

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:

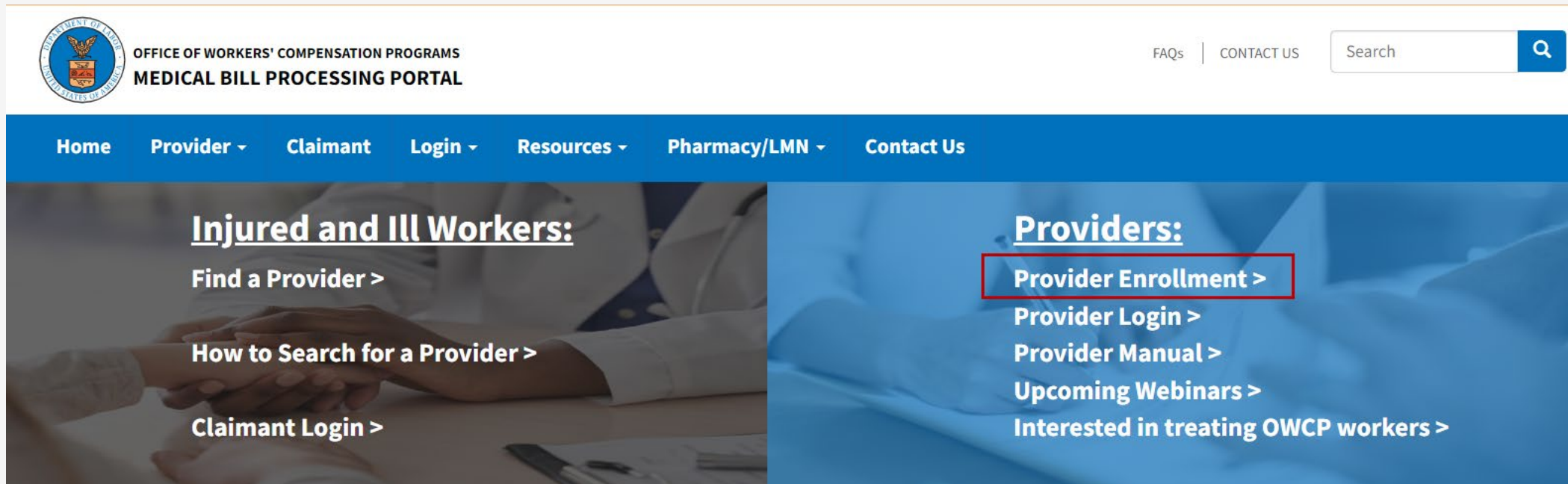
- One or more healthcare practitioners who practice their profession at a common location (whether they share common facilities, common supporting staff, or common equipment) and have formed a partnership or corporation or are employees of a person, partnership, or corporation, or other entity owning 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.



# 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.](#)



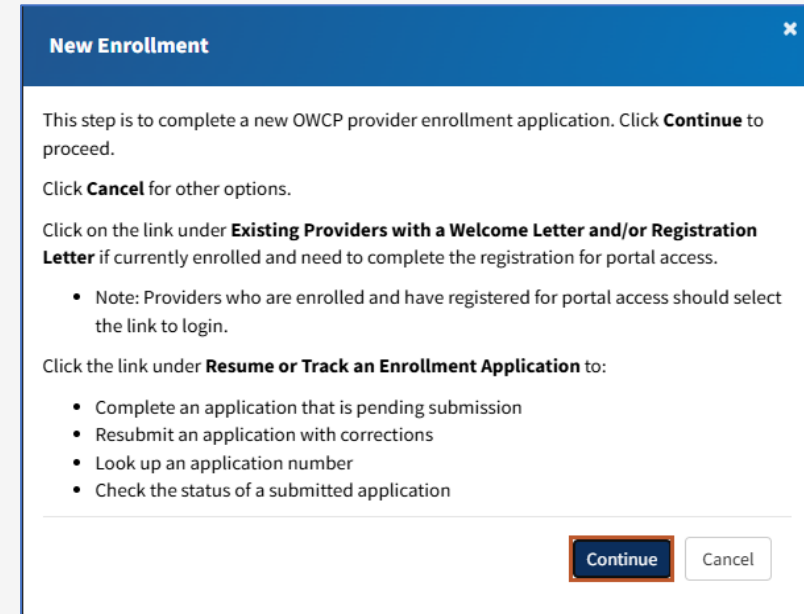
## **Resume or Track an Enrollment Application**

[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**.



The screenshot shows a 'New Enrollment' dialog box with a blue header bar containing the title and a close button. The main content area is white and contains the following text: 'This step is to complete a new OWCP provider enrollment application. Click **Continue** to proceed.' followed by 'Click **Cancel** for other options.' Below this, it says 'Click on the link under **Existing Providers with a Welcome Letter and/or Registration Letter** if currently enrolled and need to complete the registration for portal access.' A bulleted note follows: '• Note: Providers who are enrolled and have registered for portal access should select the link to login.' Then, it says 'Click the link under **Resume or Track an Enrollment Application** to:' followed by another bulleted list: '• Complete an application that is pending submission', '• Resubmit an application with corrections', '• Look up an application number', and '• Check the status of a submitted application'. At the bottom right, there are two buttons: 'Continue' (highlighted with a red border) and 'Cancel'.

**New Enrollment** ✕

This step is to complete a new OWCP provider enrollment application. Click **Continue** to proceed.

Click **Cancel** for other options.

Click on the link under **Existing Providers with a Welcome Letter and/or Registration Letter** if currently enrolled and need to complete the registration for portal access.

- Note: Providers who are enrolled and have registered for portal access should select the link to login.

Click the link under **Resume or Track an Enrollment Application** to:

