

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:

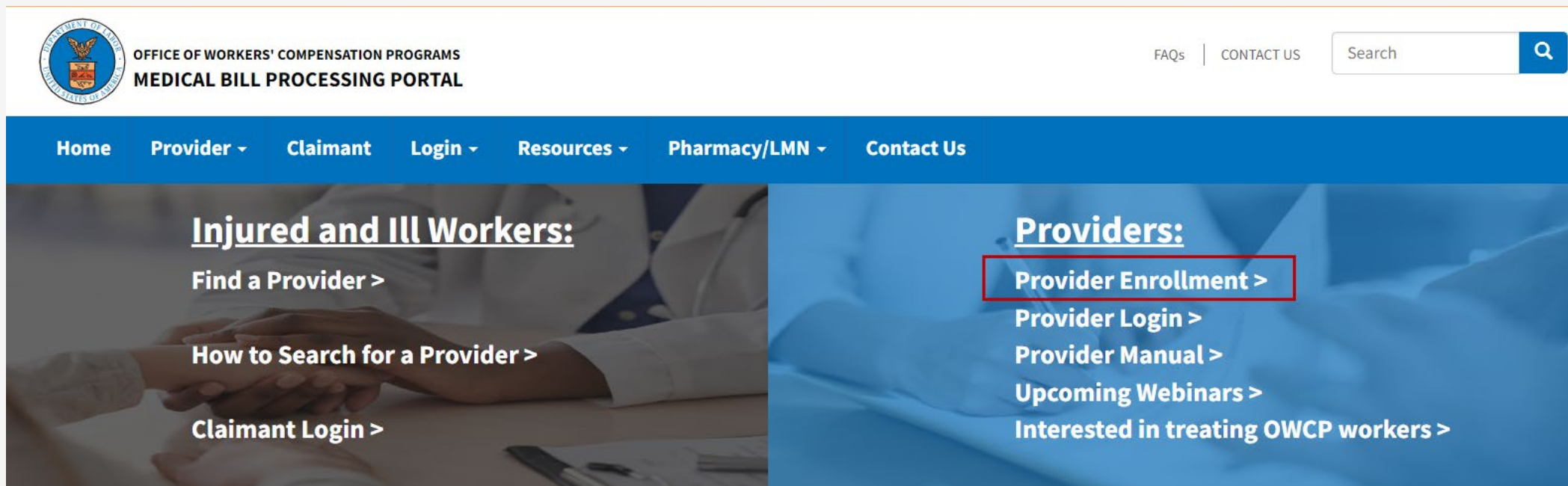
- One or more healthcare practitioners who practice their profession at a common location (whether they share common facilities, common supporting staff, or common equipment) and have formed a partnership or corporation or are employees of a person, partnership, or corporation, or other entity owning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

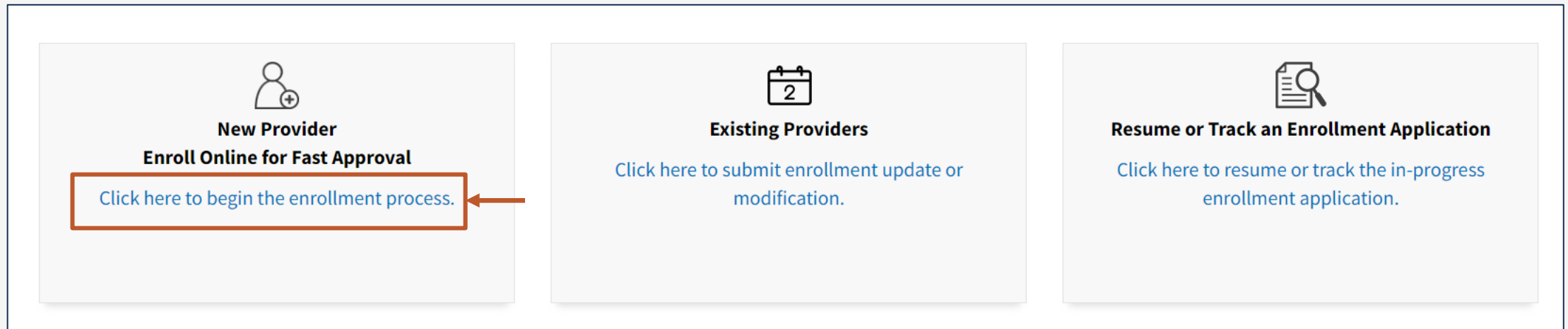
**Note:** If the Account Registration process has been completed, select [here](#) to continue to step 8 of the **OWCP Connect Account Registration** section of this tutorial.



The screenshot displays the top section of the WCMBP Portal. On the left is the Department of Labor seal, followed by the text "OFFICE OF WORKERS' COMPENSATION PROGRAMS" and "MEDICAL BILL PROCESSING PORTAL". On the right are links for "FAQs" and "CONTACT US", and a search bar with a magnifying glass icon. Below this is a blue navigation bar with the following items: "Home", "Provider" (with a dropdown arrow), "Claimant", "Login" (with a dropdown arrow), "Resources" (with a dropdown arrow), "Pharmacy/LMN" (with a dropdown arrow), and "Contact Us". The main content area is split into two columns. The left column, titled "Injured and Ill Workers:", contains links for "Find a Provider >", "How to Search for a Provider >", and "Claimant Login >". The right column, titled "Providers:", contains links for "Provider Enrollment >" (highlighted with a red box), "Provider Login >", "Provider Manual >", "Upcoming Webinars >", and "Interested in treating OWCP workers >".

# Accessing the WCMBP System for New Providers (2 of 3)

3. Locate the **New Provider Enroll Online for Fast Approval** section and select the **Click here to begin the enrollment process** link.



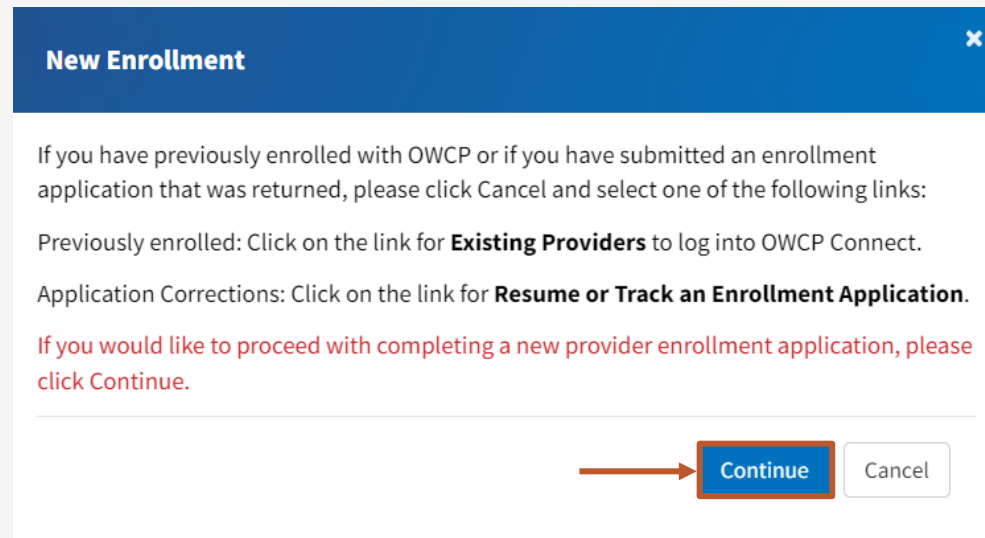
The screenshot displays three distinct sections within the WCMBP system interface:

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

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

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

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



**Note:** Providers who previously enrolled and need to update enrollment or track an existing application need to select **Cancel** and then choose the appropriate "Existing 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 with the United States Department of Labor logo on the left, the text "United States Department of Labor Office of Workers' Compensation Programs" in the center, and the OWCP logo on the right. Below the header, the page is divided into three main sections: "OWCP Connect", "Existing User", and "New User".

