

WCMBP System

How to Complete a Provider Enrollment Application Group Provider



Overview

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



Accessing the WCMBP System

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

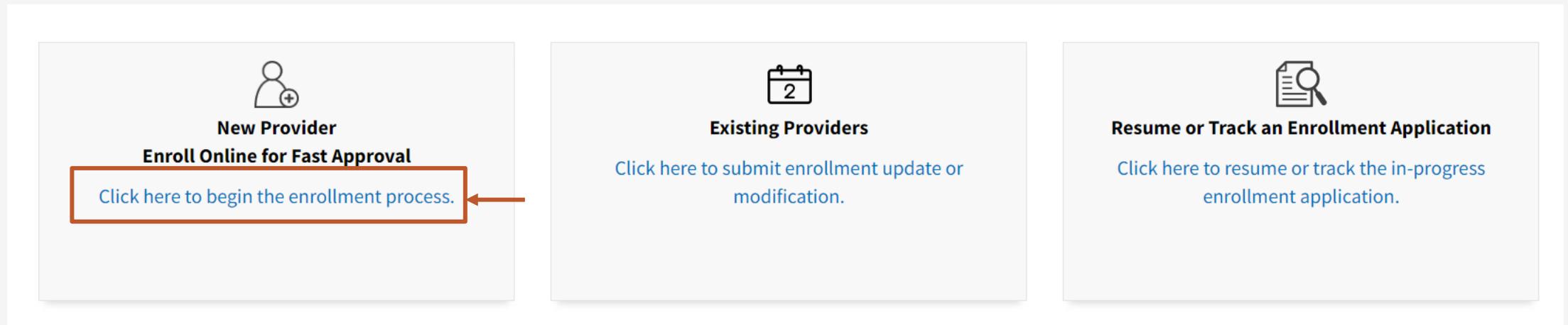
Select **Provider Enrollment**.



Accessing the WCMBP System for New Providers

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

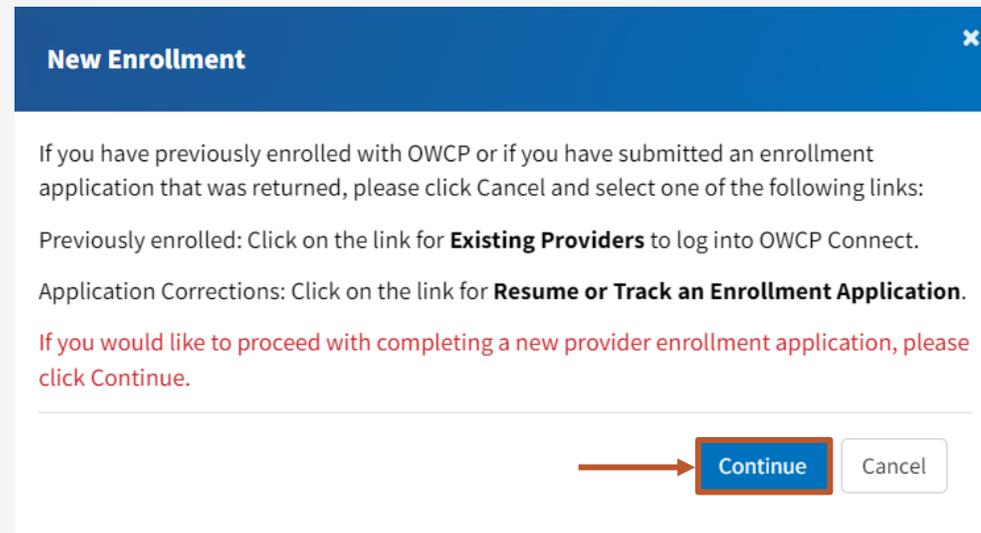
OWCP Connect is the mechanism by which all users are authenticated.



Accessing the WCMBP System for New Providers, continued

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

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



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

Completing an Enrollment Application

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

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

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 \(NPPES\)](#).