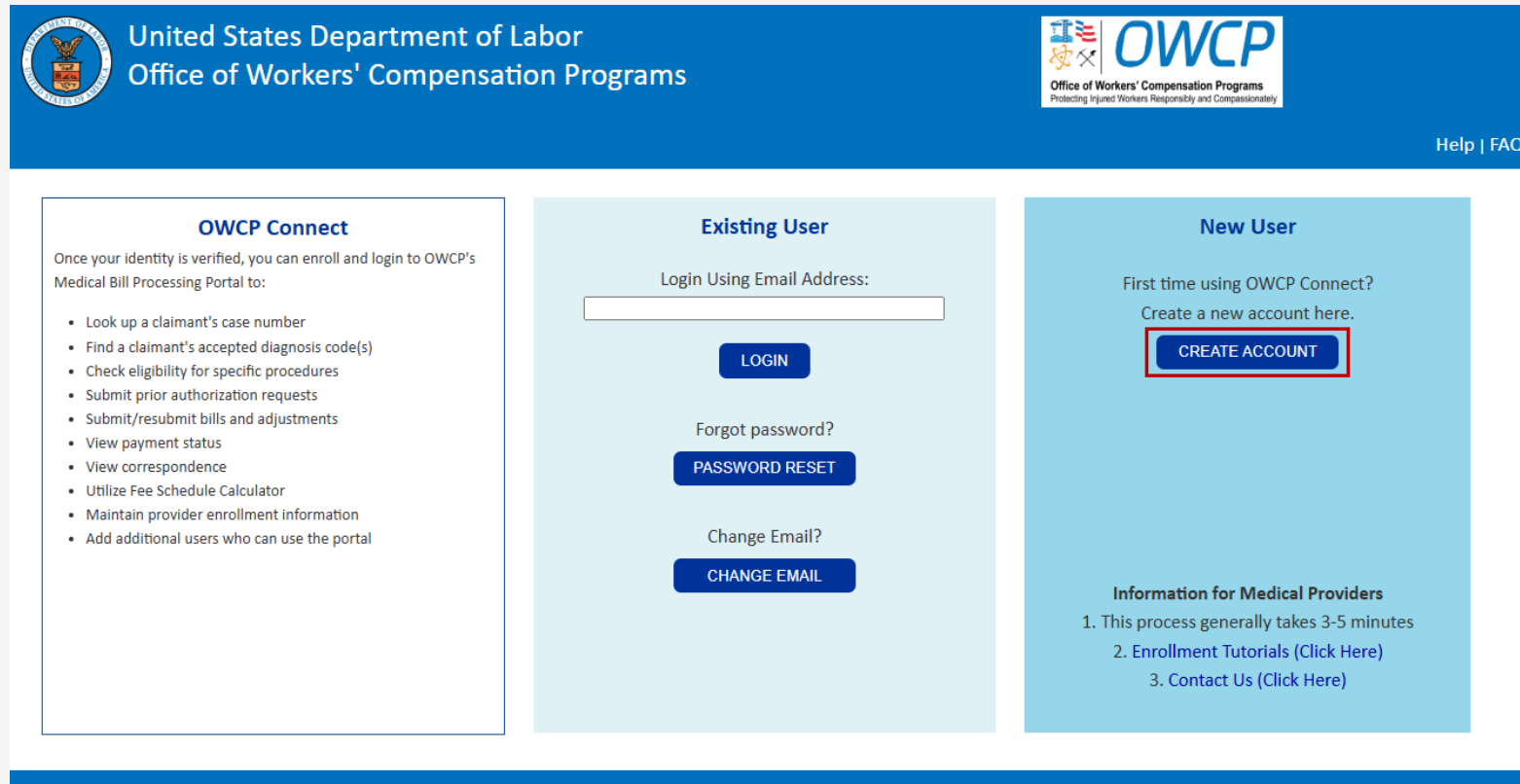
- Complete an application that is pending submission
- Resubmit an application with corrections
- Look up an application number
- Check the status of a submitted application

**Continue** Cancel

**Note:** Providers who previously enrolled and need to update enrollment or track an existing application need to select **Cancel** and then choose the appropriate “Existing Providers” or “Resume or Track an Enrollment Application” 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 bar containing the United States Department of Labor logo, the text 'United States Department of Labor Office of Workers' Compensation Programs', the OWCP logo, and a 'Help | FAQ' link. Below the header, the page is divided into three main sections. The left section, titled 'OWCP Connect', lists various services available to users. The middle section, titled 'Existing User', provides options for login, password reset, and email change. The right section, titled 'New User', prompts first-time users to create an account, with the 'CREATE ACCOUNT' button highlighted by a red rectangle. Below this, there is information for medical providers, including a timeline and links to enrollment tutorials and contact information.

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

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

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

### OWCP Connect

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

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

### Existing User

Login Using Email Address:

[LOGIN](#)

[Forgot password?](#)

[PASSWORD RESET](#)

[Change Email?](#)

[CHANGE EMAIL](#)

### New User

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

[CREATE ACCOUNT](#)

#### Information for Medical Providers

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



# OWCP Connect Account Registration (2 of 9)

2. Complete these fields:

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

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

3. Select **NEXT**.

### Account Registration

Enter the below information to create the account

First Name\*

Last Name\*

Middle Initial

Email\*

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

Retype Email\*

[This email is available.](#)

Enter result of addition from image below\*

3 3

+

6

\* Required Field

NEXT

### Instructions

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

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

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

# OWCP Connect Account Registration (3 of 9)

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

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

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

### Login Credential

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

Email\*

Password\*

Retype Password\*

\* Required Field

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

### Instructions

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

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

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

**PASSWORD CRITERIA**

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

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

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



# OWCP Connect Account Registration (4 of 9)


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

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

### Security Images

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

Security Images \*



Key Phrase \*

\* Required Field

PREV NEXT

### Instructions

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

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

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

# OWCP Connect Account Registration (5 of 9)

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

10. Select **SUBMIT**.

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

### Security Questions

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

Security Questions \*

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

\* Required Field

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

### Instructions

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

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

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

# OWCP Connect Account Registration (6 of 9)

Upon submitting the Account Registration request, the system provides notification that the account creation request has been submitted successfully. The system will send an email to the email address provided including a 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 login interface. At the top, the header includes the United States Department of Labor logo, the text 'United States Department of Labor Office of Workers' Compensation Programs', the OWCP logo, and a 'Help | FAQ' link. The main content area is divided into three columns. The first column, titled 'OWCP Connect', lists various services available after login. The second column, titled 'Existing User', features a red-bordered box with the message 'Your account has been successfully activated.', a 'Login Using Email Address:' label above an input field, and buttons for 'LOGIN', 'PASSWORD RESET', and 'CHANGE EMAIL'. The third column, titled 'New User', provides instructions for first-time users and includes a 'CREATE ACCOUNT' button. At the bottom of the third column, there is a section for 'Information for Medical Providers' with three numbered steps.

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

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

**Existing User**

Your account has been successfully activated.

Login Using Email Address:

**LOGIN**

Forgot password?

**PASSWORD RESET**

Change Email?

**CHANGE EMAIL**

**New User**

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

**CREATE ACCOUNT**


**Information for Medical Providers**

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


# OWCP Connect Account Registration (9 of 9)

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

16. Select **SUBMIT**.



United States Department of Labor  
Office of Workers' Compensation Programs




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

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

### Login

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

Security Image



Key Phrase

Password \*

\* Required Field

**SUBMIT**

### Instructions

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

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

**PASSWORD CRITERIA**

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

- Uppercase letters (including, but not limited to A, B, C, Y, Z, etc.)
- Lowercase letters (including, but not limited to a, b, c, y, z, etc.)
- Special Characters (limited to #, ?, !, @, \$, %, ^, &, \*, -)
- 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, a header bar contains a hamburger menu icon and the text "Enrollment Type". Below this, a message states "Please select the applicable Enrollment Type". A list of radio button options is displayed: "Individual", "Group Practice", "Billing Agent/Clearinghouse", and "Facility/Agency/Organization/Institution". The "Group Practice" option is selected and highlighted with a red box, with a blue circle containing the number "1" and an arrow pointing to it. Below the list, there are "Close" and "Submit" buttons. The "Submit" button is highlighted with a red box, with a blue circle containing the number "2" and an arrow pointing to it. Below the selection area, a section titled "Enrollment Type Definition" provides details for the selected "Group Practice" type.

**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. 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.

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

- 3**: Points to the **Provider Type** drop-down menu.
- 4**: Points to the **Program** section with checkboxes for DFEC, DCMWC, and DEEOIC.
- 5**: Points to the **Tax Identifier Type** radio buttons (FEIN and SSN).
- 6**: Points to the section for providing names and identification numbers, which is highlighted with a red box.

The form includes the following fields:

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

At the bottom right, there are **Finish** and **Cancel** buttons.

