U.S. Department of Labor - Office of Workers' Compensation Programs
Billing Agent/Clearinghouse Enrollment Template

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

New Enrollment   Update

1a. If Update, enter Provider ID

2. Individual Information (If you enroll using SSN)

2a. Last Name	2c. Middle Name
2b. First Name	2d. SSN

3. Organization Information

3a.Organization Name (Legal Business Name)

3b. Organization Business Name (Doing Business As)

3c. FEIN

4.   Address

4a. Address Line 1

Address Line 2

4b. City/Town	4c. State/Province	4d. Zip Code

5. Phone Number	6. Fax Number

7. Email Address

8. EDI Submission Method (check all applicable)

Web Interactive   FTP Secure Batch   Web Batch

9. If selected FTP Secured Batch or Web Batch, provide EDI Contact Information (Leave it blank if it's same as above)

9a. Contact Title

9b. Last Name	9c. First Name
9d. Phone Number	9e. Fax Number
9f. Email Address	

9g. Address Line 1

Address Line 2

9h. City/Town	9i. State/Province	9j Zip Code

Signature:_____   Date: _____

Sign, date and mail or fax the form to the following address:

Provider Enrollment
Department of Labor - OWCP
P.O. Box 8312
London, KY 40742-8312
Fax: 1-888-444-5335

(Incomplete forms will cause a delay in processing and are subject to return)

Billing Agent/Clearinghouse Enrollment Template Instructions

1.	Indicate whether this form is being used for a New Enrollment, to Update an existing ACTIVE enrollment record, for a Re-Enrollment (previously enrolled provider was excluded, now has become re-eligible) or to Re-Validate currently enrolled but EXPIRED enrollment record.	Required
1a.	If the form is being submitted to Update your record, enter your Provider Number or Federal Employer Identification Number.	Required if Update option is selected in 1
2.	Type or print Individual information	Required if enrolled using SSN
2a.	Type or print provider's Last Name	Required
2b.	Type or print provider's First Name	Required
2c.	Type or print provider's Middle Name	
2d.	Type or print SSN	Required
3.	Type or print Organization information	Required if enrolled using FEIN
3a.	Type or print Organization Name (i.e.) Legal Business Name	Required
3b.	Type or print Organization Business Name (i.e.) Doing Business As	Required
3c.	Type or print FEIN	Required
4.	Type or print Physical Address	
4a.	Type or print Address Line 1	Required
	Type or print Address Line 2	
4b.	Type or print City or Town	Required
4c.	Select State or Province	Required
4d.	Type or print Zip (or postal) Code	Required
5.	Type or print Phone number	Required

6.	Type or print Fax number	
7.	Type or print Email Address	Required
8.	Select mode of Submission. Select all applicable options: Web Interactive: For entering (keying) bills directly in the System. FTP Secured Batch: For submitting files via an SFTP site. Web Batch: For upload/download of files in the system.	Required
9.	If selected FTP Secured Batch or Web Batch, provide EDI Contact Information (Leave it blank if it's same as above)	
9a.	Type or print Contact Title	Required
9b.	Type or print contact last name	Required
9c.	Type or print contact First Name	Required
9d.	Type or print contact Phone number	Required
9e.	Type or print contact Fax number	
9f.	Type or print contact Email Address	Required
9g.	Type or print street Address Line 1	Required
	Type or print street Address Line 2	
9h.	Type or print City or Town	
9i.	Select State or Province	Required
9j.	Type or print Zip (or postal) Code	Required
	Signature Physical "wet" signature is required; electronic or typed signatures are not accepted	Required
	Date	Required