

WCMBP System

How to Complete a Provider Enrollment Application Group Provider



Overview

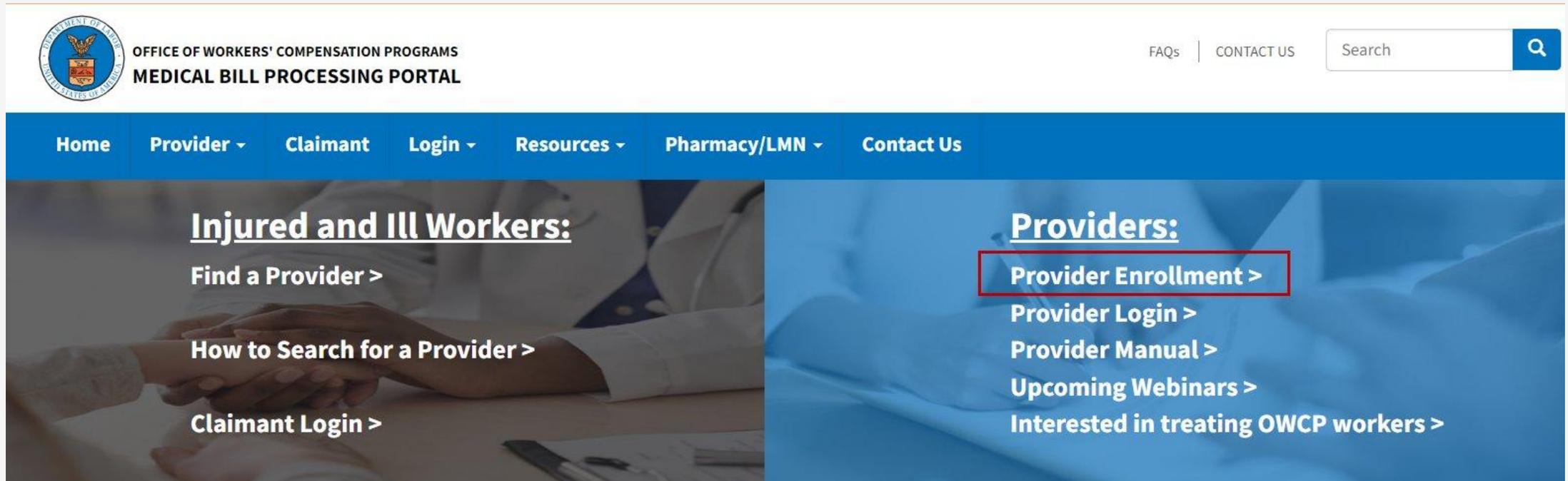
This PowerPoint provides instructions on how to complete a provider enrollment application for a group via the Workers' Compensation Medical Bill Processing (WCMBP) Portal.



Accessing the WCMBP System

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

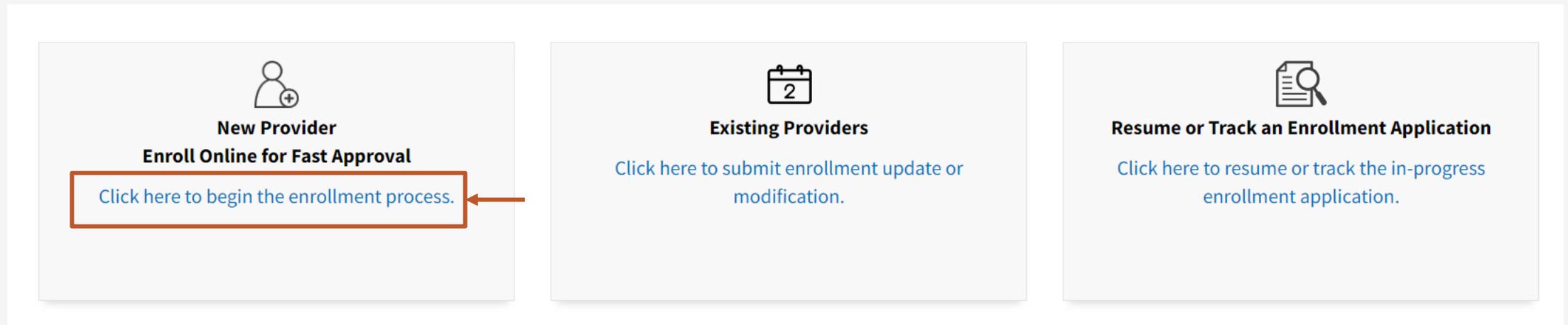
Select **Provider Enrollment**.



The screenshot displays the homepage of the Office of Workers' Compensation Programs Medical Bill Processing Portal. At the top left is the official seal of the Department of Labor, United States of America, followed by the text "OFFICE OF WORKERS' COMPENSATION PROGRAMS" and "MEDICAL BILL PROCESSING PORTAL". On the top right, there are links for "FAQs" and "CONTACT US", and a search bar with a magnifying glass icon. Below the header is a blue navigation bar with the following menu 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 three links: "Find a Provider >", "How to Search for a Provider >", and "Claimant Login >". The right column, titled "Providers:", contains five links: "Provider Enrollment >" (which is highlighted with a red rectangular box), "Provider Login >", "Provider Manual >", "Upcoming Webinars >", and "Interested in treating OWCP workers >".