Completing an Enrollment Application

1. Select a Provider Type from drop down menu.
2. Check a Program(s) to enroll in.
3. Select the Tax Identifier Type (FEIN or SSN).
4. If FEIN is selected in step 3, enter "Legal Business Name" of Organization, "Doing Business As" Organization Name, and Federal Employer Identification Number (FEIN).
If SSN was selected in step 3, enter Last Name, First Name, Middle Name (if applicable), and Social Security Number (SSN).
Note: The system will validate that the Name/ Tax Identification Number combination matches IRS records.
5. Enter an NPI and an Entity Type based on your W9.
6. Check if you do not want to be on the online searchable provider listing. If checked, please supply a reason.
7. Select **Finish**.

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

- 1:** Points to the 'Provider Type' dropdown menu.
- 2:** Points to the 'Program' section with checkboxes for DFEC, DCMWC, DEEOIC, and DLHWC.
- 3:** Points to the 'Tax Identifier Type' section with radio buttons for FEIN and SSN.
- 4:** A red box highlights the 'Organization Name' (Legal Business Name), 'Organization Business Name' (Doing Business As), 'FEIN', 'Last Name', 'First Name', 'Middle Name', and 'SSN' fields.
- 5:** Points to the 'National Provider Identifier' (NPI) field.
- 6:** Points to the 'Entity Type' dropdown menu and the checkbox 'I do not wish to be included in an online searchable list of OWCP providers.' with a 'Reason' field below it.
- 7:** Points to the 'Finish' and 'Cancel' buttons at the bottom right.

Completing an Enrollment Application

Write down your application number for your records and select **Ok**.

The application number will also be emailed to you.

Application Number : 202 Name: test Enrollment Type: Group Practice

Basic Information

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

Ok

Completing an Enrollment Application

Complete each step

Start/End Date

Optional vs Required

Complete vs Incomplete Status

Application Number: [Redacted] Name: Registration Enrollment Type: Group Practice

Close Required Credentials **Purge**

Enroll Provider -Group Practice

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/15/2023	06/15/2023	Complete	
Step 2: Add Location	Required	06/15/2023	06/15/2023	Complete	
Step 3: Add Taxonomies	Required	06/15/2023	06/15/2023	Complete	
Step 4: Add Ownership Details	Optional			Incomplete	
Step 5: Add Business Licenses and Certifications	Optional	06/15/2023	06/15/2023	Complete	
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	06/15/2023	06/15/2023	Complete	
Step 11: Add Payment Details	Required	06/15/2023	06/15/2023	Complete	
Step 12: Complete Provider Disclosure	Required	06/15/2023	06/15/2023	Complete	
Step 13: View/Upload Attachments	Optional			Incomplete	
Step 14: Submit Enrollment Application for Review	Required	06/15/2023		Incomplete	Enrollment Application has not been Submitted.

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

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

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

Completing an Enrollment Application

Before completing the next steps, select **Required Credentials**. A separate window displays the credentials that are required for your provider type.

Note: Credential requirements change depending on the selected provider type.

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

The screenshot shows a web application interface. At the top, there are three buttons: 'Close', 'Required Credentials' (highlighted with a red box), and 'Purge'. Below this is a header for 'Enroll Provider -Group Practice'. The main content area is titled 'Required Credentials For Provider Type' and contains a table with the following data:

Provider Type ▲▼	Step ▲▼	Data Element ▲▼	Credentialing Note ▲▼
71-Physical Therapist	Step 01: Provider Basic Information	NPI	REQUIRED
71-Physical Therapist	Step 03: Add Taxonomies	TAXONOMIES	REQUIRED
71-Physical Therapist	Step 13: View/Upload Attachments	ACH FORM	REQUIRED
71-Physical Therapist	Step 13: View/Upload Attachments	PROVIDER ENROLLMENT FORM SIGNATURE PAGE	REQUIRED

At the bottom of the window, there are navigation controls: 'View Page: 1', 'Go', '+ Page Count', 'Viewing Page: 1', 'SaveToCSV', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

Step 2: Add Location

The screenshot shows a web interface for adding a location. At the top, there is a 'Close' button and an 'Add' button, with a red arrow pointing to the 'Add' button and a circled '1' next to it. Below this is a 'Locations List' header. The main form contains several input fields: 'Business Name' (with a red arrow pointing to it and a circled '2'), 'Contact Last Name' (with a red arrow pointing to it and a circled '3'), 'Phone Number' (with a red arrow pointing to it and a circled '4'), 'Contact First Name', and 'Fax Number'. At the bottom right, there are 'Next' and 'Cancel' buttons, with a red arrow pointing to the 'Next' button and a circled '5' next to it. All required fields are marked with an asterisk (*).