# 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 a web form titled "Basic Information". The form contains the following fields and sections:


- Provider Type:** A dropdown menu with "--SELECT--" selected. A note below it says: "If you select 'Other Provider' (96) or Non-Medical Vendor (53), please explain:" followed by a text area.
- Program:** Three checkboxes: ☐ DFEC, ☐ DCMWC, and ☐ DEEOIC.
- Tax Identifier Type:** Two radio buttons: ☒ FEIN and ☐ SSN.
- Organization Name:** A text field with "(Legal Business Name)" as a placeholder.
- Organization Business Name:** A text field with "(Doing Business As)" as a placeholder.
- FEIN:** A text field.
- Last Name:** A text field.
- Middle Name:** A text field.
- First Name:** A text field.
- SSN:** A text field.
- National Provider Identifier:** A text field with "(NPI)" as a placeholder. This field is highlighted with a blue circle and the number 7.
- Entity Type:** A dropdown menu with "--SELECT--" selected. This field is highlighted with a blue circle and the number 8.
- If Other, please explain:** A text field.
- Reason:** A text field. Above this field is a checkbox labeled "I do not wish to be included in an online searchable list of OWCP providers." This section is highlighted with a blue circle and the number 10.
- Email Address:** A text field. This field is highlighted with a blue circle and the number 9.
- Finish/Cancel:** Two buttons at the bottom right. The "Finish" button is highlighted with a blue circle and the number 11.

# 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
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**Basic Information**



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.**

 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](#).

🏠 > [New Enrollment](#) > [Group Practice Enrollment](#)

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

Close ➔ Required Credentials ➔ **Delete**

Enroll Provider -Group Practice

Business Process Wizard – Provider Enrollment (Group Practice). In order to submit your application, please click the last step for **Submit Enrollment Application for Review**.

Step ▲▼	Required ▲▼	Start Date	End Date	Status	Step Remark
<a href="#">Step 1: Provider Basic Information</a>	Required	03/18/2025	03/18/2025	Complete	
<a href="#">Step 2: Add Location</a>	Required			Incomplete	
<a href="#">Step 3: Add Taxonomies</a>	Required			Incomplete	
<a href="#">Step 4: Add Ownership Details</a>	Optional			Incomplete	
<a href="#">Step 5: Add Business Licenses and Certifications</a>	Optional			Incomplete	
<a href="#">Step 6: Add Identifiers</a>	Optional			Incomplete	
<a href="#">Step 7: Add EDI Submission Method</a>	Optional			Incomplete	
<a href="#">Step 8: Add EDI Submitter Details</a>	Optional			Incomplete	
<a href="#">Step 9: Add EDI Contact Information</a>	Optional			Incomplete	
<a href="#">Step 10: Add Servicing Provider Information</a>	Required			Incomplete	
<a href="#">Step 11: Add Payment Details</a>	Required			Incomplete	
<a href="#">Step 12: Complete Provider Disclosure</a>	Required			Incomplete	
<a href="#">Step 13: View/Upload Attachments</a>	Optional			Incomplete	
<a href="#">Step 14: Submit Enrollment Application for Review</a>	Required			Incomplete	

View Page: 1 Go + Page Count SaveToCSV Viewing Page: 1

⏪ First ⏴ Prev ⏵ Next ⏩ Last

# 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

Close → Required Credentials Delete

Enroll Provider -Group Practice

Required Credentials For Provider Type

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

View Page: 1 Go + Page Count Viewing Page: 1

SaveToCSV << First < Prev > Next >> Last

14 Cancel

## Step 2: Add Location (1 of 6)

The screenshot shows a web interface for adding a provider location. On the left, a 'Locations List' sidebar has an 'Add' button highlighted with a red arrow and a blue circle containing the number 1. The main area is titled 'Add Provider Location'. It contains several input fields: 'Business Name' (required, marked with an asterisk), 'Contact Last Name' (required), 'Contact First Name' (required), 'Phone Number' (required), 'Email Address' (required), and 'Fax Number' (optional). Below these fields is a checkbox labeled 'I wish to opt-in for paperless correspondence.' with explanatory text and a note. A red arrow and a blue circle with the number 2 point to the 'Business Name' field. A red arrow and a blue circle with the number 3 point to the 'Contact Last Name' and 'Contact First Name' fields. A red arrow and a blue circle with the number 4 point to the 'Phone Number' field. A red arrow and a blue circle with the number 5 point to the 'Email Address' field. A red arrow and a blue circle with the number 6 point to the checkbox. A red arrow and a blue circle with the number 7 point to the 'Next' button at the bottom right.

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

- Type of Address:** A dropdown menu set to 'Physical Address'.
- Address Input Option:** Radio buttons for 'Manually Input' (selected) and 'Geocode'.
- End Date:** A date field set to '12/31/2999' with a calendar icon.
- Address Line 1:** A text input field with an asterisk (\*).
- Address Line 2:** A text input field.
- Address Line 3:** A text input field.
- City/Town:** A text input field with an asterisk (\*).
- State/Province:** A text input field with an asterisk (\*).
- County:** A text input field with an asterisk (\*).
- Country:** A text input field with an asterisk (\*).
- Zip Code:** A text input field with a hyphen (-) and a sub-field.
- + Address:** A button with a plus icon and the text '+ Address', highlighted with a red box and a callout '8'.
- Next:** A button with a right arrow and the text 'Next'.
- Cancel:** A button with a star icon and the text 'Cancel'.

**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. It includes fields for Address Line 1 (with a hint '(Enter Street Address or PO Box Only)'), Address Line 2, Address Line 3, City/Town, State/Province, County, Country, and Zip Code. A red box highlights the 'Validate Address' button. Numbered callouts 9, 10, and 11 point to the Address Line 1 field, the Zip Code field, and the 'Validate Address' button respectively. At the bottom right are 'OK' and 'Cancel' buttons.

The screenshot shows the 'Address details' form after successful validation. A blue message 'Address validation successful' is displayed at the top. The fields for Address Line 1, City/Town, State/Province, County, Country, and Zip Code are now populated with address data. The 'Validate Address' button is still visible. A red box highlights the 'OK' button at the bottom right. A numbered callout 12 points 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
- End Date:** 12/31/2999 (with a calendar icon)
- Address Line 1:** [text input] \*
- Address Line 2:** [text input]
- Address Line 3:** [text input]
- City/Town:** [text input] \*
- State/Province:** [text input] \*
- County:** [text input] \*
- Country:** [text input] \*
- Zip Code:** [text input] - [text input]

At the bottom right, there is a circular icon with the number 13, a red-bordered button labeled 'Next', and a 'Cancel' button.

## 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: \* County: \*

Country: \* Zip Code: - + Address

14

15

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 web interface for managing locations. At the top, there are 'Close' and 'Add' buttons. Below them is a section titled 'Locations List'. Inside this section is a table with two columns: 'Business Name' and 'Location Details'. The first row of the table contains the text 'Angel PA' under the 'Business Name' column. In the 'Location Details' column, the number '1447' is visible, followed by a series of colored squares representing a map or address visualization. A red box highlights the 'Close' button and the '1447' address field. A red arrow points from a blue circle containing the number '16' to the 'Close' button.