Accessing the WCMBP System for New Providers

Under the **New Provider Enroll Online for Fast Approval** section, select the **Click here to begin the enrollment process** link.



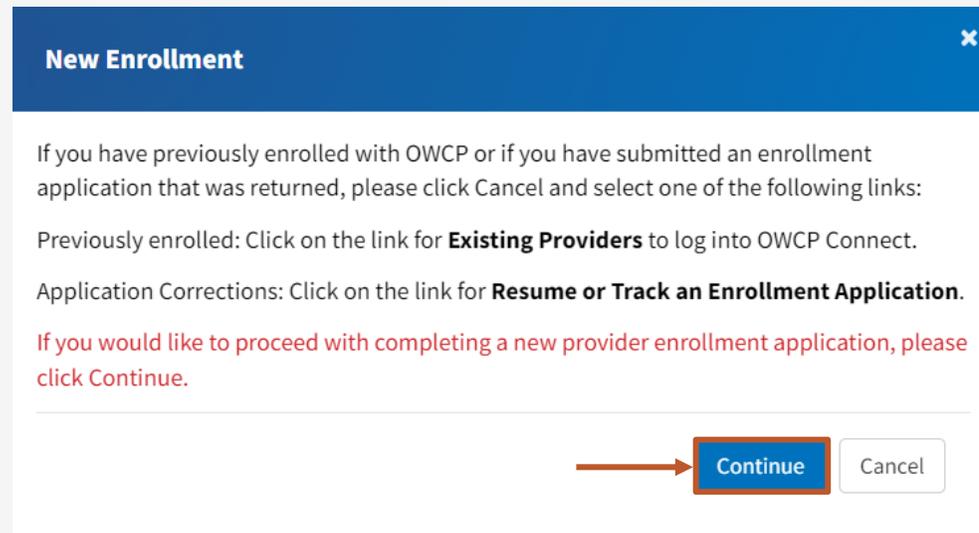
The screenshot displays three distinct sections of the WCMBP system interface, each with a specific icon and text:

- 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 centered below the text.
- Resume or Track an Enrollment Application:** This section features a magnifying glass icon over a document. 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 centered below the text.

Accessing the WCMBP System for New Providers, continued

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

Login Through OWCP Connect

Enter email address and click **Login**.

United States Department of Labor
Office of Workers' Compensation Programs

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

Help | FAQ

OWCP Connect

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

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

Existing User

Login Using Email Address:

LOGIN

Forgot password?
PASSWORD RESET

Change Email?
CHANGE EMAIL

New User

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

CREATE ACCOUNT

Information for Medical Providers

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

Login Through OWCP Connect

Enter the password and select **Submit**.



United States Department of Labor
Office of Workers' Compensation Programs



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

Login

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

Security Image



Key Phrase

Password *

* Required Field

SUBMIT

Instructions

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

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

PASSWORD CRITERIA

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

- Uppercase letters (including, but not limited to A, B, C, Y, Z, etc.)
- Lowercase letters (including, but not limited to a, b, c, y, z, etc.)
- Special Characters (limited to #, ?, !, @, \$, %, ^, &, *, -)
- Numbers (including, but not limited to, 1, 2, 3, 4, 5, 6, 7, 8, 9, 0)

Completing an Enrollment Application

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

Note: Enrollment Type Definitions are provided on the bottom half of the screen. 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

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 a legal entity 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

After selecting the enrollment type, the Basic Information page displays.

1. Select a Provider Type from the drop_down list.
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 the Organization Name (Legal Business Name), the Organization Business Name (Doing Business As), 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 name and identification fields: Organization Name (Legal Business Name), Organization Business Name (Doing Business As), FEIN, Last Name, Middle Name, First Name, and SSN.
- 5:** Points to the 'National Provider Identifier' (NPI) field.
- 6:** Points to the 'Entity Type' dropdown menu.
- 7:** Points to the 'Finish' button at the bottom right.

Additional fields include: 'If you select "Other Provider" (96) or Non-Medical Vendor (53), please explain:' (text area), 'Email Address', 'If Other, please explain:' (text area), and 'Reason:' (text area).

Completing an Enrollment Application

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

The application number will also be emailed to the account used for portal registration.

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.

Completing an Enrollment Application

After completing Step 1, the enrollment steps display based on the information provided.

Note: To successfully submit the application, make sure to complete all **Required** steps. Selecting the caret within the **Required** column sorts steps by required or optional.

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

The screenshot shows a web application interface for a new enrollment. At the top, there are navigation links for 'New Enrollment' and 'FAOI Enrollment'. Below this, there are fields for 'Application Number', 'Name: Facility Organization Name', and 'Enrollment Type: Facility/Agency/Organization/Institution'. A toolbar contains buttons for 'Close', 'Required Credentials', and 'Purge'. The main section is titled 'Enroll Provider -Facility/Agency/Organization/Institution' and contains a table of steps. The table has columns for Step, Required, Start Date, End Date, Status, and Step Remark. The 'Required' column has a dropdown arrow, which is highlighted with a red box. Below the table, there are navigation controls for 'View Page', 'Go', 'Page Count', 'SaveToCSV', and 'Viewing Page'.

