

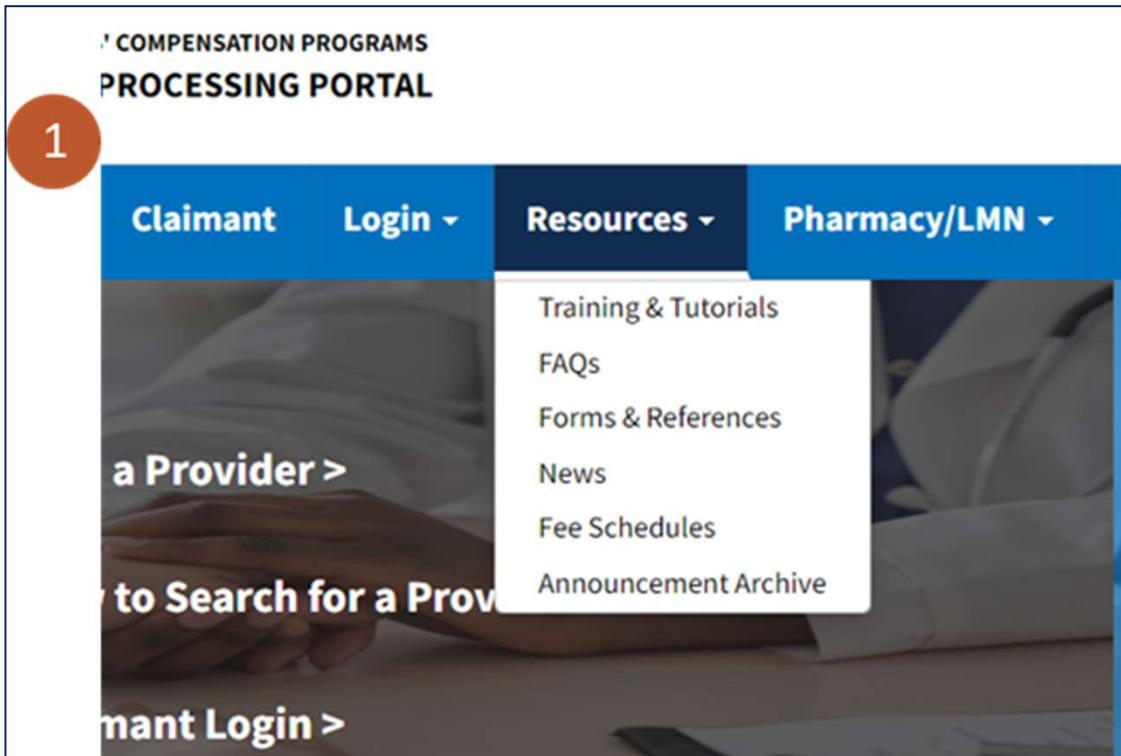


Submitting the OWCP-1168 Enrollment Application via Mail or Fax

When submitting the OWCP-1168 Provider Enrollment Application, via mail / fax or Direct Data Entry (DDE), Providers can elect to not be included in the online provider search list commonly used by Claimants to locate a Provider. This quick reference guide shows the steps of how to opt-out of being included in the online provider search list using the paper enrollment form and via DDE.

Note: Existing Providers, who are currently a part of the search feature but no longer want to be included, must submit a new form and follow the steps shown below to opt-out.