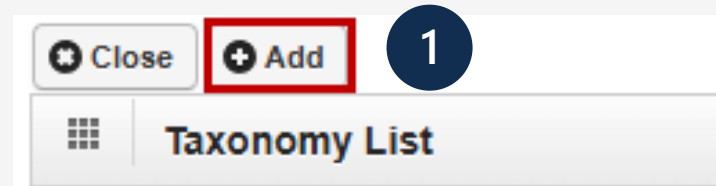
Business Name	Location Details
Angel PA	1447

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

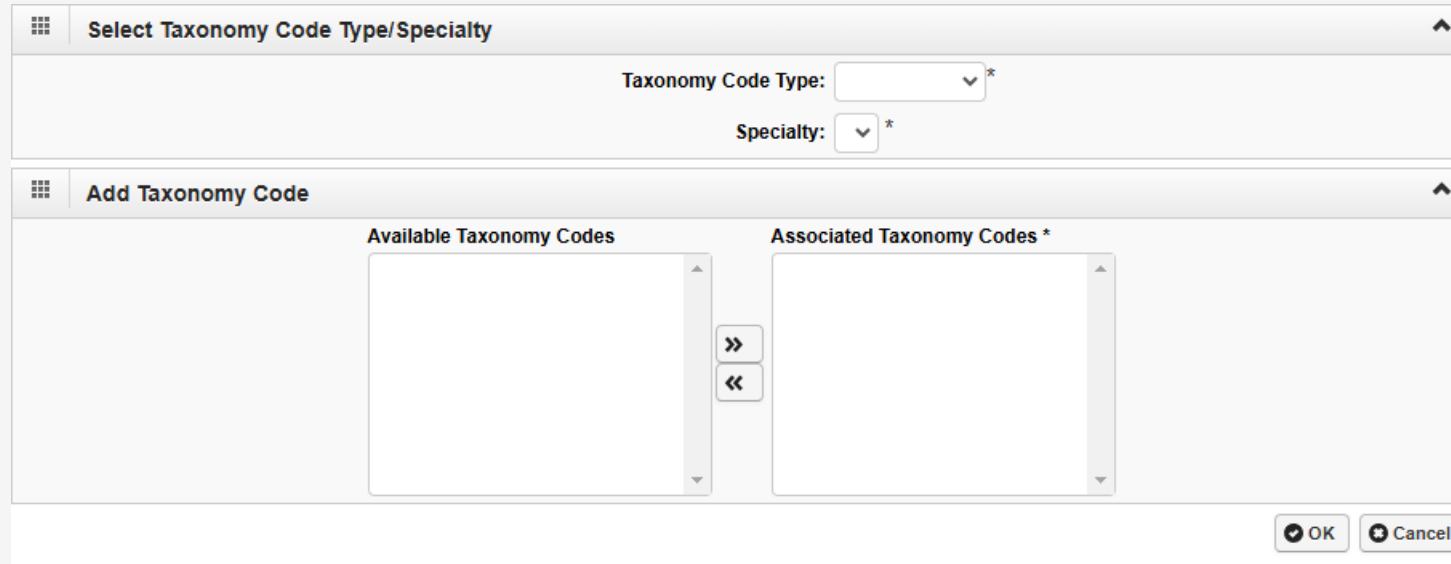
16. To move on to the next step, select **Close**.

# Step 3: Add Taxonomies (1 of 5)

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

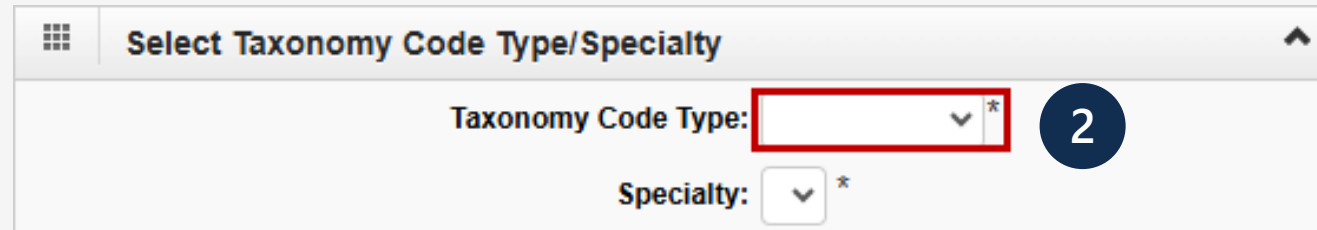


The **Add Taxonomy Code** page opens.

A screenshot of the 'Add Taxonomy Code' page. The page is divided into two main sections. The top section is titled 'Select Taxonomy Code Type/Specialty' and contains two dropdown menus: 'Taxonomy Code Type:' and 'Specialty:'. The bottom section is titled 'Add Taxonomy Code' and contains two large list boxes. The left list box is titled 'Available Taxonomy Codes' and the right list box is titled 'Associated Taxonomy Codes \*'. Between the two list boxes are two buttons: a right-pointing arrow (») and a left-pointing arrow («). At the bottom right of the page, there are two buttons: 'OK' and 'Cancel'.

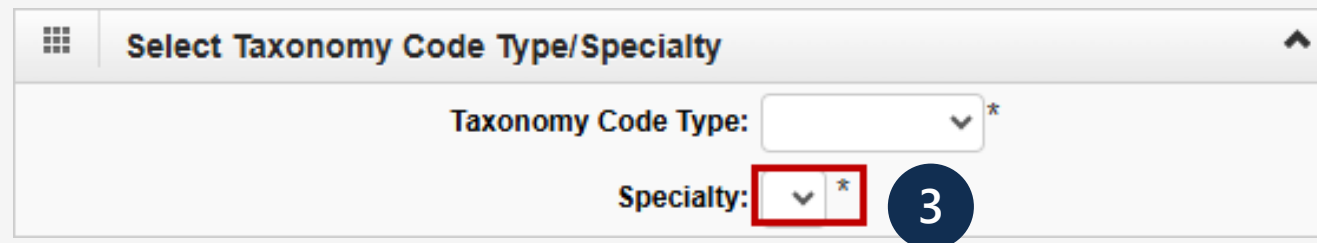
## Step 3: Add Taxonomies (2 of 5)

2. 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 drop-down menus. The first menu, labeled "Taxonomy Code Type:", is highlighted with a red rectangle and a blue circle with the number "2". The second menu, labeled "Specialty:", is also present but not highlighted.

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



The screenshot shows the same form as before. In this step, the "Specialty:" drop-down menu is highlighted with a red rectangle and a blue circle with the number "3". The "Taxonomy Code Type:" 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.

The screenshot shows a dialog box titled "Add Taxonomy Code". It contains two main sections: "Available Taxonomy Codes" on the left and "Associated Taxonomy Codes \*" on the right. The "Available Taxonomy Codes" list includes: 207Q00000X-Family Medicine, 207QA0000X-Adolescent Medicine, 207QA0401X-Addiction Medicine, 207QA0505X-Adult Medicine, 207QB0002X-Obesity Medicine, 207QG0300X-Geriatric Medicine, 207QH0002X-Hospice and Palliative Medicine, 207QS0010X-Sports Medicine, and 207QS1201X-Sleep Medicine. The first six codes are highlighted in blue. A red box highlights the "Available Taxonomy Codes" list, the double right-facing arrow button, and the "Associated Taxonomy Codes" box. A blue circle with the number "4" is positioned over the double right-facing arrow button. At the bottom right, there are "OK" and "Cancel" buttons.