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

Note: Email Address and Fax Number entries are optional.

Step 2: Add Location

1. You must add your physical address, select **+Address**.

Type of Address: ▾

Address Input Option: Manually Input

End Date: 

Address Line 1: * Address Line 2:

Address Line 3:

City/Town: *

State/Province: * County: *

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

Step 2: Add Physical Location

1 → Address Line 1: *
(Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town: *

State/Province: *

County: *

Country: *

2 → Zip Code: - 3 → + Validate Address

4 → OK Cancel

1. Enter the Physical Address Street Number and Street Name.
2. Enter the Zip Code.
3. Select **Validate Address**. (Complete address will auto populated after validation)

Possible Validation Results

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

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

ontgomery*

0850 - 3224 + Address

5 → Next Cancel

Note: If you receive the "Address not found" validation result, ensure that you entered the correct address. If so, there are no additional actions that you need to complete.

Step 2: Add Mailing Location

Type of Address: Mailing

Address Input Option: Manually Input Same as Physical Address

End Date: 12/31/2999

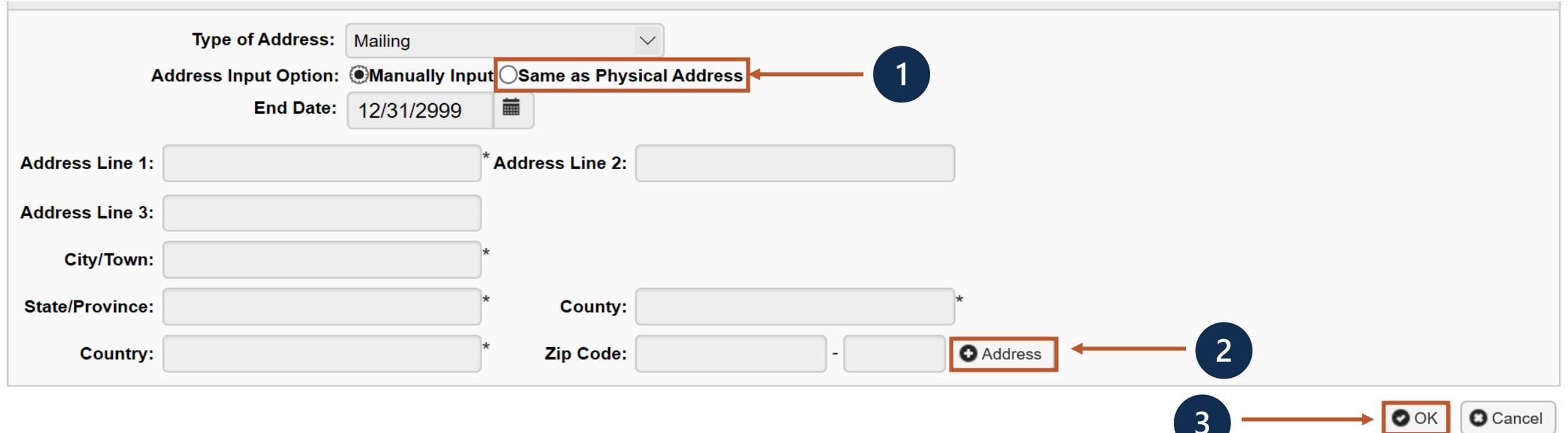
Address Line 1: * Address Line 2:

Address Line 3:

City/Town: *

State/Province: * County: *

Country: * Zip Code: -



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

OR

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

3. Select **OK**.

Step 2: Add Mailing Location

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

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

Step 3: Add Taxonomies

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

The screenshot shows a 'Taxonomy List' dialog box with the following sections and callouts:

- 1:** Points to the 'Add' button in the top right corner.
- 2:** Points to the 'Taxonomy Code Type' dropdown menu.
- 3:** Points to the 'Specialty' dropdown menu.
- 4:** Points to the 'Available Taxonomy Codes' list.
- 5:** Points to the 'OK' button in the bottom right corner.
- 6:** Points to the 'Close' button in the top left corner.