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

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

**Existing User**  
Login Using Email Address:  
  
[LOGIN](#)  
Forgot password?  
[PASSWORD RESET](#)  
Change Email?  
[CHANGE EMAIL](#)

**New User**  
First time using OWCP Connect?  
Create a new account here.  
[CREATE ACCOUNT](#)  
**Information for Medical Providers**  
1. This process generally takes 3-5 minutes  
2. [Enrollment Tutorials \(Click Here\)](#)  
3. [Contact Us \(Click Here\)](#)

# OWCP Connect Account Registration (2 of 9)

2. Complete these fields:

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

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

3. Select **NEXT**.

### Account Registration

Enter the below information to create the account

**First Name\***


**Last Name\***

**Middle Initial**

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

**Retype Email\***   
[This email is available.](#)

Enter result of addition from image below\*



\* Required Field

**NEXT**

### Instructions

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

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

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

# OWCP Connect Account Registration (3 of 9)

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

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

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

### Login Credential

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

Email\*

Password\*

Retype Password\*

\* Required Field

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

### Instructions

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

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

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

**PASSWORD CRITERIA**

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

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

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



# OWCP Connect Account Registration (4 of 9)

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

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

### Security Images

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

Security Images \*

Key Phrase \*

\* Required Field

### Instructions

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

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

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

# OWCP Connect Account Registration (5 of 9)

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

10. Select **SUBMIT**.

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

### Security Questions

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

**Security Questions \***

1.
2.
3.

\* Required Field

### Instructions

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

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

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

# OWCP Connect Account Registration (6 of 9)

Upon submitting the Account Registration request, the system provides notification that the account creation request has been submitted successfully. The system will send an email to the email address provided including a link used to activate the account.

The link provided in the email is available for 24 hours.

## Account Creation

Your account creation request has been submitted successfully.

An email has been sent to the email address you provided, which includes a link that you will need to click in order to activate your account. The link provided in the email is available for 24 hours.

## Instructions

You will be receiving a confirmation email shortly.

You must activate your account by clicking on the link provided in the email.

# OWCP Connect Account Registration (7 of 9)

11. Access the notification email from the email address provided.

12. To activate the account, select the **here** link from the email. *This step is required to activate the account.*

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

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

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

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

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

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

# OWCP Connect Account Registration (8 of 9)

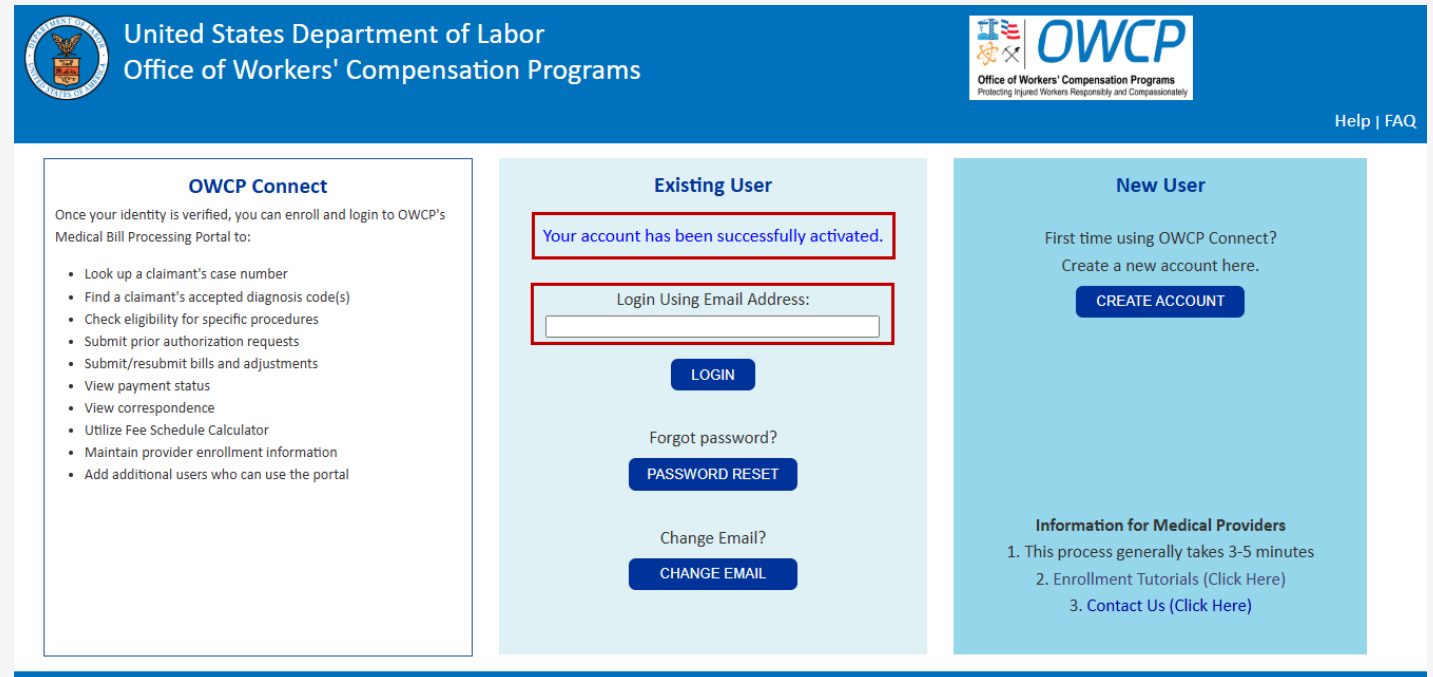
The link takes navigates to OWCP Connect where notification displays under the **Existing User** section that the account has been successfully activated.

**Note:** The registration process is completed only once. After the account is successfully activated, logging into the WCMBP System for Provider Enrollment can be done from the **Existing User** section.

13. Enter the email address registered in the **Login Using Email Address** field.

14. Select **LOGIN**

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



The screenshot displays the OWCP Connect portal interface. At the top, there is a blue header with the United States Department of Labor logo on the left, the text "United States Department of Labor Office of Workers' Compensation Programs" in the center, and the OWCP logo on the right with the tagline "Protecting Injured Workers Responsibly and Compassionately". A "Help | FAQ" link is visible in the top right corner.