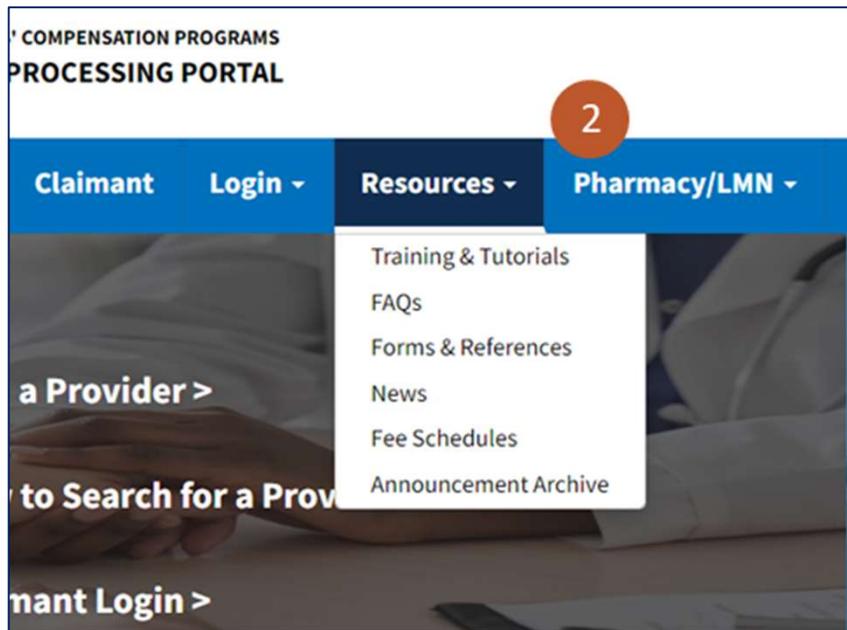
1. Go to <https://owcpmed.dol.gov>.



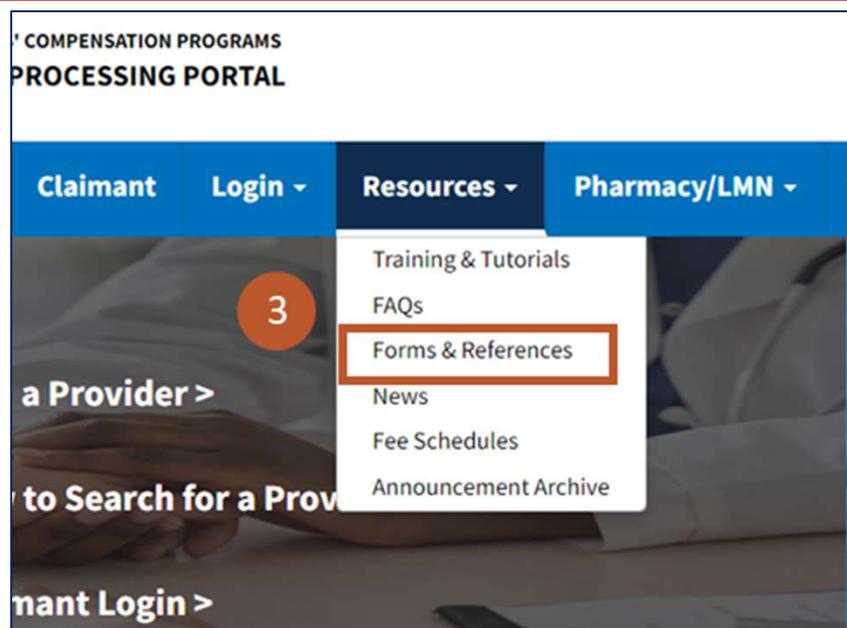


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2. Select Resources.



3. Select Forms & References.





Submitting the OWCP-1168 Enrollment Application via Mail or Fax

4. Select **Provider Enrollment Application (OWCP-1168)**. The OWCP-1168 form opens.

Claimant Reimbursement

Claimant Medical Reimbursement (OWCP-915)

Medical Travel Refund Request (OWCP-957)

Miscellaneous Templates

Adjustment Request

Fee Schedule Appeal

Carrier Reimbursement

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Provider Enrollment

Provider Enrollment Application (OWCP-1168)

EDI Enrollment Template (For Billing Agent/Clearinghouse Only)

EFT Form | (Instructions)

Supporting Document Cover Sheet

Provider Enrollment Cover Sheet

Authorization Cover Sheet

Bills Cover Sheet



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Note: The application includes a cover page providing important information about OWCP and Provider enrollment.