The dialog box contains the following sections:

- Taxonomy List:** A header section with a grid icon and the title 'Taxonomy List'.
- Select Taxonomy Code Type/Specialty:** A section with a dropdown menu for 'Taxonomy Code Type' and another for 'Specialty'.
- Add Taxonomy Code:** A section with two columns: 'Available Taxonomy Codes' and 'Associated Taxonomy Codes *'. Between the columns are two arrow buttons: a right-pointing arrow (>>) and a left-pointing arrow (<<).

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

Step 4: Add Ownership Details

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

This step is optional. If completed, you must complete required fields and select **OK**.

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

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

The screenshot shows a web form titled "Add Ownership" with the following fields and steps:

- Step 1:** "Disclosure Type" dropdown menu, currently set to "Individual Ownership".
- Step 2:** "SSN/FEIN" text input field.
- Step 3:** "Organization Name" and "Last Name" text input fields.
- Step 4:** A group of address fields including "Address Line 1", "Address Line 2", "Address Line 3", "City/Town", "State/Province", "County", "Country", and "Zip Code". A "+Address" button is located next to the Zip Code field.
- Step 5:** The "OK" button at the bottom right of the form.

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

Step 4: Add Ownership Details

The screenshot shows a web interface for managing ownership details. At the top left, a blue circle with the number '2' has an arrow pointing to the 'Close' button. The main area is titled 'Ownership List' and contains a table with the following data:

Owner ID	Owner Name	Ownership Type
48-6434834	test	Organization

At the bottom right, a blue circle with the number '1' has an arrow pointing to the 'Organization' cell in the table. The interface also includes filter controls, a 'Go' button, and pagination options.

1. The system displays the Ownership List, which was entered.
2. Select **Close** to move on to the next step, "Add Licenses and Certifications."

Step 5: Add Business License and Certification

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

The screenshot shows a software interface for adding business license and certification information. 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.
- Text input field for "Name:" with an asterisk. A blue circle '3' and an arrow point to this field.
- Text input field for "License/Certification Type:" with an asterisk. A blue circle '4' and an arrow point to this field.
- Text input field for "Licence/Certification #:" with an asterisk. A blue circle '5' and an arrow point to this field.
- Date pickers for "Initial Issue Date:" and "Expiration Date:", both with asterisks.
- A dropdown menu for "Issued State:" with an asterisk.
- A text input field for "Issuer Agency:" with an asterisk.
- A text input field for "Web Link:" with an asterisk.
- Buttons for "OK" and "Cancel" at the bottom right.

Step 5: Add Business License and Certification

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

Add Business License/Certification

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

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

Name: *

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

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

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

9 → Web Link: *

10 →

Step 5: Add License/Certification

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

The screenshot shows a web interface for managing licenses and certifications. At the top, there are 'Close' and 'Add' buttons. Below is a 'License/Certification List' section with a filter bar and a table. A red circle with the number '2' points to the 'Close' button. Another red circle with the number '1' points to the checkbox in the first row of the table.

<input type="checkbox"/>	License Category ▲▼	License/Certification Number ▲▼	License/Certification Type ▲▼	Issued State ▲▼	Initial Issue Date ▲▼	Expiration Date ▲▼
<input type="checkbox"/>	License	[blurred]	[blurred]	[blurred]	03/01/2020	03/06/2020

At the bottom of the interface, there are navigation controls including 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', 'Viewing Page: 1', and pagination buttons for 'First', 'Prev', 'Next', and 'Last'.