The main content area is divided into three columns:

- OWCP Connect:** A section titled "OWCP Connect" with a sub-header "Once your identity is verified, you can enroll and login to OWCP's Medical Bill Processing Portal to:". Below this is a bulleted list of services: "Look up a claimant's case number", "Find a claimant's accepted diagnosis code(s)", "Check eligibility for specific procedures", "Submit prior authorization requests", "Submit/resubmit bills and adjustments", "View payment status", "View correspondence", "Utilize Fee Schedule Calculator", "Maintain provider enrollment information", and "Add additional users who can use the portal".
- Existing User:** A section titled "Existing User" containing a red-bordered box with the text "Your account has been successfully activated.". Below this is another red-bordered box labeled "Login Using Email Address:" with an empty input field. Underneath are three buttons: "LOGIN", "PASSWORD RESET" (with the text "Forgot password?" above it), and "CHANGE EMAIL" (with the text "Change Email?" above it).
- New User:** A section titled "New User" with the text "First time using OWCP Connect? Create a new account here." and a "CREATE ACCOUNT" button. At the bottom, it lists "Information for Medical Providers" with three numbered items: "1. This process generally takes 3-5 minutes", "2. Enrollment Tutorials (Click Here)", and "3. Contact Us (Click Here)".


# OWCP Connect Account Registration (9 of 9)

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

16. Select **SUBMIT**.



United States Department of Labor  
Office of Workers' Compensation Programs




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

### 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, there is a header "Enrollment Type" and a prompt "Please select the applicable Enrollment Type". Below this, there are four radio button options: "Individual", "Group Practice", "Billing Agent/Clearinghouse", and "Facility/Agency/Organization/Institution". The "Group Practice" option is selected and highlighted with a red box and a blue circle containing the number "1". Below the options, there are two buttons: "Close" and "Submit". The "Submit" button is highlighted with a red box and a blue circle containing the number "2". Below the buttons, there is a section titled "Enrollment Type Definition" which contains two sections: "Individual -" and "Group Practice -", each with a list of bullet points describing the criteria for that type.

**Enrollment Type**

Please select the applicable Enrollment Type

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

Close Submit

**Enrollment Type Definition**

**Individual -**

- Any provider who is eligible to receive a Type I National Provider Identifier (NPI) through the [National Plan and Provider Enumeration System \(NPPES\)](#). Providers eligible to receive an NPI are those who
- 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' dropdown menu.
- 4**: Points to the 'Program' section with checkboxes for DFEC, DCMWC, and DEEOIC.
- 5**: Points to the 'Tax Identifier Type' radio buttons for FEIN (selected) and SSN.
- 6**: A large orange box highlights the section for FEIN-related fields: 'Organization Name' (Legal Business Name), 'Organization Business Name' (Doing Business As), 'FEIN', 'Last Name', 'First Name', 'Middle Name', and 'SSN'.

Other visible fields include: 'If you select "Other Provider" (96) or Non-Medical Vendor (53), please explain:', 'National Provider Identifier: (NPI)', 'Email Address:', 'Entity Type: ---SELECT---', 'If Other, please explain:', 'I do not wish to be included in an online searchable list of OWCP providers.', and 'Reason:'.

Buttons for 'Finish' and 'Cancel' are located at the bottom right.



# 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" with the following fields and callouts:


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


Other visible fields include: "Provider Type" (dropdown), "If you select 'Other Provider' (96) or Non-Medical Vendor (53), please explain:" (text area), "Program" (checkboxes for DFEC, DCMWC, DEEOIC), "Tax Identifier Type" (radio buttons for FEIN, SSN), "Organization Name" (Legal Business Name), "Organization Business Name" (Doing Business As), "FEIN", "Last Name", "Middle Name", "First Name", "SSN", and "If Other, please explain:".

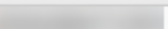
# Step 1: Provider Basic Information (4 of 6)


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

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

Application Number: 20  Name: Test Enrollment Type: Group Practice

**Basic Information** 

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



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

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

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

**Note:** If the incorrect enrollment type was selected, select **Delete** to delete all information and restart the enrollment application.

**Note:** Exiting the application and returning later to complete and submit is possible. For details, refer to **Resume or Track an In-Progress Enrollment Application** [here](#).

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
Step 1: Provider Basic Information	Required	03/18/2025	03/18/2025	Complete	
Step 2: Add Location	Required			Incomplete	
Step 3: Add Taxonomies	Required			Incomplete	
Step 4: Add Ownership Details	Optional			Incomplete	
Step 5: Add Business Licenses and Certifications	Optional			Incomplete	
Step 6: Add Identifiers	Optional			Incomplete	
Step 7: Add EDI Submission Method	Optional			Incomplete	
Step 8: Add EDI Submitter Details	Optional			Incomplete	
Step 9: Add EDI Contact Information	Optional			Incomplete	
Step 10: Add Servicing Provider Information	Required			Incomplete	
Step 11: Add Payment Details	Required			Incomplete	
Step 12: Complete Provider Disclosure	Required			Incomplete	
Step 13: View/Upload Attachments	Optional			Incomplete	
Step 14: Submit Enrollment Application for Review	Required			Incomplete	

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 with two main panels. The left panel, titled 'Locations List', contains a 'Close' button and an 'Add' button. An orange arrow points from the 'Add' button to a blue circle containing the number '1'. The right panel, titled 'Add Provider Location', contains several input fields and a checkbox. Orange arrows point from blue circles containing numbers 2 through 7 to the corresponding fields or the 'Next' button. The fields are: 'Business Name:' (required), 'Contact Last Name:' (required), 'Contact First Name:' (required), 'Phone Number:' (required), 'Email Address:' (required), and 'Fax Number:' (optional). Below the 'Email Address' field is a checkbox labeled 'I wish to opt-in for paperless correspondence.' with a note: 'By selecting this option, correspondence will only be available via Medical Bill Processing Portal and will not be mailed, except for IRS letters and provider enrollment status correspondence. Note: OWCP is not responsible for undelivered correspondence notification emails due to invalid or outdated email address.' At the bottom right of the form are 'Next' and 'Cancel' buttons. An orange arrow points from a blue circle containing the number '7' to the 'Next' button.

1. Select **Add**.
2. Enter the location in the **Business Name** field.
3. Enter the contact's last name and first name in the **Contact Last Name** and **Contact First Name** fields.
4. Enter the contact's phone number (excluding dashes or spaces) in the **Phone Number** field.  
**Note:** The **Fax Number** field is optional.
5. Enter the contact's email address in the **Email Address** field.
6. To opt-in for paperless correspondence, select the checkbox below the **Email Address** field.  
**Note:** When the checkbox is selected, the **Email Address** field becomes mandatory.
7. Select **Next**.

# Step 2: Add Location (2 of 6)

## Physical Address

**Note:** The physical address must be added, *this step is required*. The address fields are initially disabled.

8. To enter address details, select **+Address**. The **Address Details** window opens over the existing screen.

The screenshot displays a form for adding a physical address. At the top, there is a dropdown menu for 'Type of Address' set to 'Physical Address'. Below it, the 'Address Input Option' is set to 'Manually Input' with a radio button. An 'End Date' field is set to '12/31/2999' with a calendar icon. The form contains several input fields: 'Address Line 1' (required), 'Address Line 2', 'Address Line 3', 'City/Town' (required), 'State/Province' (required), 'Country' (required), 'County' (required), and 'Zip Code' (with a hyphen separator). A red box highlights the '+ Address' button, which is also pointed to by an orange arrow from a blue circle containing the number 8. At the bottom right, there are 'Next' and 'Cancel' buttons.