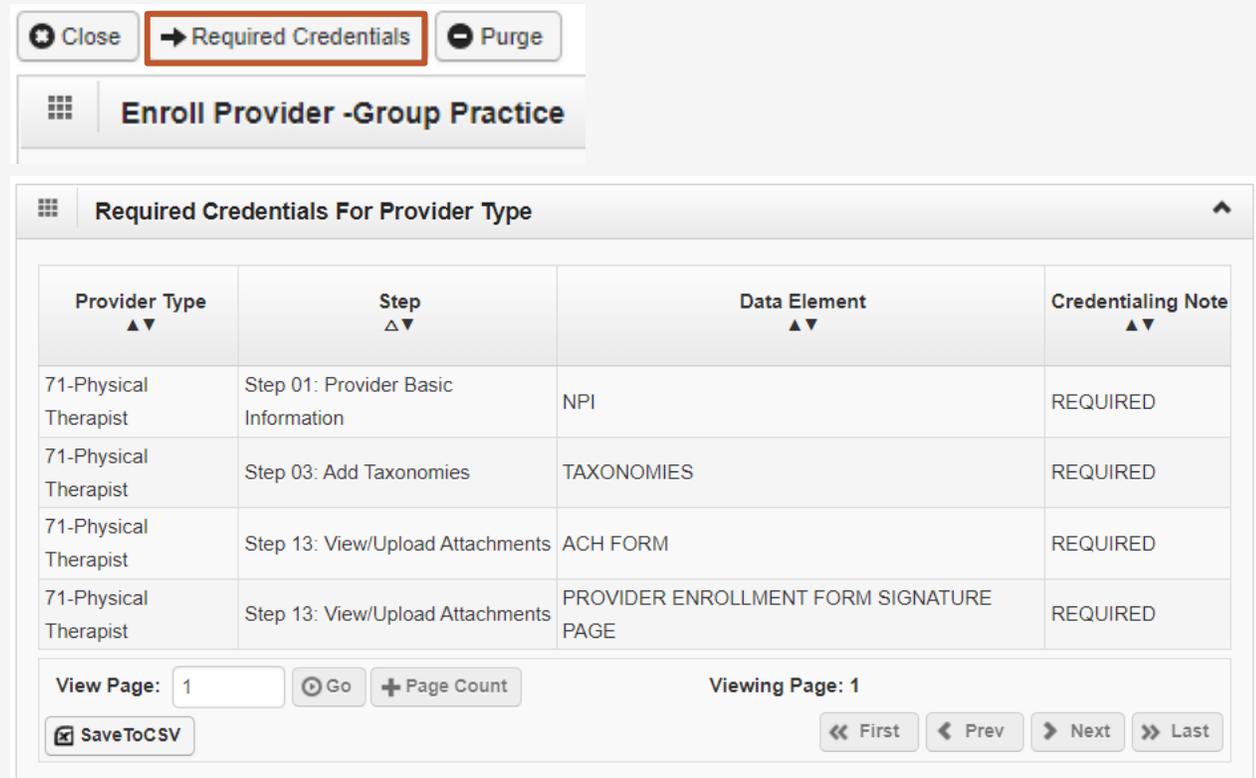
Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	10/30/2024	10/30/2024	Complete	
Step 2: Add Location	Required			Incomplete	
Step 3: Add Taxonomies	Required			Incomplete	
Step 4: Add Ownership Details	Optional			Incomplete	
Step 5: Add Business Licenses and Certifications	Required			Incomplete	
Step 6: Add Identifiers	Required			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 Payment Details	Required			Incomplete	
Step 11: Complete Provider Disclosure	Required			Incomplete	
Step 12: View/Upload Attachments	Optional			Incomplete	
Step 13: Submit Enrollment Application for Review	Required			Incomplete	

Completing an Enrollment Application

After completing Step 1, and before moving on to Step 2, 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.

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



The screenshot shows a web application interface for enrolling a provider. At the top, there are three buttons: 'Close', 'Required Credentials' (highlighted with a red box), and 'Purge'. Below these is a breadcrumb trail: 'Enroll Provider -Group Practice'. The main window is titled 'Required Credentials For Provider Type'. It 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 is a 'View Page: 1' field, a 'Go' button, a '+ Page Count' button, and a 'Viewing Page: 1' label. There are also navigation buttons: 'SaveToCSV', '<< First', '< Prev', 'Next >', and '>> Last'.

Step 2: Add Location

Close Add

Locations List

Add Provider Location

Business Name: *

Contact Last Name: *

Contact First Name: *

Phone Number: *

Fax Number:

Email Address:

I wish to opt-in for paperless correspondence.
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.

Next Cancel

1. Select **Add**.
2. Enter the Location **Business Name**.
3. Enter the **Contact Last Name** and **Contact First Name**.
4. Enter the Contact's **Phone Number** (do not add dashes or spaces).
5. If applicable, to opt-in for paperless correspondence, select the checkbox.
6. Enter the Contact **Email Address**.
Note: When the checkbox is selected, the Email Address field becomes mandatory
7. Select **Next**.
Note: The **Fax Number** field is optional.

Step 2: Add Location

1. The physical address must be added as it is a required step. The address fields are initially disabled. To enter address details, select **+Address**.