Step 6: Add Identifiers (Optional)

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

- Identifier Type:** A dropdown menu currently showing 'Drug Enforcement Agency (DEA) N'. A list of options is open, including 'NPI', 'Other Provider ID', 'Previous Provider ID', 'Provider Medicare Number', and 'United Mine Workers' of America (UMWA) Number'.
- Identifier Value:** A text input field.
- Start Date:** A date picker field.
- End Date:** A date picker field.

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

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

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

Step 6: Add Identifiers (Optional)

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

2 →

Provider Identifiers

Filter By :

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

View Page: Viewing Page: 1

Step 7: Add EDI Submission Method (Optional)

1. Select your "Mode of Submission."
2. Select **OK**.

Note: Electronic Data Interchange (EDI) is the computer-to-computer exchange of business documents in a standard electronic format between business partners. If the Mode of Submission is Billing Agent/Clearinghouse, you must provide the billing agent/clearinghouse OWCP ID in Step 8.

EDI Submission Details

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

Method	When to Use
Billing Agent/Clearinghouse	For providers who use a 3rd party to bill
Web Interactive	For entering (keying) bills directly in the System
FTP Batch	For submitting files via an SFTP site
Web Batch	For upload/download of files in the System
None	For submission through paper form ONLY.

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

Step 8: Add EDI Submitter Details (Optional)

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

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

Close Add

Billing Agent/Clearinghouse/Submitter List

Filter By : [dropdown] [input] [input]

Associate Billing Agent/Clearinghouse

- Your Billing Agent/Clearinghouse must be enrolled with OWCP first.
- Please obtain the Billing Agent/Clearinghouse's OWCP ID to complete this section.
- If they are not yet enrolled, you can still complete your enrollment by temporarily choosing not to use Billing Agent/Clearinghouse.
- You can add them later after they are enrolled with OWCP.

Billing Agent/Clearinghouse OWCP ID: [input] *

Start Date: [calendar icon] *

End Date: [calendar icon]

OK Cancel

Step 8: Add EDI Submitter Details (Optional)

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

The screenshot shows a web application interface for managing Billing Agent/Clearinghouse/Submitter information. At the top, there are 'Close' and 'Add' buttons. Below is a table with the following columns: OWCP ID, Billing Agent/Clearinghouse, Start Date, and End Date. A single row is visible with the following data: OWCP ID (empty), Billing Agent/Clearinghouse (ABC Billing), Start Date (02/23/2020), and End Date (12/31/2999). The interface also includes a filter section, a 'Delete' button, and pagination controls.

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

Step 9: Add EDI Contact Information (Optional)

Close Add

EDI Contact Information List

Filter By :

Note: This step is required if FTP Secured Batch or Web Batch was selected in Step 7. EDI Contact Information will need to be on file if we need to ask the Billing Agent/Clearinghouse any questions pertaining to their EDI enrollment and/or future submissions and retrievals.

Add EDI Contact Information

Contact Title: *

Last Name: *

Phone Number: *

Email Address:

Address Line 1: *

Address Line 3:

City/Town: *

State/Province: *

County: *

Country: *

Country: *

Zip Code: -

First Name: *

Fax Number:

Address Line 2:

+ Address

OK Cancel

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

Step 9: Add EDI Contact Information (Optional)

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

1. Enter Street Number and Name in Address Line 1.
2. Enter Zip Code.
3. Select **Validate Address**.
4. Select **OK**.

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

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

Step 9: Add EDI Contact Information (Optional)

2

Close Add

EDI Contact Information List

Filter By : Go Clear Filter Save Filter My Filters

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

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

1

1. The system displays the EDI Contact Information List, which confirms contact information entered.
2. Select **Close** to move on to the next step, "Add Servicing Providers."

Step 10: Add Servicing Providers

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

1. Select **Add**.
2. Select the "Tax Identifier Type" SSN.
3. Enter the individual servicing provider's First and Last Name and SSN.
4. Select the provider type from the "Provider Type" drop down.
5. Enter the NPI.
6. Enter up to 5 taxonomy codes.
7. Enter all the license/certification information.
8. Select **OK**.

