload Attachments, Required Credentials, Attachment List, Delete, View Page: 1, Go, Page Count, SaveToCSV, Viewing Page: 1, First, Prev, Next, Last

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.



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

Locations List	
Business Name	Location Details
Test	...

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

Step 14: Submit Enrollment Application for Review

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

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

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

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

Final Submission

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

Confirm & Sign

I, the undersigned, certify to the following: I have read the contents of this application, and the information contained herein is true, correct, and complete. I certify that I and my agents have currently in effect all necessary licenses, certifications, approvals, insurance, etc. required to properly provide the services and/or supplies for the OWCP in the state, county, locality, or jurisdiction where the services and/or supplies are provided. I will provide proof of such licenses, certifications, approvals, insurance, etc. upon the OWCP's request. I understand that any revocation, withdrawal, or non-renewal of necessary license, certification, approval, insurance, etc. required for me to properly provide services, shall be grounds for termination of enrollment/registration by the OWCP.

I authorize the OWCP to verify the information contained herein. I agree to notify the OWCP of any change in ownership, practice location and/or Final Adverse Action involving fraud or abuse within 30 days of the reportable event. In addition, I agree to notify the OWCP of any other changes to the information in this form within 90 days of the effective date of change.

I also certify that I am not currently sanctioned, suspended, debarred or excluded by any Federal or State Health Care Program, (e.g., Medicare, Medicaid, or any other Federal program), or otherwise prohibited from providing services to Medicare, Medicaid, or other Federal program beneficiaries nor are any owners, officers, or managing employees of the practice listed in this application.

I understand that any deliberate omission, misrepresentation, or falsification of any information contained in this application or contained in any communication supplying information to the Department of Labor, Office of Workers' Compensation Program (OWCP), or any deliberate alteration of any text on this application form, may be punished by criminal, civil, or administrative penalties including, but not limited to, the denial or revocation of OWCP billing privileges, civil damages, and/or imprisonment.

I agree to abide by the OWCP regulations and program instructions that apply to me or to the organization listed in Section 3A of this enrollment form. I understand that payment of a claim by OWCP is conditioned upon the claim and the underlying transaction complying with state and federal laws (including, but not limited to, the Federal anti-kickback statute) and OWCP regulations, and program instructions.

First Name: * Last Name: *

Title: 1

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

Privacy Act Statement

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

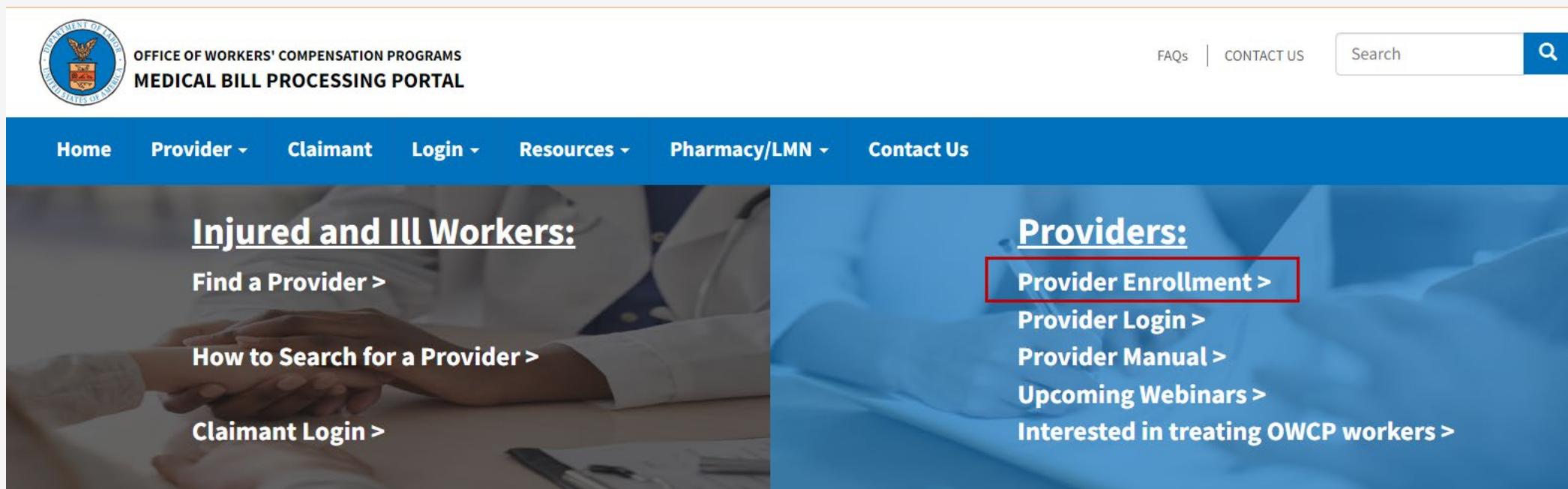
2

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

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**.



DEPARTMENT OF LABOR
UNITED STATES OF AMERICA

OFFICE OF WORKERS' COMPENSATION PROGRAMS
MEDICAL BILL PROCESSING PORTAL

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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**.

Resume or Track an Enrollment Application

Click here to resume or track the in-progress enrollment application.

Profile: [dropdown]

External Links Help Logout

Track Application

Close Submit

Please provide the Application Number and SSN/FEIN to track your application.

Need help finding the application number? Please select this [link](#) to look up and retrieve your application number.

Application Number: *

SSN/FEIN: *

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

- 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.
- 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**.

- To access the application, select the **Application Number** link.

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



Profile: External Links Help Logout

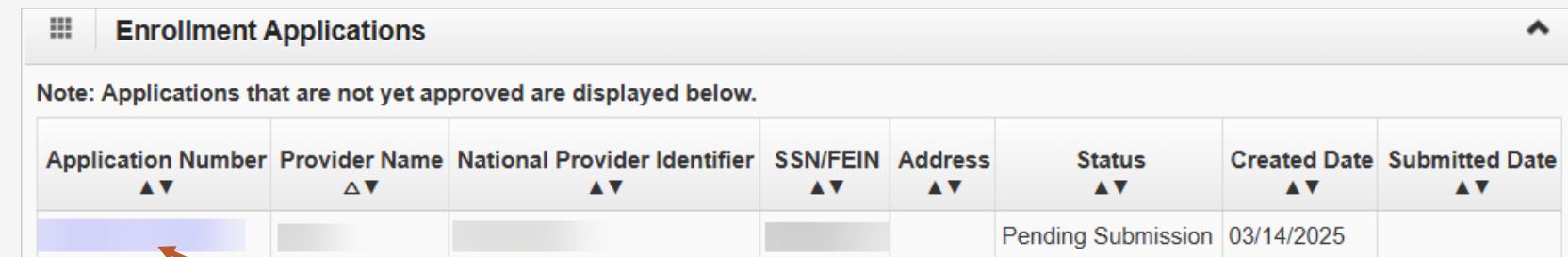
Track Application > Application Number Lookup

Close Submit

National Provider Identifier: *

SSN/FEIN: *

Zip Code:



Enrollment Applications

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

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

Post-Submission Key Timeframes

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

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

Attachment Submission Options

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

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

Via Fax 888.444.5335