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



## Step 3: Add Taxonomies (4 of 5)

5. Select **OK**.

**Select Taxonomy Code Type/Specialty**

Taxonomy Code Type: 20-Allopathic & Osteopathic Physicians \*

Specialty: 7Q-Family Medicine \*

**Add Taxonomy Code**

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

5

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

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

6

Taxonomy List

Filter By :

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

View Page:     Viewing Page: 1

# Step 4: Add 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.

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' form with the following fields and callouts:

- 1**: Points to the **+ Add** button at the top of the 'Ownership List (Optional)' section.
- 2**: Points to the **Ownership Type** dropdown menu, which is currently set to 'Individual Ownership'.
- 3**: Points to the **SSN/FEIN** text input field.
- 4**: Points to the **Last Name** and **First Name** text input fields.
- 5**: Points to the **+Address** button located next to the **Zip Code** field.
- 6**: Points to the **OK** button at the bottom right of the form.

The form includes the following text:



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



The form fields are:


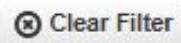
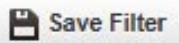

- Ownership Type**: Individual Ownership \*
- Organization Name**: \*
- Last Name**: \*
- First Name**: \*
- Address Line 1**: \*
- Address Line 2**: \*
- Address Line 3**: \*
- City/Town**: \*
- State/Province**: \*
- County**: \*
- Country**: \*
- Zip Code**: \*



The form also includes a **+Address** button and a **Copy Name and Tax** button.









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

7  

 **Ownership List (Optional)** 

Filter By :       

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

 View Page:     Viewing Page: 1    

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 web application interface for adding a business license or certification. At the top, there are 'Close' and '+Add' buttons, with a red arrow and a blue circle containing the number '1' pointing to the '+Add' button. Below this is a 'License/Certification List' section. The main form is titled 'Add Business License/Certification'. It contains two bullet points: 'Please provide all business license/certification required by your State to perform the service under your Group Practice Enrollment Type.' and 'Servicing provider and professional licensure information will be required on Step 10 of this application or modification.' Below the bullet points are three radio button options: 'C-Certification' (selected), 'L-License', and 'N-License or Certification not required'. A red arrow and a blue circle containing the number '2' point to the 'C-Certification' option. Below the radio buttons is a 'Name:' text field with an asterisk, with a red arrow and a blue circle containing the number '3' pointing to it. Below the 'Name' field is a 'License/Certification Type:' text field with an asterisk, with a red arrow and a blue circle containing the number '4' pointing to it. To the right of the 'License/Certification Type' field is a 'Licence/Certification #:' text field with an asterisk, with a red arrow and a blue circle containing the number '5' pointing to it. Below these fields are 'Initial Issue Date:' and 'Expiration Date:' fields, each with a calendar icon and an asterisk. Below these are 'Issued State:' (a dropdown menu) and 'Issuer Agency:' (a text field), both with an asterisk. At the bottom is a 'Web Link:' text field with an asterisk. At the very bottom right 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 #:  \*

6 → Initial Issue Date:  \*

7 → Expiration Date:  \*

8 → Issued State:  \*

9 → Issuer Agency:  \*

10 → Web Link:  \*

11 →

## 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 the 'License/Certification List' interface. At the top left, there are 'Close' and 'Add' buttons. Below them is a 'Filter By' section with three input fields and a 'Go' button. To the right of the filter section are 'Clear Filter', 'Save Filter', and 'My Filters' buttons. The main area contains 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 '03/01/2020' in the fifth column. At the bottom, there is a 'Delete' button, a 'View Page: 1' dropdown, a 'Go' button, a 'Page Count' button, a 'SaveToCSV' button, and a 'Viewing Page: 1' status. Navigation buttons for 'First', 'Prev', 'Next', and 'Last' are also present.

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

This screenshot is identical to the previous one, but with a red circle containing the number '12' placed next to the 'Close' button at the top left of the interface.

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

The screenshot shows the 'Add New Identifier' form with five numbered steps indicated by red arrows and blue circles:

- Step 1: Points to the **+ Add** button in the top navigation bar.
- Step 2: Points to the **Identifier Type** drop-down menu, which is open, showing options: Drug Enforcement Agency (DEA) Number, NPI, Other Provider ID, Previous Provider ID, Provider Medicare Number, and United Mine Workers' of America (UMWA) Number.
- Step 3: Points to the **Identifier Value** text input field.
- Step 4: Points to the **Start Date** date picker field.
- Step 5: Points to the **OK** button at the bottom right of the form.

The form fields include:

- Close**, **+ Add**, and **Required Credentials** buttons at the top.
- Provider Identifiers** section header.
- Add New Identifier** section header.
- Identifier Type**: Drug Enforcement Agency (DEA) N (dropdown menu).
- Identifier Value**: Text input field.
- Start Date**: Date picker field.
- End Date**: Date picker field.
- 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 (Optional) (2 of 2)

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

Close Add Required Credentials

Provider Identifiers

Filter By : Go Clear Filter Save Filter My Filters

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

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

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

6 Close Add Required Credentials

Provider Identifiers

Filter By : Go Clear Filter Save Filter My Filters

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

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

# 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: ☒ 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

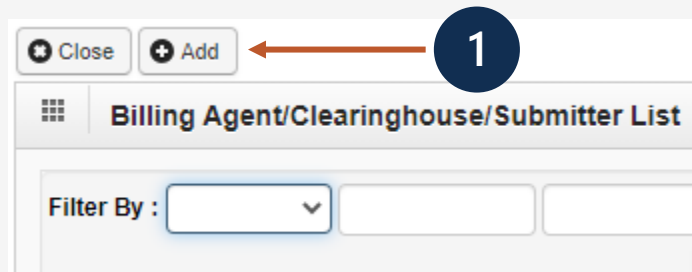
## Step 8: Add EDI Submitter Details (1 of 3)

**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.



The screenshot shows a web interface for the 'Billing Agent/Clearinghouse/Submitter List' page. At the top, there are two buttons: 'Close' (with a star icon) and '+ Add'. A red arrow points from a blue circle containing the number '1' to the '+ Add' button. Below the buttons is a header bar with a grid icon and the text 'Billing Agent/Clearinghouse/Submitter List'. Underneath the header, there is a 'Filter By :' label followed by a dropdown menu and two empty text input fields.

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

2. Enter the Billing Agent or Clearinghouse OWCP ID in the **Billing Agent/Clearinghouse OWCP ID** field.

3. Enter the start and end dates in the **Start Date** and **End Date** fields.

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

4. Select **OK**.

The screenshot shows a dialog box titled "Associate Billing Agent/Clearinghouse". Inside the dialog, there are three bullet points: "Your Billing Agent/Clearinghouse must be enrolled with OWCP first.", "Please obtain the Billing Agent/Clearinghouse's OWCP ID to complete this section.", and "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." Below the text, there are three input fields: "Billing Agent/Clearinghouse OWCP ID:" with a text box and an asterisk, "Start Date:" with a text box and a calendar icon and an asterisk, and "End Date:" with a text box and a calendar icon. At the bottom right, there are two buttons: "OK" and "Cancel".

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

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

This screenshot is identical to the one above, showing the 'Billing Agent/Clearinghouse/Submitter List' page. The 'Close' button is highlighted with a red box. The table contains one row with the following data: 'ABC Billing', '02/23/2020', and '12/31/2999'. Below the table, there are several buttons: 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', 'Viewing Page: 1', 'First', 'Prev', 'Next', and 'Last'.