The screenshot shows the 'Associate Servicing Provider' form with the following fields and callouts:

- 1:** 'Add' button in the top right corner.
- 2:** 'Tax Identifier Type' radio buttons for 'FEIN' and 'SSN', with 'SSN' selected.
- 3:** 'Last Name' and 'First Name' input fields.
- 4:** 'Provider Type' dropdown menu.
- 5:** 'National Provider Identifier (NPI)' input field.
- 6:** 'Taxonomy' input field.
- 7:** License/Certification table with columns: License/Certification Category, License/Certification Type, License/Certification Number, Issued State, Initial Issue Date, and Expiration Date.
- 8:** 'OK' button in the bottom right corner.

License/Certification Category	License/Certification Type	License/Certification Number	Issued State	Initial Issue Date	Expiration Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Step 10: Add Servicing Providers

2 →

Servicing Providers

Filter By :

If the group or facility has more than 9 servicing providers, the group/facility itself is responsible for validating its providers' individual licenses.

<input type="checkbox"/>	SSN/FEIN ▲▼	Provider Name ▲▼	NPI ▲▼	Provider Type ▲▼
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	25 - Physician (MD) & Physician (DO)

View Page: Viewing Page: 1

1 →

1. The system displays the Servicing Providers Information, which confirms the servicing providers information entered.
2. Select **Close** to move on to the next step, "Add Payment Details."

Step 11: Add Payment Details

Close Add **1**

Payment Details

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

Payment Details

Payment Method: Electronic Funds Transfer(Direct Deposit)

Financial Institution Information

2 → Financial Institution Name: **3** ← Nine-Digit Routing Transit Number:

ACH Coordinator Name: Phone Number:

4 ← Depositor Account Number:

5 → Type of Account: **6** ← 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:

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

Title of Representative: Representative Phone Number:

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

Step 11: Add Payment Details, continued

Payment Details

Payment Method: Electronic Funds Transfer(Direct Deposit)

Financial Institution Information

Financial Institution Name: *
ACH Coordinator Name:
Depositor Account Number: *
Type of Account: *

Nine-Digit Routing Transit Number: *
Phone Number:
Depositor Account Title:

Address Line 1
(Enter Street Address or PO Box Only)
Address Line 2
Address Line 3
City/Town 7
State/Province
County
Zip Code - ← 7

Country

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

9 → Title of Representative: *
Representative Phone Number: * ← 10

11 →

7. Select **+Address** to enter address.
8. Once address is added, select the "Signed by Representative" check box to indicate that the ACH form has been signed by a representative of the financial institution.
9. Enter the title of the financial institution's representative in the "Title of Representative" field.
10. Enter the representative's phone number in the "Representative Phone Number" field.
11. Select **OK**.

Step 11: Add Payment Details, continued

2 →

1 →

EDI Contact Information List

Filter By :

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

View Page: Viewing Page: 1

1. The system displays the Payment Details List, which confirms payment information was entered.
2. Select **Close** to move on to the next step 12, "Complete Provider Disclosure."

Step 12: Complete Provider Disclosure

1. Answer the 2 disclosure questions below:

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

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

2. Select **Save** and then select **Close** to move on to the next step, "View/Upload Attachments."

Close Save

Provider Disclosure

If you answer Yes to the first Disclosure question, provide details including type of action, Agency undertaking adverse action and date of action.