Type of Address: Physical Address

Address Input Option: Manually Input

End Date: 12/31/2999

Address Line 1: * Address Line 2:

Address Line 3:

City/Town: *

State/Province: * County: *

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

Next Cancel

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 auto-populates 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 **Next**.

ontgomery*

1850 - 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

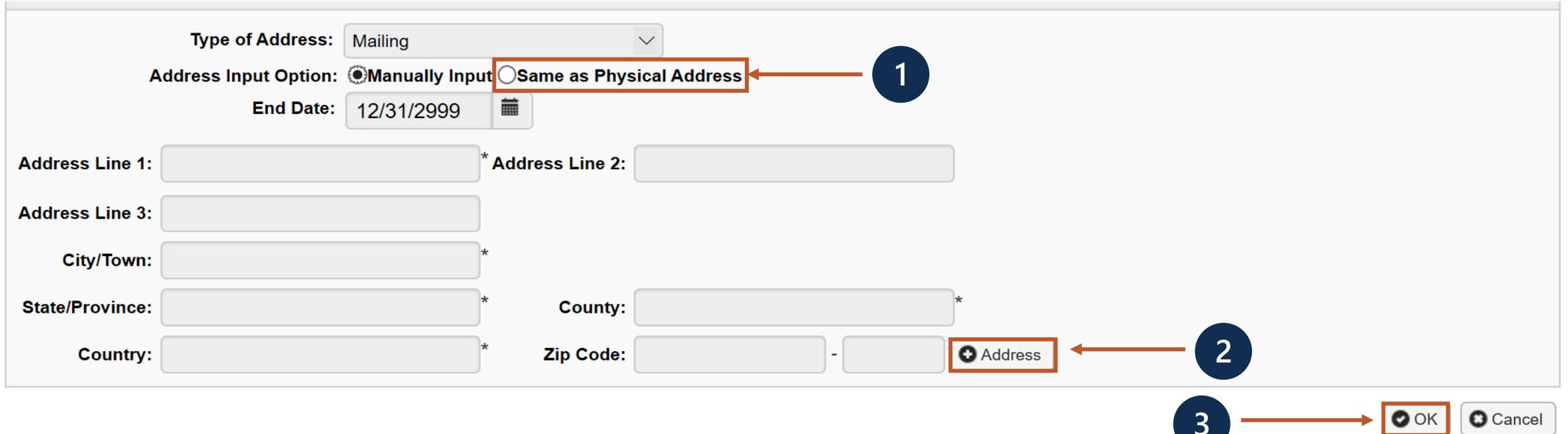
Address Line 1: * Address Line 2:

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

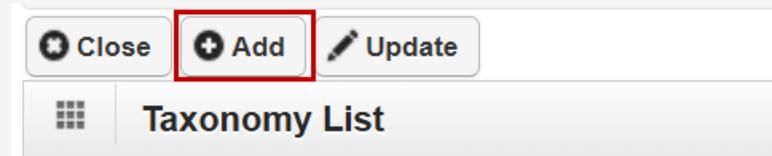
The screenshot shows a web interface for managing mailing locations. At the top left, there are two buttons: 'Close' (with a red square highlight) and 'Add' (with a plus sign). Below these is a header for 'Locations List' with a grid icon and an upward arrow. The main area contains a table with two columns: 'Business Name' and 'Location Details'. The 'Business Name' column has a dropdown arrow and contains the text 'Angel PA' with a blue checkmark icon. The 'Location Details' column has a dropdown arrow and contains the number '1447' followed by a blurred area. A red arrow points from a blue circle with the number '1' to the 'Location Details' column. Another red arrow points from a blue circle with the number '2' to the 'Close' button.

Business Name ▲▼	Location Details ▲▼
Angel PA	1447

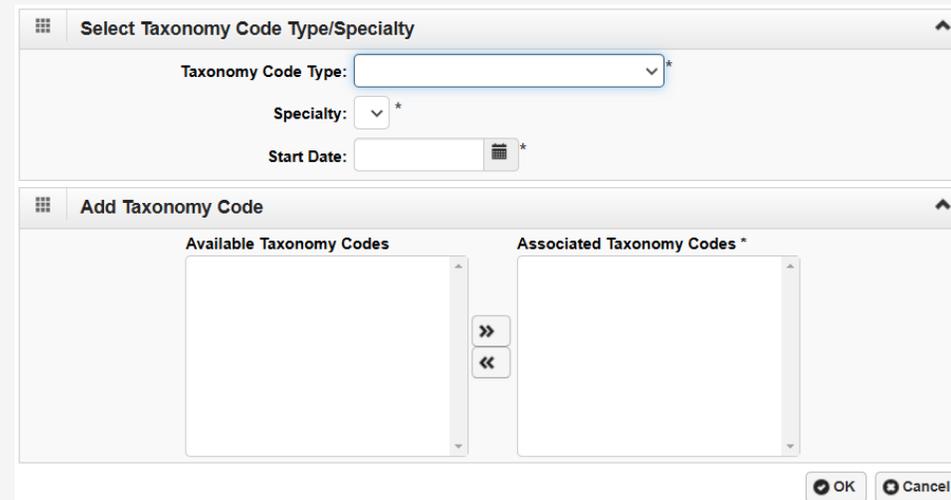
1. The system displays the Location List, which confirms your address information entered.
2. Select **Close** to move on to the next step, Add Taxonomies.

Step 3: Add Taxonomies (1)

1. To include new taxonomy codes, select **Add**. To edit or remove existing codes, select **Update**.



When selecting **Add**, the Add Taxonomy Code page opens as shown. When selecting **Update**, the Manage Specialty page opens.