Provider Enrollment Form

U.S. Department of Labor
Office of Workers' Compensation Programs



OWCP Number 1240-0021
Expires 09/30/2020

1. Are you applying for a new enrollment or updating your record?
 New Enrollment Re-Enrollment Re-Validation Update

1a. If Update, Re-Enrollment or Re-Validation,
 Enter Provider ID or Federal Employer Identification Number (FEIN)

PART A: BASIC INFORMATION (Required)

2. Enrollment Type
 Individual
 Group Practice (Please see Page 3 for completion of group practice enrollment)
 Facility/Agency/Organization/Institution

3. Provider Type
 (For multi-specialty group provider, select primary provider type)
 If you select "Other Provider" (O) or Non-Medical Provider (N):

3a. Please explain

4. Program
 DFEC COMHC DEEOHC OLWHC

5. Individual Information (If you enroll using SSN)

5a. Last Name 5c. Middle Name
 5b. First Name 5d. SSN

6. Organization Information

6a. Organization Name (Legal Business Name)

6b. Organization Business Name (Doing Business As) 6c. FEIN

7. National Provider Identifier (NPI)

8. Entity Type

8a. If Other, please explain

9. Email Address

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

10a. Reason

Previous editions unusable

OWCP 1168
(Revised 04/20)
Page 1



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5. Fill in the information.

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1. Are you applying for a new enrollment or updating your record?

New Enrollment Re-Enrollment Re-Validation Update

1a. If Update, Re-Enrollment or Re-Validation,
Enter Provider ID or Federal Employer Identification Number (FEIN)

PART A: BASIC INFORMATION (Required)

2. Enrollment Type

Individual



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6. To ***choose not to be included*** in the online OWCP Provider’s search, select the checkbox next to the statement in Part A, box 10 that reads: **“I do not wish to be included in an online searchable list of OWCP providers.”**

8a. If Other, please explain _____

9. Email Address _____

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

10a. Reason _____

7. If box 10 checkbox is selected, complete box **10a. Reason** to describe the reason for opting out.

Note: If box 10 is selected, box 10a is required.

8a. If Other, please explain _____

9. Email Address _____

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

10a. Reason _____



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8. Complete the remainder of the form, then **print, sign, and submit** the paper form via mail or fax.

Note: All Providers (new and existing) must submit the entire application along with the signature page.

Submit Paper Form via Mail to:
Provider Enrollment Department of Labor OWCP
P.O. Box 8312
London, KY 40742-8312

Submit Paper Form via Fax to:
888-444-5335

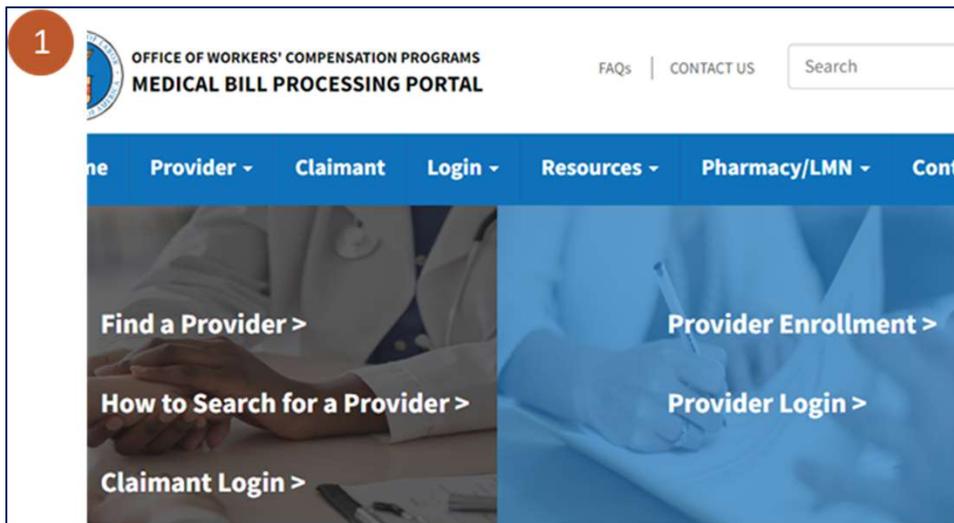
Note: If the OWCP-1168 Provider Enrollment form is approved, then the Provider information **will not be added** to the Provider search list. The request to opt-out of the Provider search list remains in effect until the Provider requests otherwise.