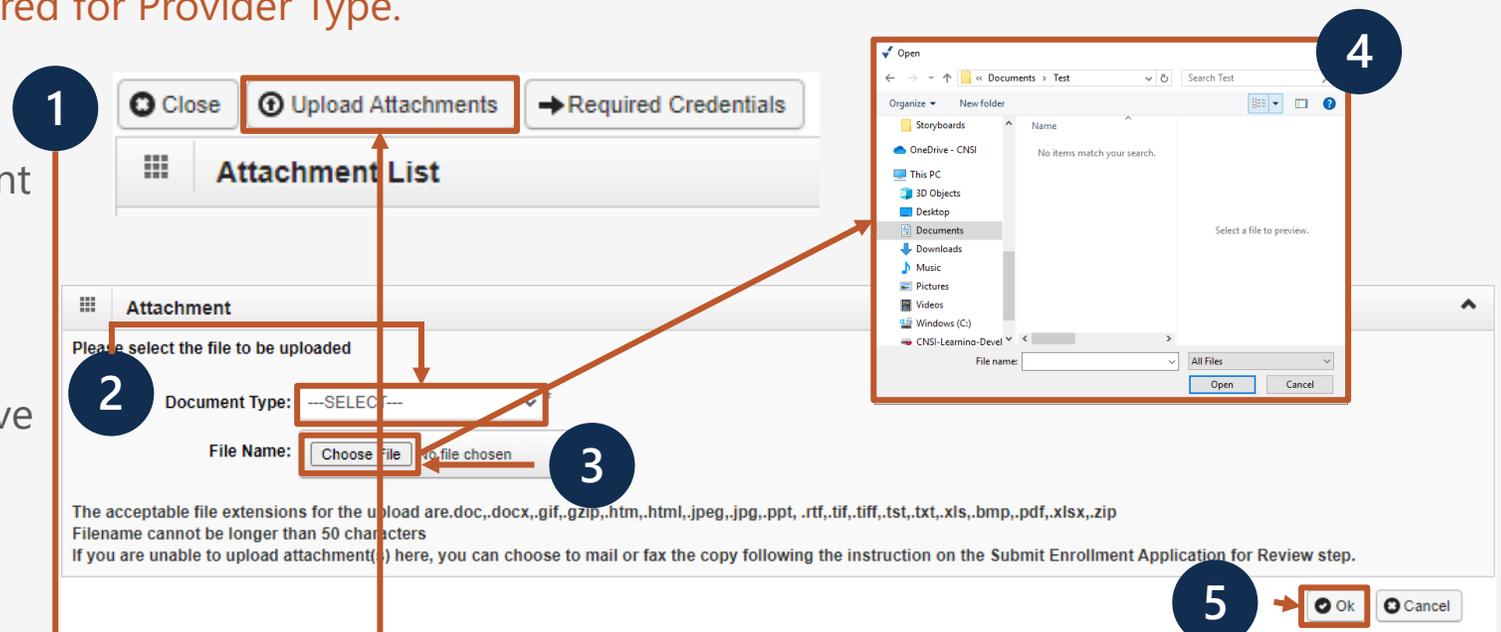
Question	Answer	Comments
Within ten years of the date of this statement have you or any individual listed on this application had an action related to fraud or abuse in a government program taken against him or her resulting in (1) a felony or misdemeanor conviction; (2) a liability finding in civil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

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

Step 13: View/Upload Attachments (Optional)

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

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



Step 13: View/Upload Attachments (Optional)

1. The system displays the Attachment List, which confirms an attachment uploaded.
2. Select **Close** to move on to the next step 14, "Submit Enrollment Application for Review."

The screenshot shows a web interface for managing attachments. At the top, there are three buttons: "Close" (highlighted with a red dashed border and a callout '2'), "Upload Attachments", and "Required Credentials". Below this is a section titled "Attachment List" with a grid icon and an upward arrow. The list contains one entry with the following details:

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

Below the table is a control bar with a "Delete" button (callout '1'), "View Page: 1", "Go", "+ Page Count", "SaveToCSV", "Viewing Page: 1", and navigation buttons: "First", "Prev", "Next", "Last".

Submitting an Enrollment Application

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

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

Via Fax 888.444.5335

Via DDE owcpmed.dol.gov

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

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

Step 14: Submit Enrollment Application for Review

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

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

2. Select **this link** to obtain and print the cover sheet to attach to faxed or mailed attachments.

3. Select **Submit Enrollment**.

Close Submit Enrollment

Final Submission

Instructions for submitting signature and supporting documentation:

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

Provider Enrollment:

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