A screenshot of a dialog box titled 'Add Taxonomy Code'. The dialog has two main sections. The top section, 'Select Taxonomy Code Type/Specialty', contains three fields: 'Taxonomy Code Type:' with a dropdown menu, 'Specialty:' with a dropdown menu, and 'Start Date:' with a date picker. The bottom section, 'Add Taxonomy Code', contains two list boxes: 'Available Taxonomy Codes' on the left and 'Associated Taxonomy Codes *' on the right. Between the list boxes are two arrow buttons: a right-pointing double arrow (>>) and a left-pointing double arrow (<<). At the bottom right of the dialog are 'OK' and 'Cancel' buttons.

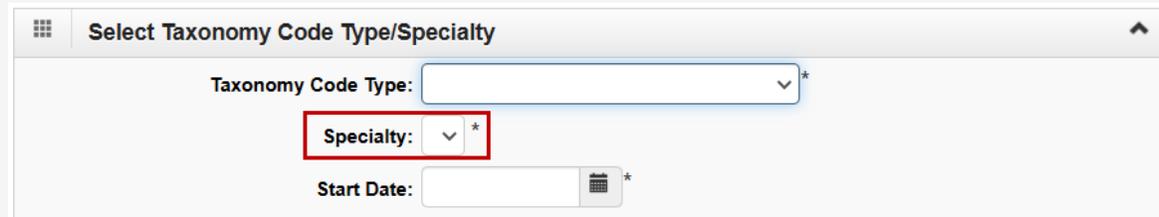
Step 3: Add Taxonomies (2)

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



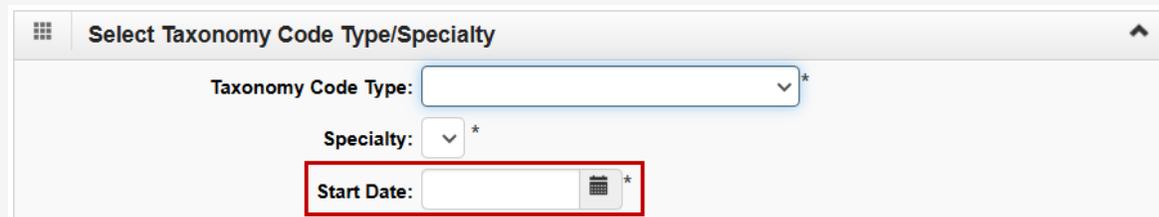
The screenshot shows a form titled "Select Taxonomy Code Type/Specialty". It contains three fields: "Taxonomy Code Type:" with a dropdown menu, "Specialty:" with a dropdown menu, and "Start Date:" with a date picker. The "Taxonomy Code Type:" dropdown is highlighted with a red box.

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



The screenshot shows the same form as above. The "Specialty:" dropdown menu is now highlighted with a red box.

- Select a **Start Date**.



The screenshot shows the same form as above. The "Start Date:" date picker is now highlighted with a red box.

Step 3: Add Taxonomies (3)

- From the **Available Taxonomy Codes** that populate, highlight the codes applicable to your organization and move them to the **Associated Taxonomy Codes** box.

Add Taxonomy Code

Available Taxonomy Codes

- 207RA0000X-Adolescent Medicine
- 207RA0001X-Advanced Heart Failure and Transplant Cardiology
- 207RA0201X-Allergy & Immunology
- 207RA0401X-Addiction Medicine
- 207RB0002X-Obesity Medicine
- 207RC0000X-Cardiovascular Disease
- 207RC0001X-Clinical Cardiac Electrophysiology
- 207RC0200X-Critical Care Medicine
- 207RE0101X-Endocrinology, Diabetes & Metabolism
- 207RG0100X-Gastroenterology

Associated Taxonomy Codes *

»»

««

OK Cancel

Note: To select multiple codes at a time, press and hold the **Ctrl** key while selecting multiple codes at one time. You can also use the double-left-facing arrows to add and remove codes from the **Available Taxonomy Codes** and **Associated Taxonomy Codes** fields, if necessary.

Step 3: Add Taxonomies (4)

6. Select **OK**.

Select Taxonomy Code Type/Specialty

Taxonomy Code Type: 20-Allopathic & Osteopathic Physicians *

Specialty: 7R-Internal Medicine *

Start Date: [Calendar Icon] *

Add Taxonomy Code

Available Taxonomy Codes

- 207RA0000X-Adolescent Medicine
- 207RA0001X-Advanced Heart Failure and Transplant Cardiology
- 207RA0201X-Allergy & Immunology
- 207RC0200X-Critical Care Medicine
- 207RE0101X-Endocrinology, Diabetes & Metabolism
- 207RG0300X-Geriatric Medicine
- 207RH0000X-Hematology
- 207RH0002X-Hospice and Palliative Medicine
- 207RH0003X-Hematology & Oncology
- 207RH0005X-Hypertension Specialist

Associated Taxonomy Codes *

- 207RA0401X-Addiction Medicine
- 207RB0002X-Obesity Medicine
- 207RC0000X-Cardiovascular Disease
- 207RC0001X-Clinical Cardiac Electrophysiology
- 207RG0100X-Gastroenterology

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

Step 3: Add Taxonomies (5)