Submitting the OWCP-1168 Enrollment Application Online (DDE)

Note: Providers must first 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.

1. Go to <https://owcpmed.dol.gov>.



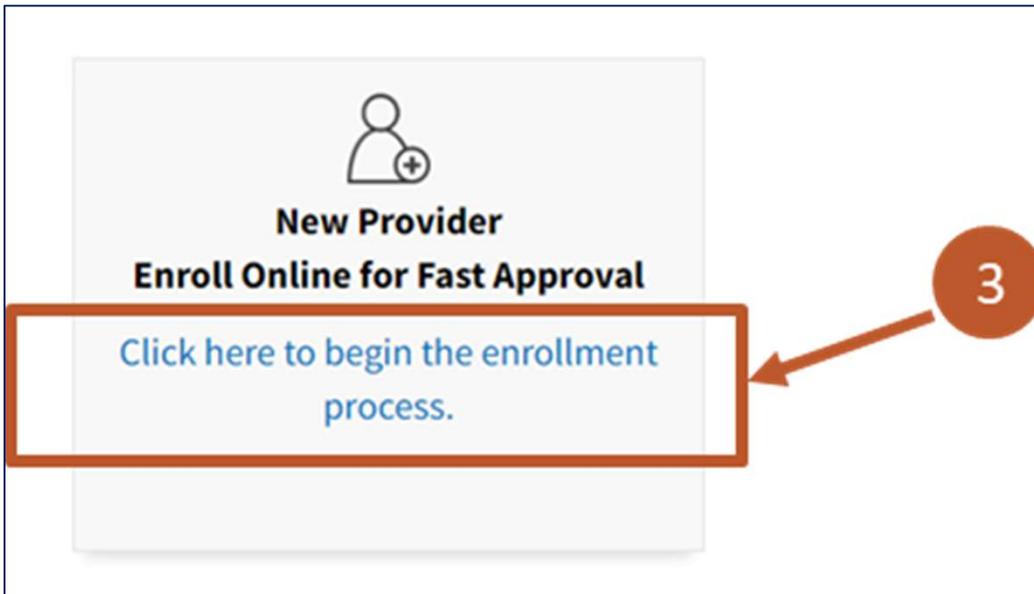
2. Select **Provider Enrollment**.