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

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

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

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

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

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

The screenshot shows the 'Add EDI Contact Information' form. It contains several fields: 'Contact Title', 'Last Name', 'First Name', 'Phone Number', 'Fax Number', 'Email Address', 'Address Line 1', 'Address Line 2', 'Address Line 3', 'City/Town', 'State/Province', 'County', 'Country', and 'Zip Code'. A red arrow points from a blue circle with the number '2' to the 'Contact Title' field. Another red arrow points from a blue circle with the number '3' to the 'First Name' field. A third red arrow points from a blue circle with the number '4' to the 'Phone Number' field. A fourth red arrow points from a blue circle with the number '5' to the '+Address' button. The form also has 'OK' and 'Cancel' buttons at the bottom right.

# 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 a web form titled "Address details" with the following fields and callouts:

- Callout 6:** Points to the "Address Line 1" text input field, which is marked with an asterisk (\*). Below it is the instruction "(Enter Street Address or PO Box Only)".
- Callout 7:** Points to the "Zip Code" field, which consists of two input boxes separated by a hyphen.
- Callout 8:** Points to the "Validate Address" button, which has a plus icon and the text "Validate Address".
- Callout 10:** Points to the "OK" button at the bottom right of the form.

Other visible fields include "Address Line 2", "Address Line 3", "City/Town", "State/Province", "County", and "Country", all of which are dropdown menus marked with an asterisk (\*).

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

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

The screenshot shows the 'EDI Contact Information List' interface. At the top left, there are two buttons: 'Close' (with a minus icon) and 'Add' (with a plus icon). The 'Close' button is highlighted with a red box. Below these buttons is a header bar with a grid icon and the title 'EDI Contact Information List'. Under the header is a 'Filter By' section with three input fields and a 'Go' button. To the right of the filter section are buttons for 'Clear Filter', 'Save Filter', and a dropdown for 'My Filters'. Below the filter section is a table with five columns: 'Contact Title', 'Contact Name', 'Contact Phone Number', 'Contact Email', and 'End Date'. Each column has a small up/down arrow icon. The first row of the table is highlighted with a red box. Below the table is a footer section with a 'Delete' button, a 'View Page' dropdown set to '1', a 'Go' button, a 'Page Count' button, a 'SaveToCSV' button, and a 'Viewing Page: 1' indicator. To the right of the footer are navigation buttons: '<< 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 is highlighted with a red box. The interface includes a header, filter section, table with one row, and a footer with navigation controls.

# 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 'Associate Servicing Provider' form within a software interface. At the top, there are 'Close' and 'Add' buttons, with a red arrow and a blue circle '1' pointing to the 'Add' button. Below this is a 'Servicing Providers' section header. The form itself has a header bar with 'Application Number: 20241030466155', 'Name: Group Sample Organization Name1', and 'Enrollment Type: Group Practice'. The main form area is titled 'Associate Servicing Provider'. It contains several fields: 'Last Name' and 'First Name' (circled with a red box and a blue circle '2'), 'Middle Name' (empty), 'SSN' (circled with a red box and a blue circle '3'), 'Provider Type' (a drop-down menu with '---SELECT---' and a blue circle '4'), 'National Provider Identifier (NPI)' (circled with a red box and a blue circle '5'), and 'Taxonomy' (a row of five empty text boxes, with the first one circled by a red box and a blue circle '6'). Below these is a table for 'License/Certification' information with columns: 'License/Certification Category', 'License/Certification Type', 'License/Certification Number', 'Issued State', 'Initial Issue Date', and 'Expiration Date'. The table has two rows, each with a drop-down menu in the 'Category' column and empty fields for the other columns (circled with a red box and a blue circle '7'). At the bottom right, there are 'OK' and 'Cancel' buttons, with a red box and a blue circle '8' around the 'OK' button.

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

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

The screenshot shows the 'Servicing Providers' interface. At the top, there are 'Close' and 'Add' buttons. Below them is a filter section with 'Filter By:' dropdowns, a 'Go' button, and 'Clear Filter', 'Save Filter', and 'My Filters' options. A note states: 'If the group or facility has more than 9 servicing providers, the group/facility itself is responsible for validating its providers' individual licenses.' The main table has columns: 'SSN/FEIN' (with a dropdown arrow), 'Provider Name' (with a dropdown arrow), 'NPI' (with a dropdown arrow), and 'Provider Type' (with a dropdown arrow). The first row is highlighted with a red border and contains: a checkbox, masked SSN/FEIN '\*\*\*\*\*', an 'UnMask' button, masked Provider Name, masked NPI, and '25 - Physician (MD) & Physician (DO)'. At the bottom, there are 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', 'Viewing Page: 1', and navigation buttons: '<< First', '< Prev', '> Next', and '>> Last'.

9. Proceed as applicable:
- To enter additional servicing providers, select **+Add**.
  - To move on to the next step, select **Close**.

This screenshot is identical to the previous one, but a red box highlights the 'Close' button in the top left corner of the interface. A large blue circle with the number '9' is positioned to the left of the screenshot.

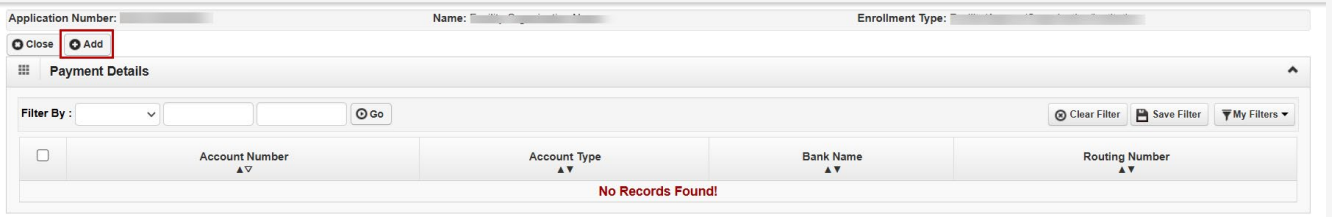
# Step 11: Add Payment Details (1 of 6)

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

1. Select **+Add**.

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

1



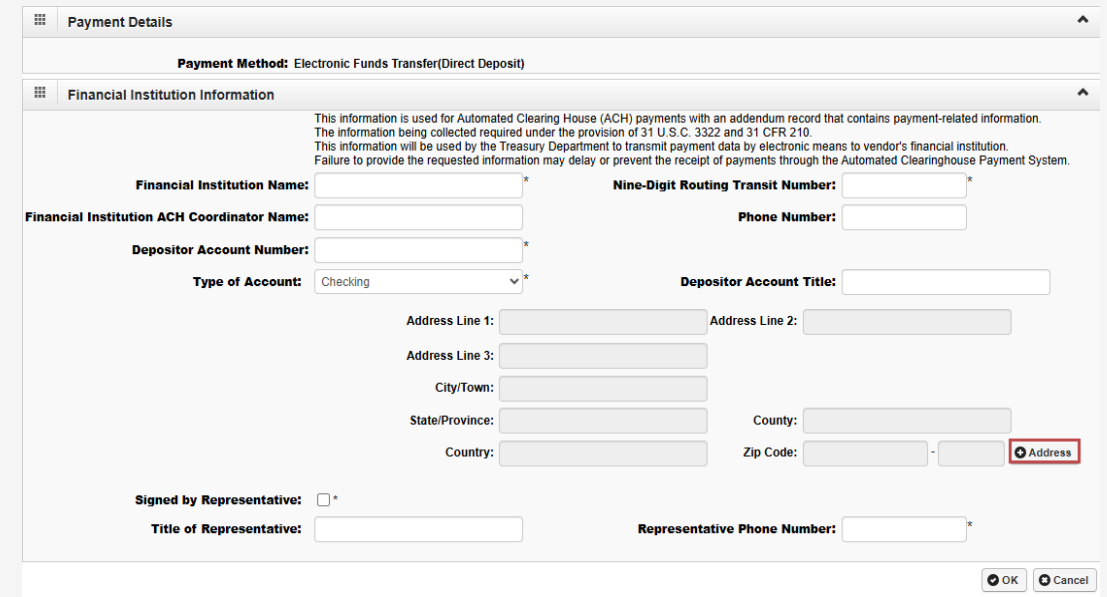
Application Number: [ ] Name: [ ] Enrollment Type: [ ]