**Note:** If **Next** is selected prior to adding the physical address, an error message window will display stating "Address is mandatory. Please enter an address." Select **OK** to close the error message and add the address.

# Step 2: Add Location (3 of 6)

## Physical Address

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

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

11. Select **Validate Address**.

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

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

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

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

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

The screenshot shows the 'Address details' form after successful validation. The fields are populated with greyed-out text, and a blue message 'Address validation successful' is displayed at the top. The 'Validate Address' button is now disabled. A red circle '12' is next to the **OK** button, which is highlighted with a red rectangle.

- Address Line 1:** Populated with greyed-out text.
- Address Line 2:** Populated with greyed-out text.
- Address Line 3:** Populated with greyed-out text.
- City/Town:** Populated with greyed-out text.
- State/Province:** Populated with greyed-out text.
- County:** Populated with greyed-out text.
- Country:** Populated with greyed-out text.
- Zip Code:** Populated with greyed-out text.
- Validate Address:** A disabled button.
- OK** and **Cancel** buttons are at the bottom right.

# Step 2: Add Location (4 of 6)

## Mailing Address

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

The screenshot shows a web form titled "Location Address". At the top left is a grid icon, and at the top right is a close icon. The form contains the following elements:

- Type of Address:** A dropdown menu with "Physical Address" selected.
- Address Input Option:** Radio buttons for "Manually Input" (selected) and "Import from Address Book".
- End Date:** A date field with "12/31/2999" and a calendar icon.
- Address Line 1:** A text input field with an asterisk.
- Address Line 2:** A text input field with an asterisk.
- Address Line 3:** A text input field.
- City/Town:** A text input field with an asterisk.
- State/Province:** A text input field with an asterisk.
- County:** A text input field with an asterisk.
- Country:** A text input field with an asterisk.
- Zip Code:** Two text input fields separated by a hyphen, followed by a "+ Address" button.

At the bottom right of the form, there is a blue circle containing the number "13", a red-bordered button with a right-pointing arrow and the text "Next", and a "Cancel" button with a circular arrow icon.



# Step 2: Add Location (5 of 6)

## Mailing Address

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

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)

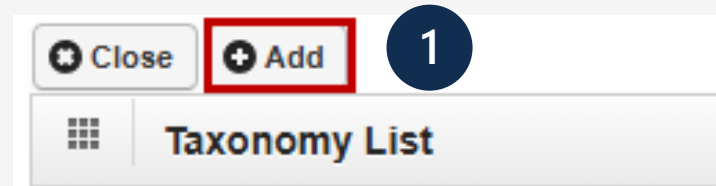
Business Name ▲▼	Location Details ▲▼
<input type="checkbox"/> Angel PA	1447

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

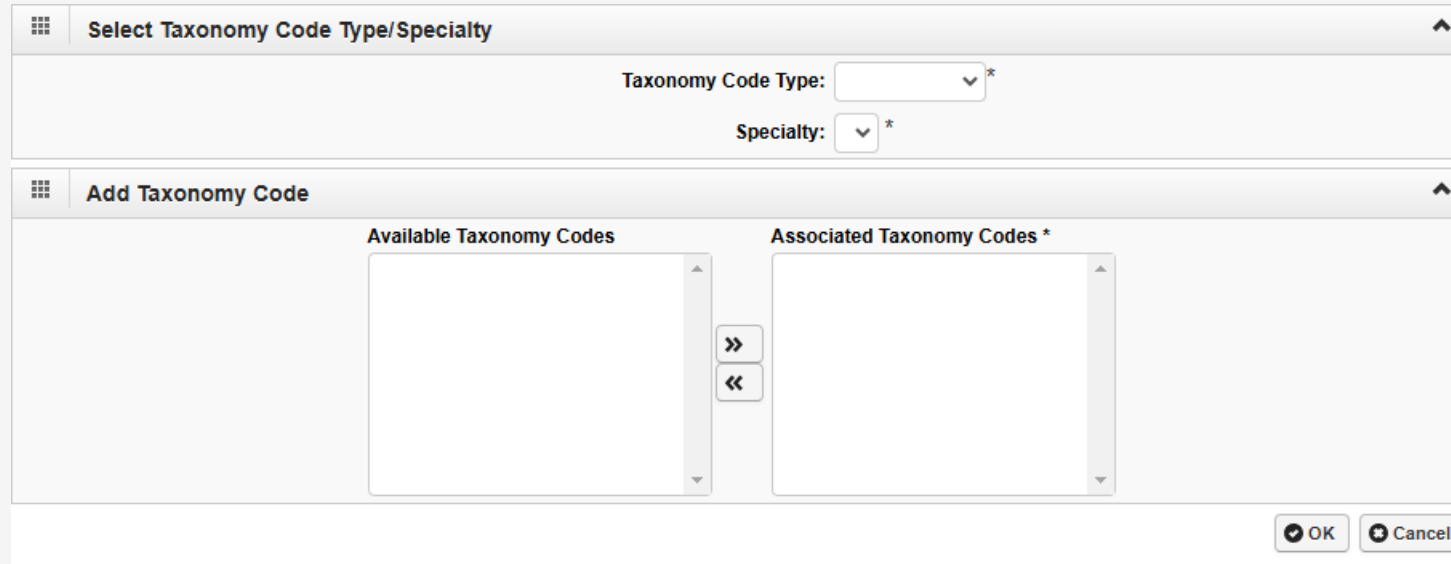
16. To move on to the next step, select **Close**.

# Step 3: Add Taxonomies (1 of 5)

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

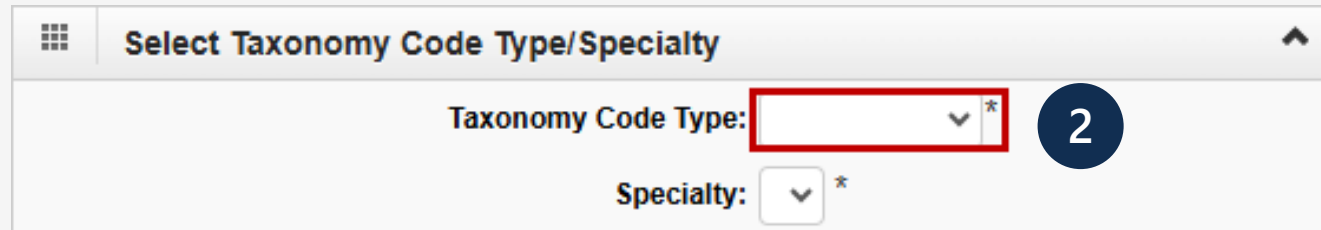


The **Add Taxonomy Code** page opens.