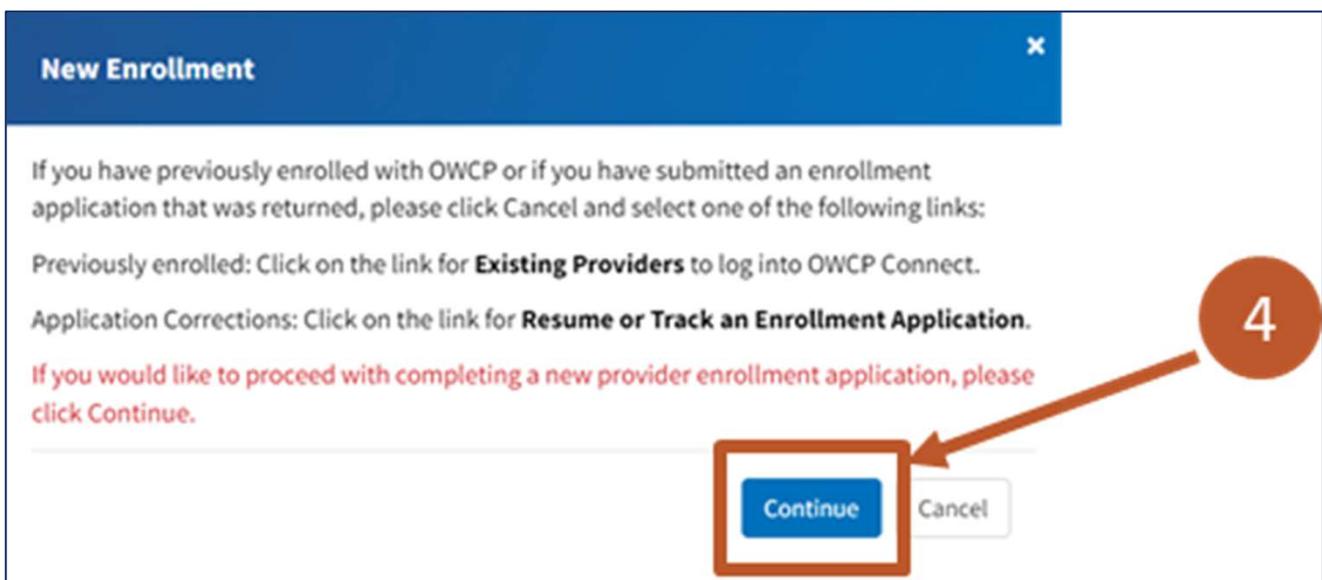
Submitting the OWCP-1168 Enrollment Application Online (DDE)

3. Select the **Click here to begin the enrollment process** link.



A dialogue box confirms that you want to begin a new enrollment.

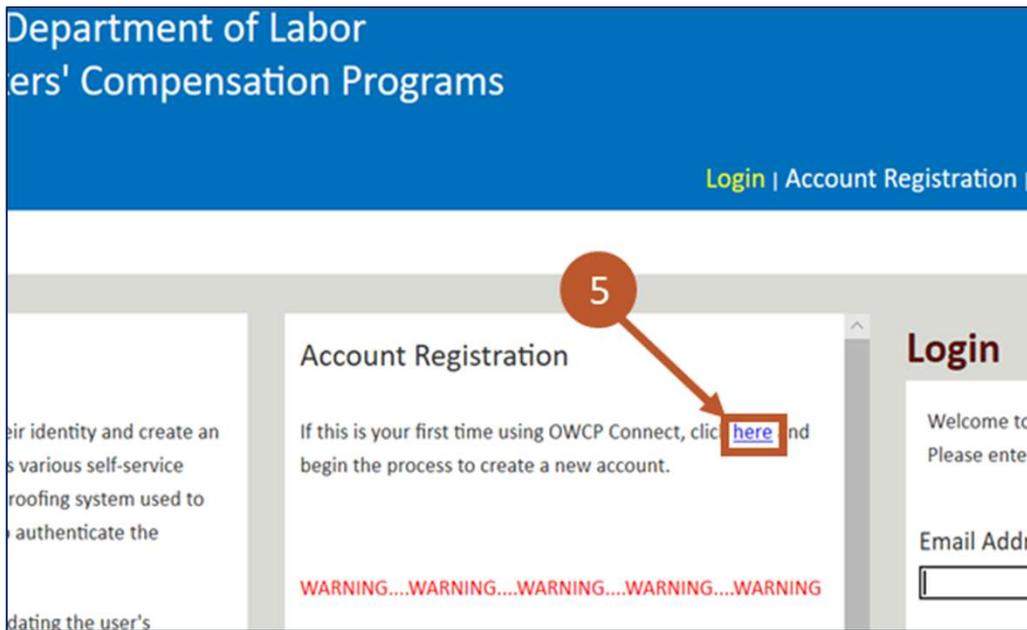
4. Select **Continue** to begin a new application.