Close Add

Payment Details

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

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



Payment Details

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

Financial Institution ACH Coordinator Name: [ ] Phone Number: [ ]

Depositor Account Number: [ ] \*

Type of Account: Checking ▼ \* Depositor Account Title: [ ]

Address Line 1: [ ] Address Line 2: [ ]

Address Line 3: [ ]

City/Town: [ ]

State/Province: [ ] County: [ ]

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

Signed by Representative: ☐ \*

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

OK Cancel

# 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 **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 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:	Sample Bank *	Nine-Digit Routing Transit Number:	12 **** *
Financial Institution ACH Coordinator Name:	**** *	Phone Number:	54 **** 37
6 Depositor Account Number:	**** *	Depositor Account Title:	
7 Type of Account:	Checking *		

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

Financial Institution ACH Coordinator Name:

\*\*\*\* \*

Phone Number:

\*\*\*\* \*

Depositor Account Number:

\*\*\*\* \*

Type of Account:

Checking \*

8 Depositor Account Title:

\*\*\*\* \*

Address Line 1:

\*\*\*\* \*

Address Line 2:

\*\*\*\* \*



# Step 11: 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:  -

Signed by Representative: ☐ \*

Title of Representative:  Representative Phone Number:  \*

**+ Address**

6

State/Province:  County:

Country:  Zip Code:  -

**Signed by Representative:** ☐ \*

Title of Representative:  Representative Phone Number:  \*

**+ Address**

7

**OK** **Cancel**

# 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 displays a multi-step form for adding payment details. At the top, dropdown menus for 'State/Province' (New York), 'County' (Schenectady), 'Country' (United States), and 'Zip Code' (12345 - 0001) are visible. Below these, a section for 'Signed by Representative' includes a checkbox (unchecked) and a red-bordered input field for 'Title of Representative' (marked with a blue circle 11). To the right is a red-bordered input field for 'Representative Phone Number' (marked with a blue circle 12). At the bottom right of this section are 'OK' and 'Cancel' buttons. A second, identical form is shown below, but with the 'Signed by Representative' checkbox checked (marked with a blue circle 13) and the 'Representative Phone Number' field populated with '5555555555'. The 'OK' button in this second form is highlighted with a red border and a blue circle 13. At the bottom of the page, a white alert box from 'owcpmed.uat.dol.gov' contains the same note as in the text block, with a blue 'OK' button highlighted by a blue circle 14.

# Step 11: Add Payment Details (6 of 6)

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

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

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

This screenshot is identical to the previous one, but with a red box highlighting the 'Close' button in the top left corner. A blue circle with the number '15' is positioned to the left of the interface. The rest of the interface, including the table with payment details and the bottom navigation controls, remains the same.

# Step 12: 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 red box highlights the 'Save' button, and a blue circle with the number '2' is next to it. 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 red box highlights the 'Answer' dropdown menu, and a blue circle with the number '1' is next to it. The dropdown menu 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.

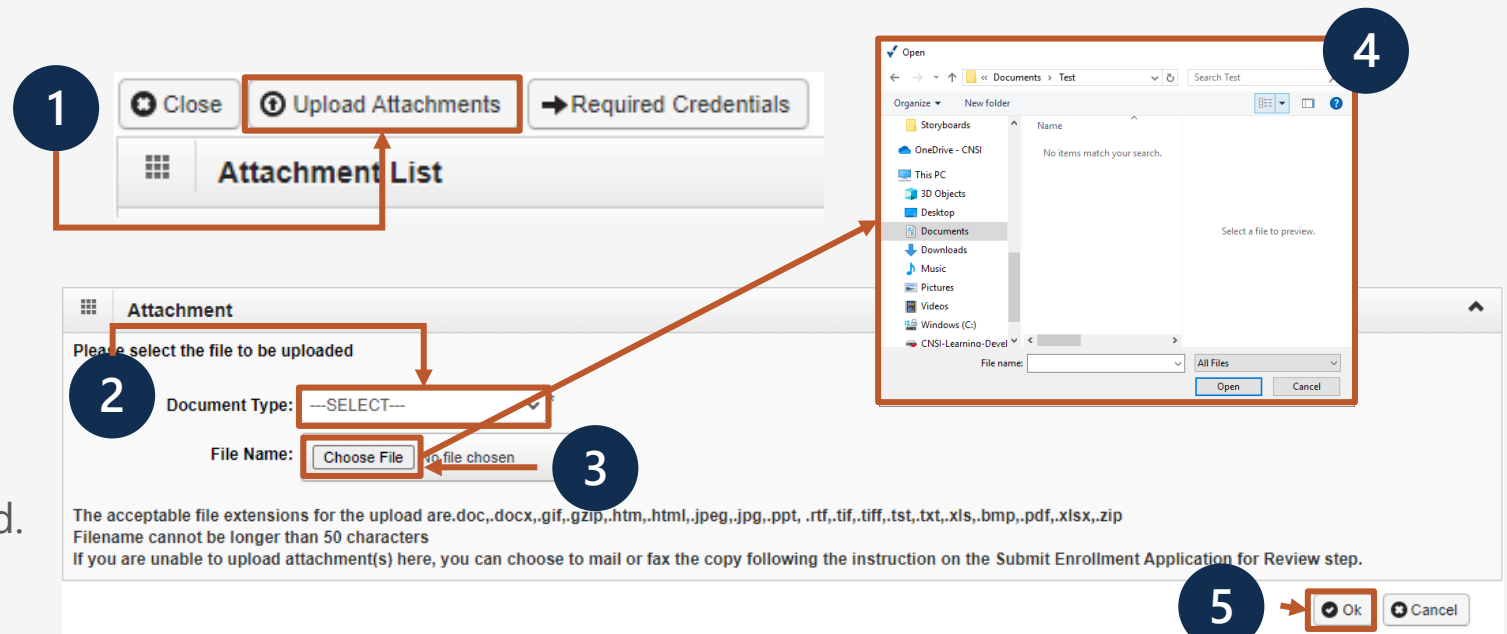
The screenshot shows the 'Provider Disclosure' form with a second question highlighted by a red box. The question is: '(Required for FECA providers) For Provider Type "Medical Supplies/Durable Medical Equipment (DME) / Prosthetics / Orthotics" (75) only: Are you an accredited DMEPOS supplier enrolled with Medicare? If Yes; provide the phone number that you used in your Medicare DMEPOS enrollment.' Below the question is a table with two columns: 'Answer' and 'Comments'. The 'Answer' dropdown menu is open, showing 'No' and 'Yes' options. At the bottom, there are navigation buttons: 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', and 'Viewing Page: 1'.