7. To move to the next step, Add Ownership Details, select **Close**.

Taxonomy List

Filter By : And And Operational Status: Active

<input type="checkbox"/>	Taxonomy Code ▲▼	Type ▲▼	Specialty/Subspecialty ▲▼	Start Date ▲▼	End Date ▲▼	Operational Status ▲▼	Status ▲▼	Inactivation Date ▲▼	End Reason ▲▼
<input type="checkbox"/>	207RG0100X	20-Allopathic & Osteopathic Physicians	7R-Internal Medicine/G0100-Gastroenterology	02/02/2020	12/31/2999	Active	In Review		
<input type="checkbox"/>	207RC0001X	20-Allopathic & Osteopathic Physicians	7R-Internal Medicine/C0001-Clinical Cardiac Electrophysiology	02/02/2020	12/31/2999	Active	In Review		
<input type="checkbox"/>	207RC0000X	20-Allopathic & Osteopathic Physicians	7R-Internal Medicine/C0000-Cardiovascular Disease	02/02/2020	12/31/2999	Active	In Review		
<input type="checkbox"/>	207RB0002X	20-Allopathic & Osteopathic Physicians	7R-Internal Medicine/B0002-Obesity Medicine	02/02/2020	12/31/2999	Active	In Review		
<input type="checkbox"/>	207RA0401X	20-Allopathic & Osteopathic Physicians	7R-Internal Medicine/A0401-Addiction Medicine	02/02/2020	12/31/2999	Active	In Review		
<input type="checkbox"/>	207R00000X	20-Allopathic & Osteopathic Physicians	7R-Internal Medicine/00000-Internal Medicine	01/01/1974	12/31/2999	Active	Approved		
<input type="checkbox"/>	193200000X	19-Group	32-Multi-Specialty/00000-Multi-Specialty	01/01/1974	12/31/2999	Active	Approved		

View Page: 1 Viewing Page: 1

Step 4: Add Ownership Details (1)

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 the 'Add Ownership' form with the following fields and steps:

- Step 1:** Disclosure Type: Individual Ownership (dropdown menu)
- Step 2:** SSN/FEIN: (text input field)
- Step 3:** Organization Name: (text input field) and Last Name: (text input field)
- Step 4:** Address fields: Address Line 1, Address Line 2, Address Line 3, City/Town, State/Province, County, Country, and Zip Code (all text input fields)
- Step 5:** OK button (highlighted with a red box)

Additional buttons at the bottom: Copy Name and Tax, OK, and Cancel.

Step 4: Add Ownership Details (2)

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 ▲▼
<input type="checkbox"/>	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 a filter bar at the top with 'Filter By :', 'Go', 'Clear Filter', 'Save Filter', and 'My Filters' buttons. At the bottom, there are 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', 'Viewing Page: 1', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

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

Step 5: Add Business License/Certification (1)

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.

Note: This step is optional for Group Providers but may be required for other provider enrollment types.

The screenshot shows a web application interface for adding business license/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 fields and instructions:

- 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 type: C-Certification, L-License, N-License or Certification not required. A blue circle '2' and arrow point to these options.
- Text field: Name: []*. A blue circle '3' and arrow point to this field.
- Text field: License/Certification Type: []*. A blue circle '4' and arrow point to this field.
- Text field: Licence/Certification #: []*. A blue circle '5' and arrow point to this field.
- Date fields: Initial Issue Date: []* and Expiration Date: []* (both with calendar icons).
- Dropdown: Issued State: []*.
- Text field: Issuer Agency: []*.
- Text field: Web Link: []*.

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

Step 5: Add Business License/Certification (2)

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 (3)

The system displays the License/Certification List, which confirms your license and certification information entered.

The screenshot shows a web interface for managing License/Certification. At the top left, there are two buttons: 'Close' (highlighted with a red box) and 'Add'. Below them is a header 'License/Certification List'. A filter section includes 'Filter By:' with dropdowns and a 'Go' button, along with 'Clear Filter', 'Save Filter', and 'My Filters' options. The main area is a table with columns: License Category, License/Certification Number, License/Certification Type, Issued State, Initial Issue Date, and Expiration Date. A single row is visible with the value 'License' in the first column, and dates '03/01/2020' and '03/06/2020' in the last two 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.

Select **Close** to move on to the next step 6, Add Identifiers.

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

Step 6: Add Identifiers (Optional) (1)

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 callout box lists the available 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.
- Start Date:** A date picker field.
- End Date:** A date picker field.

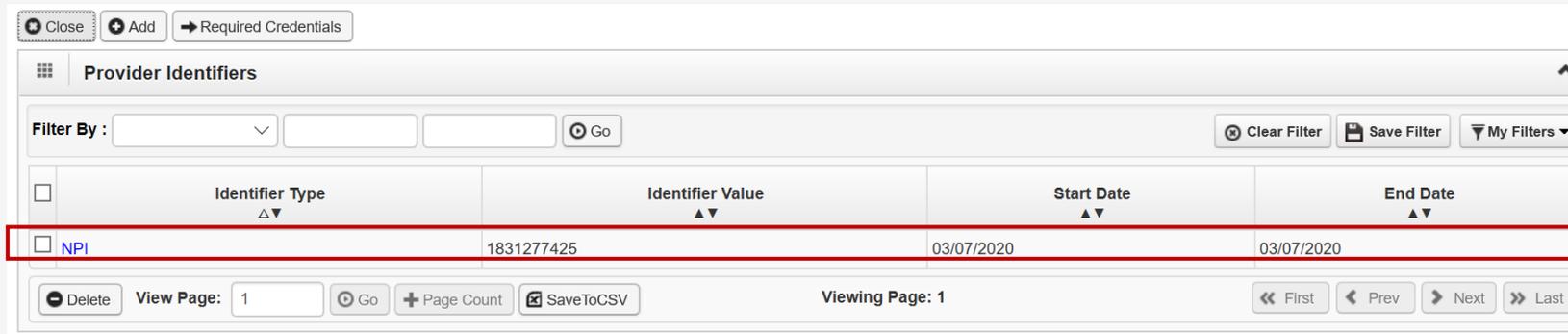
At the bottom right of the dialog are 'OK' and 'Cancel' buttons.