Submitting the OWCP-1168 Enrollment Application Online (DDE)

5. Select the **here** link under **Account Registration** to begin the OWCP Connect Registration.



6. Follow the steps to register your OWCP Connect account. The system creates an account and sends a link to activate the account to your email address used during registration.

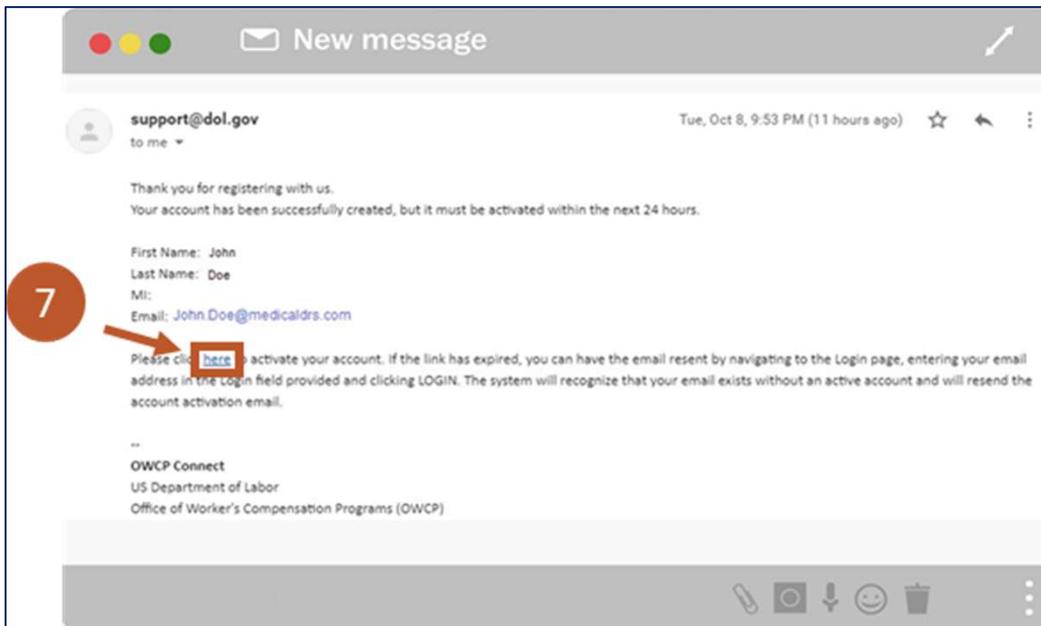
The screenshot shows the "Account Registration" form. The title "Account Registration" is at the top left, and a red circle with the number "6" is at the top right. Below the title, it says "Enter the below information to create the account". The form has four fields: "First Name*" with the value "Jane", "Last Name*" with the value "Doe", "Middle Initial" with an empty box, and "Email*" with the value "janedoe@yahoo.com". Below the email field, there is a note: "Consider using an email address that is not associated with your current employment."



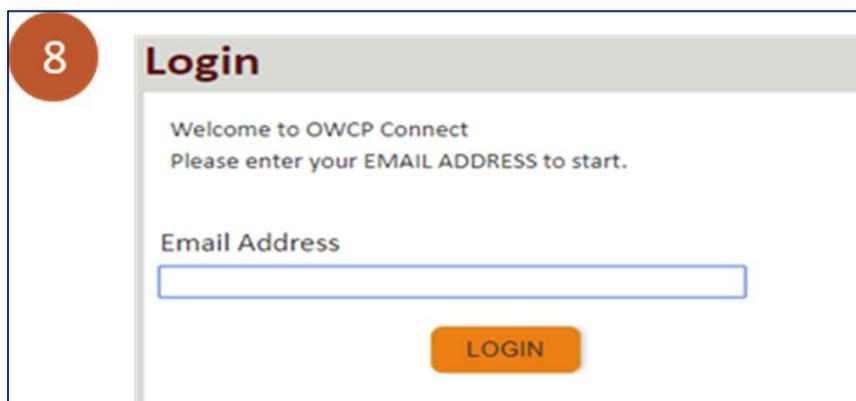
Submitting the OWCP-1168 Enrollment Application Online (DDE)

Note: The account must be activated within 24 hours.