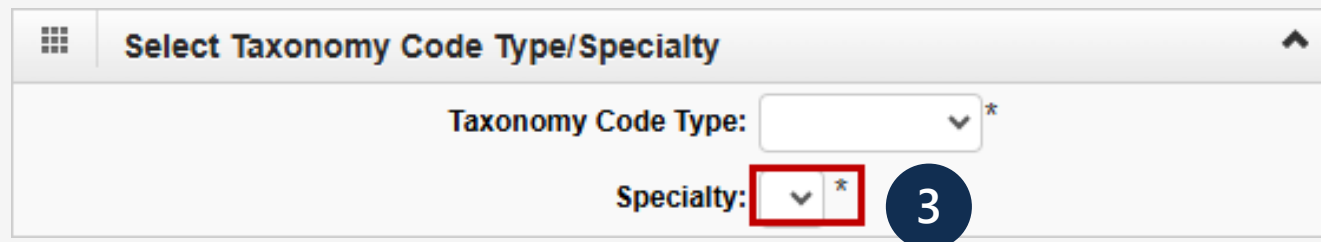
## Step 3: Add Taxonomies (2 of 5)

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



The screenshot shows a form titled "Select Taxonomy Code Type/Specialty". It contains two dropdown menus. The first dropdown is labeled "Taxonomy Code Type:" and is highlighted with a red rectangular box. To its right is a blue circular callout containing the number "2". The second dropdown is labeled "Specialty:" and has an asterisk next to it.

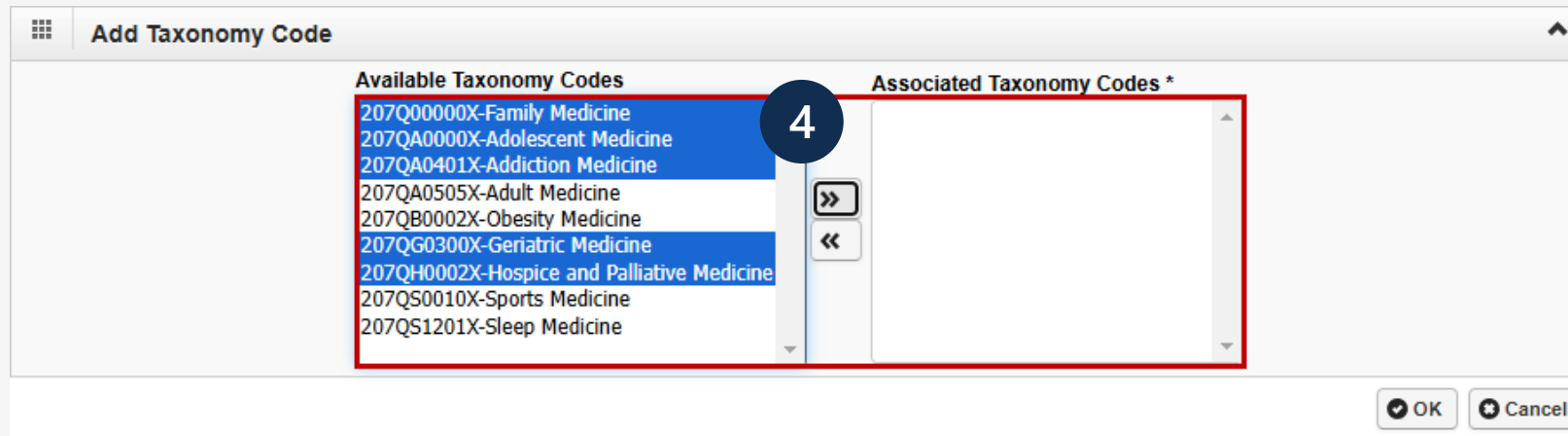
- From the **Specialty** drop-down list, select the specialty type.



The screenshot shows the same form as above. In this view, the "Specialty:" dropdown menu is highlighted with a red rectangular box. To its right is a blue circular callout containing the number "3". The "Taxonomy Code Type:" dropdown is now unhighlighted.

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

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



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

# Step 3: Add Taxonomies (4 of 5)

5. Select **OK**.

**Select Taxonomy Code Type/Specialty**

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

Specialty: 7Q-Family Medicine \*

**Add Taxonomy Code**

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

5 OK Cancel

# Step 3: Add Taxonomies (5 of 5)

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

6

**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**.

**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:** The '+ Add' button at the top of the 'Ownership List (Optional)' section.
- 2:** The 'Ownership Type' dropdown menu, currently set to 'Individual Ownership'.
- 3:** The 'SSN/FEIN' text input field.
- 4:** The 'Last Name' and 'First Name' text input fields.
- 5:** The 'Address Line 1', 'Address Line 2', 'Address Line 3', 'City/Town', 'State/Province', and 'County' dropdown menus.
- 6:** The 'OK' button at the bottom right of the form.

Additional form elements include: 'Close' and '+ Add' buttons at the top; 'Ownership List (Optional)' and 'Add Ownership' headers; a note stating 'Ownership List is optional' and instructions for FECA and DEEOIC providers; a 'Copy Name and Tax' button; and 'OK' and 'Cancel' buttons at the bottom.



# 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 software interface for adding a business license or certification. At the top, there are 'Close' and '+Add' buttons, with a blue circle '1' and an arrow pointing to the '+Add' button. Below this is a 'License/Certification List' header. The main form is titled 'Add Business License/Certification' and contains the following elements:

- Instructions: '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.'
- Radio buttons for selection: 'C-Certification' (selected), 'L-License', and 'N-License or Certification not required'. A blue circle '2' and an arrow point to these options.
- 'Name:' text input field with an asterisk. A blue circle '3' and an arrow point to this field.
- 'License/Certification Type:' text input field with an asterisk. A blue circle '4' and an arrow point to this field.
- 'Licence/Certification #:' text input field with an asterisk. A blue circle '5' and an arrow point to this field.
- 'Initial Issue Date:' date picker field with an asterisk.
- 'Expiration Date:' date picker field with an asterisk.
- 'Issued State:' dropdown menu with an asterisk.
- 'Issuer Agency:' text input field with an asterisk.
- 'Web Link:' text input field with an asterisk.

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

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

6. In the **Initial Issue Date** field, enter or select the initial issue date.
7. In the **Expiration Date** field, enter or select the expiration date.
8. From the **Issued State** drop-down list, select the state where the license or certification was issued.

**Note:** The Issued State must match the state of physical address.

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

**Add Business License/Certification**

- Please provide all business license/certification required by your State to perform the service under your Group Practice Enrollment Type.
- Servicing provider and professional licensure information will be required on Step 10 of this application or modification.

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

Name:  \*

License/Certification Type:  \* License/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, there are 'Close' and 'Add' buttons. Below is a search bar with 'Filter By:' and a 'Go' button. To the right are 'Clear Filter', 'Save Filter', and 'My Filters' buttons. The main area is a table with the following columns: License Category, License/Certification Number, License/Certification Type, Issued State, Initial Issue Date, and Expiration Date. A single row is visible with the following data: License, [blurred], [blurred], [blurred], 03/01/2020, 03/06/2020. At the bottom, there are 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', 'Viewing Page: 1', and navigation buttons (First, Prev, Next, Last).

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

This screenshot is identical to the previous one, but the 'Close' button at the top left is highlighted with a red box. A blue circle with the number '12' is positioned to the left of the 'Close' button, indicating the step number.

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

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

- Identifier Type:** A dropdown menu with 'Drug Enforcement Agency (DEA) N' selected. A callout box shows the full list of options: Drug Enforcement Agency (DEA) Number, NPI, Other Provider ID, Previous Provider ID, Provider Medicare Number, and United Mine Workers' of America (UMWA) Number.
- Identifier Value:** A text input field with an asterisk indicating it is required.
- Start Date:** A date picker with an asterisk indicating it is required.
- End Date:** A date picker.