1. Select **Add**.
2. Select the identifier type from the **Identifier Type** drop-down 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 is optional because all provider types do not require Identifiers. Identifiers are typically issued by external entities that uniquely identify the provider. Refer to the **Required Credentials** button to check if your provider type requires an identifier.

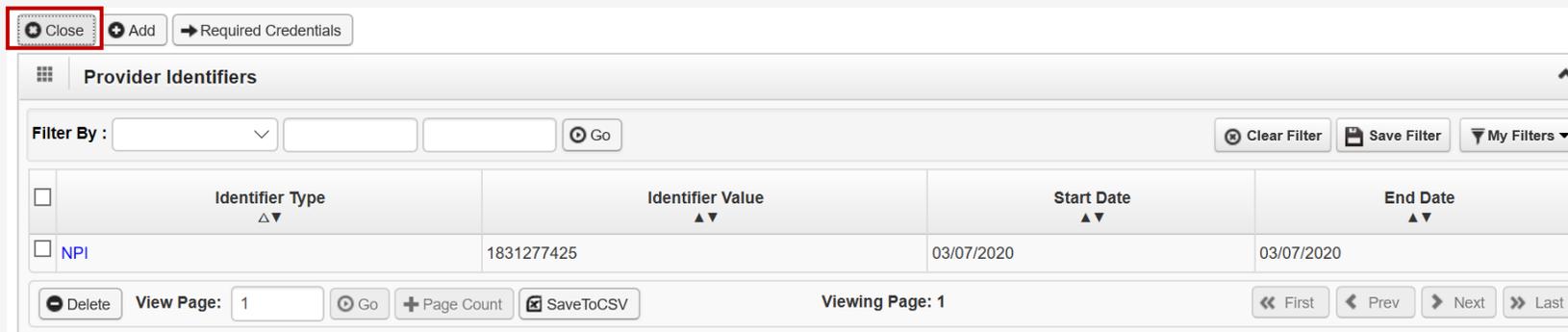
Step 6: Add Identifiers (2)

The system displays the Provider Identifiers list, which confirms your identifiers entered.



<input type="checkbox"/>	Identifier Type ▲▼	Identifier Value ▲▼	Start Date ▲▼	End Date ▲▼
<input type="checkbox"/>	NPI	1831277425	03/07/2020	03/07/2020

6. Select **Close** to move on to the next Step 7, Add EDI Submission Method.



<input type="checkbox"/>	Identifier Type ▲▼	Identifier Value ▲▼	Start Date ▲▼	End Date ▲▼
<input type="checkbox"/>	NPI	1831277425	03/07/2020	03/07/2020

Step 7: Add EDI Submission Method (Optional) (1)

1. Select your **Mode of Submission**.

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.

Note: If the Billing Agent/Clearinghouse OWCP provider ID is not available at the time of completing your application, **Paper** should be selected. This information can be updated after you are enrolled 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

Status:

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 Secured Batch	For submitting files via an SFTP site
Web Batch	For upload/download of files in OWCP
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)

2. Select **OK**.

You may check multiple Modes of Submission.

EDI Submission Details

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

Status:

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 Secured Batch	For submitting files via an SFTP site
Web Batch	For upload/download of files in OWCP
Paper	For submission through paper form ONLY.

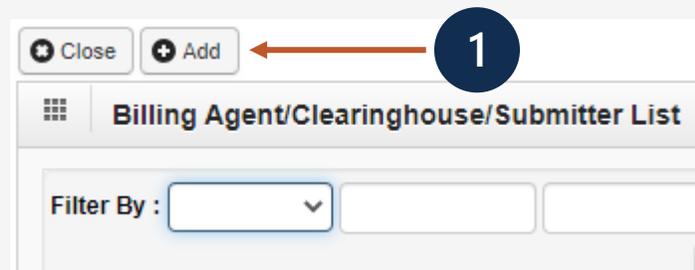
- Web Batch method is often used by providers who submit their own HIPAA batch transactions. It allows a maximum file size of 50 MB.
- Your EDI submission method is FTP Secured Batch if you submit and retrieve batches at a secure web folder assigned to you by OWCP. This method was designed with clearinghouses 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.

Step 8: Add EDI Submitter Details (Optional) (1)

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

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

Note: If the Billing Agent/Clearinghouse OWCP provider ID is not available at the time of completing your application, return to the previous step to select None/Paper. This information can be updated after you are enrolled as an active OWCP provider.



Step 8: Add EDI Submitter Details (Optional) (2)

2. Enter the **Billing Agent/Clearinghouse OWCP ID**.
3. Enter the dates.
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 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.