7. Look for an email from “support@dol.gov” and select the **here** link.



8. Log in.





Submitting the OWCP-1168 Enrollment Application Online (DDE)

9. Select the Enrollment Type.

Enrollment Type

Please select the applicable Enrollment Type

- Individual
- Group Practice
- Billing Agent/Clearinghouse
- Facility/Agency/Organization/Institution
- Special Considerations

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 w [Section 1861\(s\) of the Social Security Act, 42 U.S.C. 1395x\(s\)](#).
- Individuals providing only non-medical services, attendant care, or personal care services, who do not need an NPI.

10. Select Submit.

Enrollment Type

Please select the applicable Enrollment Type

- Individual
- Group Practice
- Billing Agent/Clearinghouse
- Facility/Agency/Organization/Institution
- Special Considerations

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 w [Section 1861\(s\) of the Social Security Act, 42 U.S.C. 1395x\(s\)](#).
- Individuals providing only non-medical services, attendant care, or personal care services, who do not need an NPI.



Submitting the OWCP-1168 Enrollment Application Online (DDE)

11. To ***choose not to be included*** in the online OWCP Provider’s search, select the checkbox next to the statement under the **Basic Information** section that reads: **”I do not wish to be included in an online searchable list of OWCP providers.”**

Basic Information

Provider Type: *

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

Program: DFEC DCMWC DEEOIC DLHWC

Tax Identifier Type: FEIN SSN

Organization Name: (Legal Business Name)

Organization Business Name: (Doing Business As) FEIN:

Last Name: Middle Name:

First Name: SSN:

National Provider Identifier: (NPI) Email Address:

Entity Type: * If Other, please explain:

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

Reason:



Submitting the OWCP-1168 Enrollment Application Online (DDE)

12. If selecting the checkbox in Step 10, complete the **Reason** field to describe the reason for opting out.

Note: If the checkbox is selected in Step 10, the **Reason** field is required.

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

- Provider Type:** ---SELECT--- *
- If you select "Other Provider" (96) or Non-Medical Vendor (53), please explain:** [Text area]
- Program:** DFEC DCMWC DEEOIC DLHWC
- Tax Identifier Type:** *
 FEIN SSN
- Organization Name:** [Text field] (Legal Business Name)
- Organization Business Name:** [Text field] (Doing Business As) **FEIN:** [Text field]
- Last Name:** [Text field] **Middle Name:** [Text field]
- First Name:** [Text field] **SSN:** [Text field]
- National Provider Identifier:** [Text field] (NPI) **Email Address:** [Text field]
- Entity Type:** ---SELECT--- *
- If Other, please explain:** [Text field]
- I do not wish to be included in an online searchable list of OWCP providers.
- Reason:** [Text field] (highlighted with a red box and arrow)
- Finish** **Cancel**

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Submitting the OWCP-1168 Enrollment Application Online (DDE)

13. Select **Finish**.

Basic Information

Provider Type: *

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

Program: DFEC DCMWC DEEOIC DLHWC

Tax Identifier Type: FEIN SSN

Organization Name: (Legal Business Name)

Organization Business Name: (Doing Business As) FEIN:

Last Name: Middle Name:

First Name: SSN:

National Provider Identifier: (NPI) Email Address:

Entity Type: * If Other, please explain:

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

Reason:

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Note: If the OWCP-1168 Provider Enrollment form is approved, then the Provider information **will not be added** to the Provider search list. The request to opt-out of the Provider search list remains in effect until the Provider requests otherwise.