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

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

**Note:** This step may be required for the provider type entered in **Step 1: Provider Basic Information**. Select **Required Credentials** to determine if the provider type requires an identifier.

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

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

The screenshot shows the 'Provider Identifiers' interface. At the top, there are buttons for 'Close', 'Add', and 'Required Credentials'. Below this is a header 'Provider Identifiers' with a grid icon and an upward arrow. A 'Filter By' section contains three input fields and a 'Go' button, along with 'Clear Filter', 'Save Filter', and 'My Filters' options. The main table has four columns: 'Identifier Type', 'Identifier Value', 'Start Date', and 'End Date'. A single row is visible with 'NPI' in the first column, a redacted value in the second, and '03/07/2020' in both the third and fourth columns. At the bottom, there are navigation controls including 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', 'Viewing Page: 1', and 'First', 'Prev', 'Next', 'Last' buttons.

6. 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. A large blue circle with the number '6' is positioned to the left of the interface.

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

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

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

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

You may check multiple Modes of Submission.

### EDI Submission Details

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

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

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

OK Cancel



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

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

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

**EDI Submission Details**

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

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

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

2

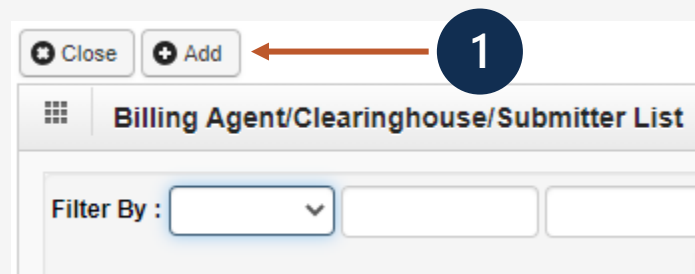
# Step 8: Add EDI Submitter Details (1 of 3)

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

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

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

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



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

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

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

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

4. Select **OK**.

**Associate Billing Agent/Clearinghouse**

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

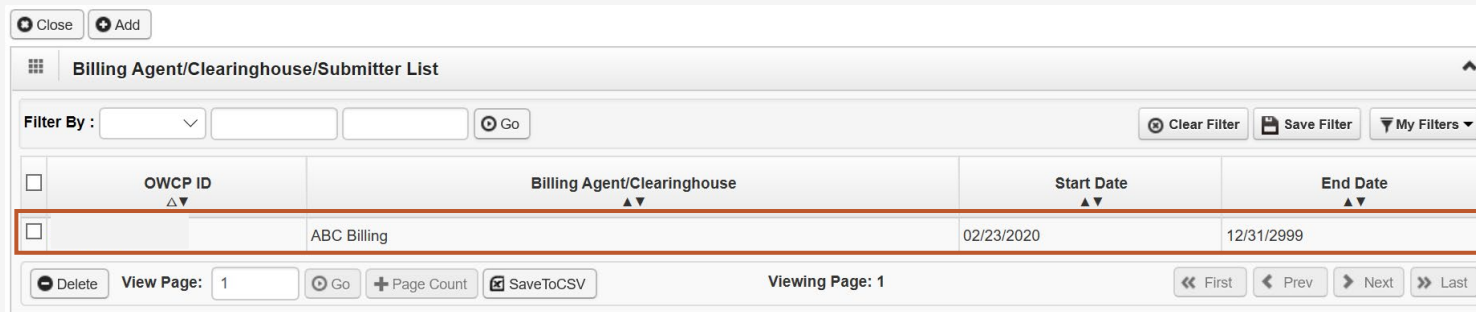
2 → Billing Agent/Clearinghouse OWCP ID:  \*

Start Date:  \* ← 3 → End Date:

4 →

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

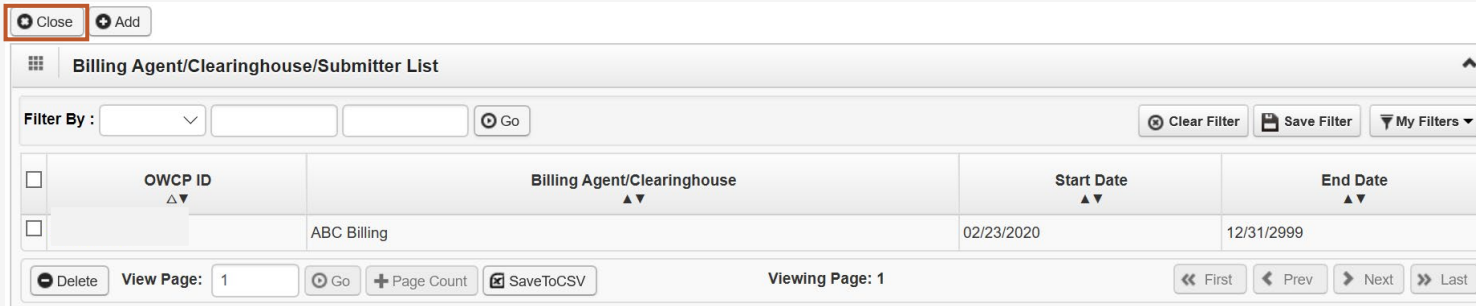
The **Billing Agent/Clearinghouse/Submitter List** page displays the entered OWCP ID information.



The screenshot shows a web interface for managing a list of Billing Agent/Clearinghouse/Submitter entries. At the top left, there are 'Close' and 'Add' buttons. Below this is a header bar with a grid icon and the title 'Billing Agent/Clearinghouse/Submitter List'. A filter section includes 'Filter By:' with dropdown menus and a 'Go' button, along with 'Clear Filter', 'Save Filter', and 'My Filters' options. The main table has four columns: 'OWCP ID', 'Billing Agent/Clearinghouse', 'Start Date', and 'End Date'. A single row is visible with the values: 'ABC Billing', '02/23/2020', and '12/31/2999'. At the bottom, there are navigation controls including 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', 'Viewing Page: 1', and 'First', 'Prev', 'Next', 'Last' buttons.

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

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



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

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

Close Add

EDI Contact Information List

Filter By :

Add EDI Contact Information

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: \*

Country: \*

Zip Code: - +Address

OK Cancel

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

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

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

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

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

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

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

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

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

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

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

- 6** points to the "Address Line 1" text input field.
- 7** points to the "Zip Code" text input field.
- 8** points to the "Validate Address" button.
- 10** points to the "OK" button at the bottom right of the form.

Other fields in the form include "Address Line 2", "Address Line 3", "City/Town", "State/Province", "County", and "Country", all with dropdown menus. A "Validate Address" button is located to the right of the "Zip Code" field. The form also includes "OK" and "Cancel" buttons at the bottom right.

# 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 'Close' and 'Add' buttons. Below them is a search bar with 'Filter By:' and a 'Go' button. To the right of the search bar are 'Clear Filter', 'Save Filter', and 'My Filters' buttons. The main area is a table with the following columns: Contact Title, Contact Name, Contact Phone Number, Contact Email, and End Date. A single row is visible, with the 'End Date' cell containing '12/31/2999'. 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' indicator. On the far right, there are navigation buttons: '<< First', '< Prev', '> Next', and '>> Last'. The 'Close' button at the top left is highlighted with a red box.