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

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

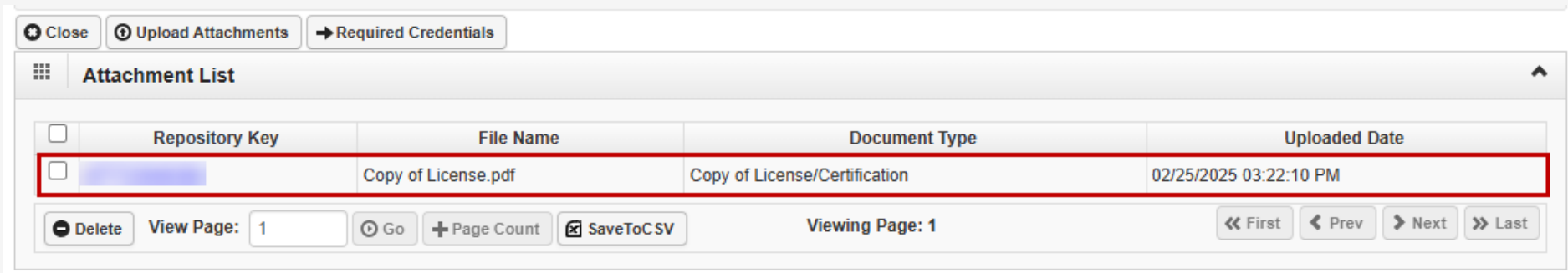
**Note:** In this step, upload required attachments (via Direct Data Entry or DDE). If attachments are not uploaded at the time of submission, the option to mail or fax required attachments with a provider enrollment cover sheet is available. The application will stay in an "Awaiting Attachments" status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

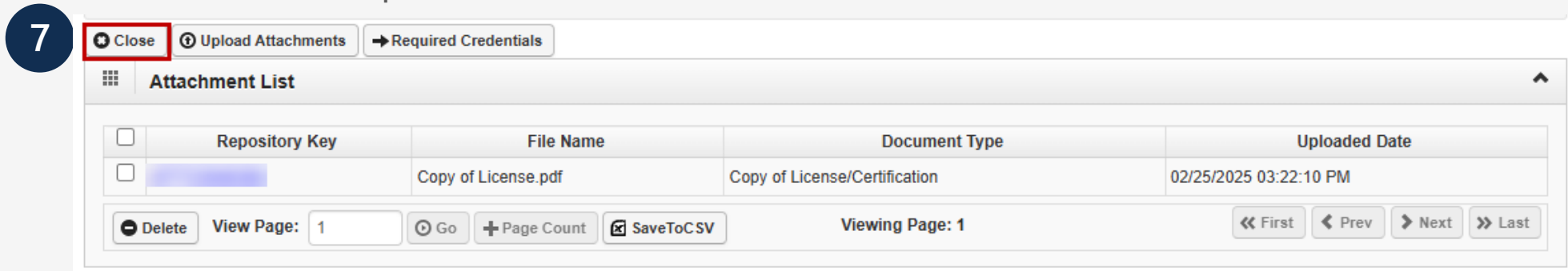


The screenshot shows the 'Attachment List' interface. At the top, there are three buttons: 'Close' (with a plus icon), 'Upload Attachments' (with an upload icon), and 'Required Credentials' (with a right arrow icon). Below these is a header bar with a grid icon, the title 'Attachment List', and an upward arrow. The main area contains a table with the following columns: 'Repository Key', 'File Name', 'Document Type', and 'Uploaded Date'. There is one row of data with a checkbox in the first column, a blue bar in the second, 'Copy of License.pdf' in the third, 'Copy of License/Certification' in the fourth, and '02/25/2025 03:22:10 PM' in the fifth. A red rectangle highlights the entire row. Below the table is a footer bar with a 'Delete' button (with a minus icon), 'View Page: 1' (with a text input), 'Go' (with a magnifying glass icon), '+ Page Count' (with a plus icon), 'SaveToCSV' (with a download icon), 'Viewing Page: 1', and navigation buttons: '<< First', '< Prev', '> Next', and '>> Last'.

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

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

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



This screenshot is identical to the previous one, but with a red rectangle highlighting the 'Close' button in the top navigation bar. A blue circle with the number '7' is positioned to the left of the button.

# 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"/>	<a href="#">Test</a>	

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**.

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

**Final Submission**

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

**Confirm & Sign**

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

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

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

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

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

First Name:  \* Last Name:  \*

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

**Privacy Act Statement**

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

**1**

**2**



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

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

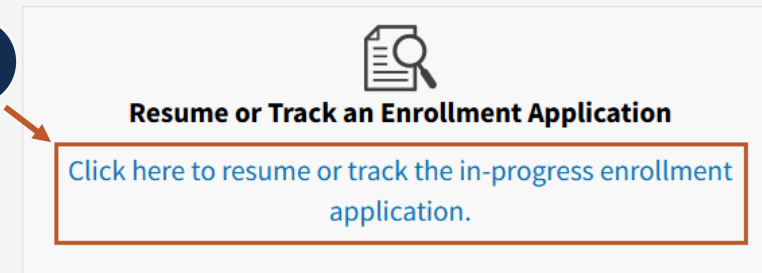
1. Go to [WCMBP Portal Homepage \(https://owcpmed.dol.gov\)](https://owcpmed.dol.gov).
2. Select **Provider Enrollment**.



# 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**.

3

A screenshot of the "Track Application" web form. At the top is a navigation bar with a home icon, a user profile icon, a "Profile:" dropdown, and links for "External Links", "Help", and "Logout". Below the navigation bar is a breadcrumb trail showing a home icon and the text "Track Application". The main content area contains a "Close" button and a "Submit" button. An orange arrow points from the number 6 to the "Submit" button. Below the buttons, there is instructional text: "Please provide the Application Number and SSN/FEIN to track your application." and "Need help finding the application number? Please select this link to look up and retrieve your application number." There are two input fields: "Application Number:" and "SSN/FEIN:". Both fields have an asterisk (\*) to their right. An orange arrow points from the number 5 to the "Application Number:" field, and another orange arrow points from the number 5 to the "SSN/FEIN:" field.

# 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 the 'Application Number Lookup' form. At the top, there are 'Close' and 'Submit' buttons. Callout 8 points to the 'Submit' button. Below the buttons is a section titled 'Application Number Lookup' containing three input fields: 'National Provider Identifier:', 'SSN/FEIN:', and 'Zip Code:'. Callout 7 points to the 'National Provider Identifier' and 'SSN/FEIN' fields.

The screenshot shows the 'Enrollment Applications' table. A note above the table states: 'Note: Applications that are not yet approved are displayed below.' The table has the following columns: Application Number, Provider Name, National Provider Identifier, SSN/FEIN, Address, Status, Created Date, and Submitted Date. The first row of data shows a status of 'Pending Submission' and a 'Created Date' of '03/14/2025'. Callout 9 points to the 'Application Number' column header.

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