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

10

This screenshot is identical to the one above, showing the 'EDI Contact Information List' interface. The 'Close' button at the top left is highlighted with a red box, indicating the next step in the process.

# 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 a web application interface for adding a servicing provider. At the top, there are 'Close' and '+ Add' buttons, with a red circle '1' and an arrow pointing to the '+ Add' button. Below this is a 'Servicing Providers' section with a grid icon. The main form is titled 'Associate Servicing Provider' and contains the following fields:

- Last Name:** and **First Name:** (circled with '2')
- Middle Name:** and **SSN:** (circled with '3')
- Provider Type:** (drop-down menu, circled with '4')
- National Provider Identifier (NPI):** (text field, circled with '5')
- Taxonomy:** (text field, circled with '6')
- License/Certification Category:** (table with 6 columns: License/Certification Category, License/Certification Type, License/Certification Number, Issued State, Initial Issue Date, Expiration Date. The table has two rows, circled with '7').

At the bottom right, there are 'OK' and 'Cancel' buttons, with a red circle '8' and a box around the 'OK' button.



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

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

	SSN/FEIN	Provider Name	NPI	Provider Type
<input type="checkbox"/>	*****	UnMask		25 - Physician (MD) & Physician (DO)

9. Proceed as applicable:

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

9

	SSN/FEIN	Provider Name	NPI	Provider Type
<input type="checkbox"/>	*****	UnMask		25 - Physician (MD) & Physician (DO)

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

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

1. Select **+Add**.

1

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!				

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

Payment Method: Electronic Funds Transfer(Direct Deposit)

Financial Institution Information

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

Financial Institution Name: [ ] \* 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: [ ]  
(Enter Street Address or PO Box Only)

Address Line 3: [ ]

City/Town: [ ]

State/Province: [ ] County: [ ]

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

Signed by Representative:  \*

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

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:  \*

Nine-Digit Routing Transit Number:  \*

Financial Institution ACH Coordinator Name:  \*

Phone Number:   \*

**6** Depositor Account Number:  \*

**7** Type of Account:  \*

Depositor Account Title:

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

Financial Institution ACH Coordinator Name:  \*

Phone Number:

Depositor Account Number:  \*

Type of Account:  \*

**8** Depositor Account Title:  \*

Address Line 1:  Address Line 2:

# Step 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: \*

State/Province:  County:   
Country:  Zip Code:  -   
Signed by Representative: \*  
Title of Representative:  Representative Phone Number: \*

# 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. The form is divided into three main sections, each with a numbered callout:

- Step 11:** The top section shows fields for "State/Province" (New York), "County" (Schenectady), "Country" (United States), and "Zip Code" (12345 - 0001). Below these are two input fields: "Title of Representative" (highlighted with a red box and callout 11) and "Representative Phone Number" (highlighted with a red box and callout 12). A "Signed by Representative" checkbox is present but unchecked. "OK" and "Cancel" buttons are at the bottom right.
- Step 13:** The middle section shows the same fields as above, but the "Signed by Representative" checkbox is now checked. The "Title of Representative" field contains a blurred name, and the "Representative Phone Number" field contains "5555555555". The "OK" button is highlighted with a red box and callout 13.
- Step 14:** The bottom section shows a modal alert window with the text: "owcpmed.uat.dol.gov says Please note: Acentra Health will make two phone call attempts to reach the contact identified on the signed ACH form. Failure to answer and verify banking details may result in a rejection of your enrollment application." A blue "OK" button is highlighted with a red box and callout 14.

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

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

The screenshot shows a web interface for managing payment details. At the top left, there are 'Close' and 'Add' buttons. Below them is a 'Payment Details' header with a grid icon and an upward arrow. A filter section includes 'Filter By:' with three input fields and a 'Go' button, alongside 'Clear Filter', 'Save Filter', and 'My Filters' options. The main area is a table with columns: 'Account Number' (with a dropdown arrow), 'Account Type' (with a dropdown arrow), 'Bank Name' (with a dropdown arrow), and 'Routing Number' (with a dropdown arrow). A single row is visible with the following data: Account Number: \*\*\*\*\*3210, Account Type: Checking, Bank Name: Sample Bank, and Routing Number: 1[redacted]9. At the bottom, there are navigation controls: 'Delete', 'View Page: 1', 'Go', '+ Page Count', 'SaveToCSV', 'Viewing Page: 1', and pagination buttons for 'First', 'Prev', 'Next', and 'Last'.

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

15

This screenshot is identical to the one above, but with a red rectangular box highlighting the 'Close' button in the top left corner of the interface.

# Step 12: Complete Provider Disclosure

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

The screenshot shows a web form titled "Provider Disclosure". At the top left, there are "Close" and "Save" buttons. A red box highlights these buttons, and a blue circle with the number "2" is placed over the "Save" button. The main content area contains a question: "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, which is open and shows "No" and "Yes" options. A blue circle with the number "1" is placed over the dropdown menu. At the bottom of the form, 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 same "Provider Disclosure" form, but with an additional question highlighted by a red box. The question is: "(Required for FECA providers) For Provider Type 'Medical Supplies/Durable Medical Equipment (DME) / Prosthetics / Orthotics' (75) only: Are you an accredited DMEPOS supplier enrolled with Medicare? If Yes; provide the phone number that you used in your Medicare DMEPOS enrollment." Below this question is another table with "Answer" and "Comments" columns. The "Answer" dropdown menu is open, showing "No" and "Yes" options. At the bottom of the form, 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)

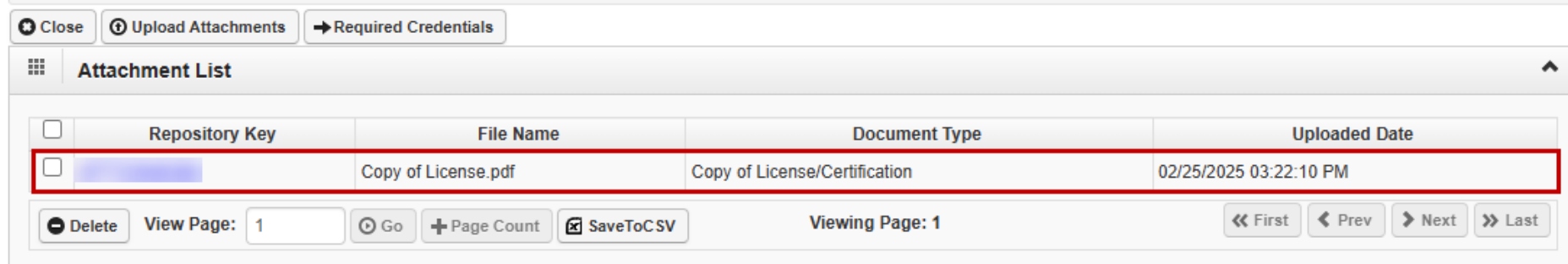
**Note:** In this step, upload required attachments (via Direct Data Entry or DDE). If attachments are not uploaded at the time of submission, the option to mail or fax required attachments with a provider enrollment cover sheet is available. The application will stay in an "Awaiting Attachments" status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

The screenshot displays the 'Attachment List' interface. At the top, there are three buttons: 'Close', 'Upload Attachments' (highlighted with a red box and callout 1), and 'Required Credentials'. Below these is a grid icon and the text 'Attachment List'. The main area is titled 'Attachment' and contains the instruction 'Please select the file to be uploaded'. It features a 'Document Type' dropdown menu (callout 2) with a downward arrow, and a 'File Name' field with a 'Choose File' button (callout 3) and a 'No file chosen' status. Below the form, there is a list of acceptable file extensions: .doc, .docx, .gif, .gzip, .htm, .html, .jpeg, .jpg, .ppt, .rtf, .tif, .tiff, .tst, .txt, .xls, .bmp, .pdf, .xlsx, .zip. A note states 'Filename cannot be longer than 50 characters' and provides an alternative for mail or fax. At the bottom right, there are 'Ok' and 'Cancel' buttons (callout 5). An 'Open' file dialog window (callout 4) is shown on the right, displaying the file explorer interface with the 'Documents' folder selected.

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

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

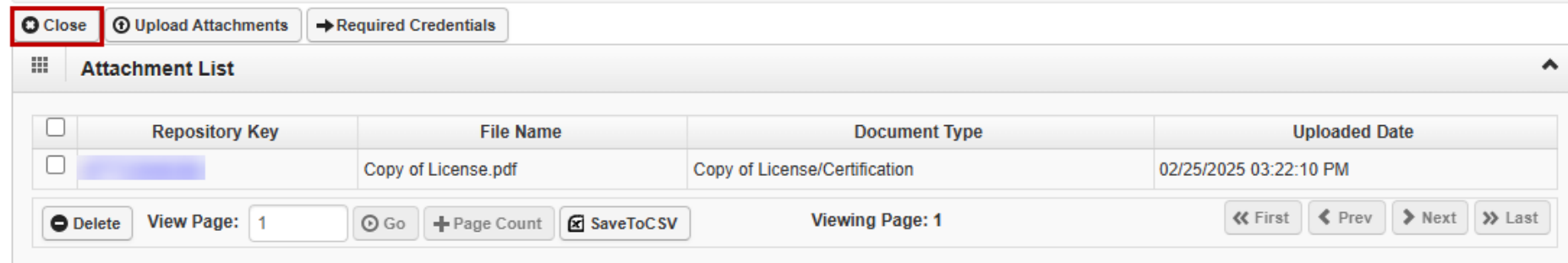


The screenshot shows the 'Attachment List' interface. At the top, there are three buttons: 'Close', 'Upload Attachments', and 'Required Credentials'. Below this is a table with the following columns: 'Repository Key', 'File Name', 'Document Type', and 'Uploaded Date'. A single row of data is visible, with a red border around it. The data in the row is: Repository Key (blurred), File Name 'Copy of License.pdf', Document Type 'Copy of License/Certification', and Uploaded Date '02/25/2025 03:22:10 PM'. Below the table, there are several controls: a 'Delete' button, 'View Page: 1' with a text input, 'Go', '+ Page Count', 'SaveToCSV', 'Viewing Page: 1', and navigation buttons: '<< First', '< Prev', '> Next', and '>> Last'.

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

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

7



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

# Verify Information Before Submission

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

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

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

Locations List		
<input type="checkbox"/>	Business Name ▲▼	Location Details ▲▼
<input type="checkbox"/>	<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 am I any owners, officers, or managing employees of the practice listed in this application. I understand that any deliberate omission, misrepresentation, or falsification of any information contained in this application or contained in any communication supplying information to the Department of Labor, Office of Workers' Compensation Program (OWCP), or any deliberate alteration of any text on this application form, may be punished by criminal, civil, or administrative penalties including, but not limited to, the denial or revocation of OWCP billing privileges, civil damages, and/or imprisonment. I agree to abide by the OWCP regulations and program instructions that apply to me or to the organization listed in Section 3A of this enrollment form. I understand that payment of a claim by OWCP is conditioned upon the claim and the underlying transaction complying with state and federal laws (including, but not limited to, the Federal anti-kickback statute) and OWCP regulations, and program instructions.

First Name: \* Last Name: \*

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

**1**

**Privacy Act Statement**

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

**2**

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

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

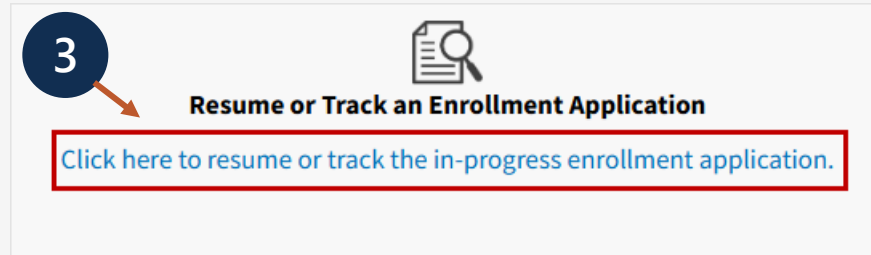
1. Go to [WCMBP Portal Homepage \(https://owcpmed.dol.gov\)](https://owcpmed.dol.gov).
2. Select **Provider Enrollment**.



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

# Resume or Track an In-Progress Enrollment Application (2 of 3)

3. Select the **Click here to resume or track the in-progress enrollment application** link.
4. Log in using the OWCP Connect email address and password.
5. Proceed as applicable:
  - If known by the provider, complete the **Application Number** and **SSN/FEIN** fields, then proceed to the next step.
  - If the **Application Number** and **SSN** or **FEIN** are not known, select the **Application Number Lookup** link and proceed to the next slide.
6. To return to the in-progress enrollment application, select **Submit**.



6

Close Submit

Please provide the Application Number and SSN/FEIN to track your application.  
Need help finding the application number? Please select this [link](#) to look up and retrieve your application number.

Application Number: \*

SSN/FEIN: \*

5

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

7. To retrieve the **Application Number**, enter the National Provider Identifier (NPI) and Social Security Number (SSN) or Federal Employer Identification Number (FEIN) in the **National Provider Identifier** and **SSN/FEIN** fields.

8. To view the application number, select **Submit**.

**Note:** The system identifies the matching enrollment applications and displays the application's details in the **Enrollment Applications** section below the **Application Number Lookup**.

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

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

The screenshot shows a web application interface. At the top, there is a navigation bar with 'Profile:', 'External Links', 'Help', and 'Logout'. Below this is a breadcrumb trail: 'Track Application > Application Number Lookup'. The 'Application Number Lookup' section contains a 'Close' button and a 'Submit' button. Below these are three input fields: 'National Provider Identifier:', 'SSN/FEIN:', and 'Zip Code:'. The 'Enrollment Applications' section below it has a note: 'Note: Applications that are not yet approved are displayed below.' It contains a table with the following data:

Application Number	Provider Name	National Provider Identifier	SSN/FEIN	Address	Status	Created Date	Submitted Date
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	In Process	02/16/2025	

Below the table is a pagination control: 'View Page: 1 Go + Page Count Viewing Page: 1'. There are also navigation buttons: '<< First', '< Prev', 'Next >', and '>> Last'. A 'SaveToCSV' button is also present.

# Post-Submission Key Timeframes

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

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



# Attachment Submission Options

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

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

**Via Fax**      888.444.5335