2 → Billing Agent/Clearinghouse OWCP ID: *

Start Date: * ← 3 → End Date:

4 →

Step 8: Add EDI Submitter Details (Optional) (3)

The system displays the Billing Agent/Clearinghouse, which confirms that the OWCP ID was entered.

The screenshot shows a web interface for managing Billing Agent/Clearinghouse/Submitter List. 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 area is a table with columns: OWCP ID, Billing Agent/Clearinghouse, Start Date, and End Date. A single row is visible, containing a checkbox, a greyed-out OWCP ID, '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.

<input type="checkbox"/>	OWCP ID ▲▼	Billing Agent/Clearinghouse ▲▼	Start Date ▲▼	End Date ▲▼
<input type="checkbox"/>		ABC Billing	02/23/2020	12/31/2999

5. Select **Close** to move on to the next Step 9, Add EDI Contact Information.

This screenshot is identical to the one above, showing the same table and interface elements. 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 (Optional) (1)

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

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

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

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

Step 9: Add EDI Contact Information (Optional) (2)

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 orange 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 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:** Two text input fields separated by a hyphen (-). An orange arrow labeled "2" points to the first input field.
- Validate Address:** A button with a plus sign icon and the text "Validate Address". An orange arrow labeled "3" points to this button.
- OK/Cancel:** Two buttons at the bottom right. An orange arrow labeled "4" points to the "OK" button.

Step 9: Add EDI Contact Information (Optional) (3)

The system displays the EDI Contact Information List, which confirms the contact information entered.

The screenshot shows the 'EDI Contact Information List' interface. At the top left, there are 'Close' and 'Add' buttons. Below them is a filter section with 'Filter By:' dropdowns and 'Go', 'Clear Filter', 'Save Filter', and 'My Filters' buttons. The main area is a table with columns: Contact Title, Contact Name, Contact Phone Number, Contact Email, and End Date. A single row is visible with a red box around it. At the bottom, there are 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', 'Viewing Page: 1', and navigation buttons (First, Prev, Next, Last).

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

5. Select **Close** to move on to the next Step 10, Add Servicing Providers.

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)

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

Note: Ensure that all servicing providers within the group are listed in this step to complete the enrollment accurately.

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

The screenshot shows the 'Associate Servicing Provider' form. At the top, there are 'Close' and 'Add' buttons, with a red arrow and a circled '1' pointing to the 'Add' button. Below this is a 'Servicing Providers' header. The form itself has a blue header with 'Help' and a breadcrumb trail: 'Application Number: 20241030466155 > Name: Group Sample Organization Name1 > Enrollment Type: Group Practice'. The main form area is titled 'Associate Servicing Provider' and contains several fields: 'Last Name', 'First Name', 'Middle Name', and 'SSN' (grouped by a red box and circled '2'); 'Provider Type' (a dropdown menu circled '3') and 'National Provider Identifier (NPI)' (a text field circled '4'); and 'Taxonomy' (a multi-select field circled '5'). Below these is a table with columns: 'License/Certification Category', 'License/Certification Type', 'License/Certification Number', 'Issued State', 'Initial Issue Date', and 'Expiration Date'. The table has two rows of input fields, each with a calendar icon for dates, and is circled '6'. At the bottom right, there are 'OK' and 'Cancel' buttons, with a red box and a circled '7' around the 'OK' button.

Step 10: Add Servicing Provider Information (2)

The system displays the Servicing Providers Information, which confirms the servicing providers' information entered.

The screenshot shows a web interface for 'Servicing Providers'. At the top left, there are 'Close' and 'Add' buttons. Below this is a header 'Servicing Providers' with a grid icon and an upward arrow. A 'Filter By' section contains three input fields and a 'Go' button. To the right are 'Clear Filter', 'Save Filter', and 'My Filters' buttons. A note states: 'If the group or facility has more than 9 servicing providers, the group/facility itself is responsible for validating its providers' individual licenses.' Below this is a table with columns: 'SSN/FEIN', 'Provider Name', 'NPI', and 'Provider Type'. The first row is highlighted with a red border and contains a checkbox, a masked SSN/FEIN, a masked Provider Name, a masked NPI, and the text '25 - Physician (MD) & Physician (DO)'. At the bottom, there are 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', 'Viewing Page: 1', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

8. Select **Close** to move on to the next step, Add Payment Details.

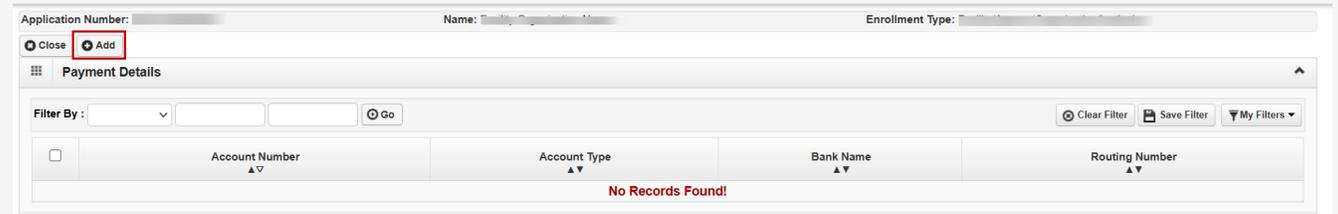
This screenshot is identical to the one above, showing the 'Servicing Providers' interface. The 'Close' button at the top left is highlighted with a red box, indicating the next step in the process.

Step 11: Add Payment Details (1)

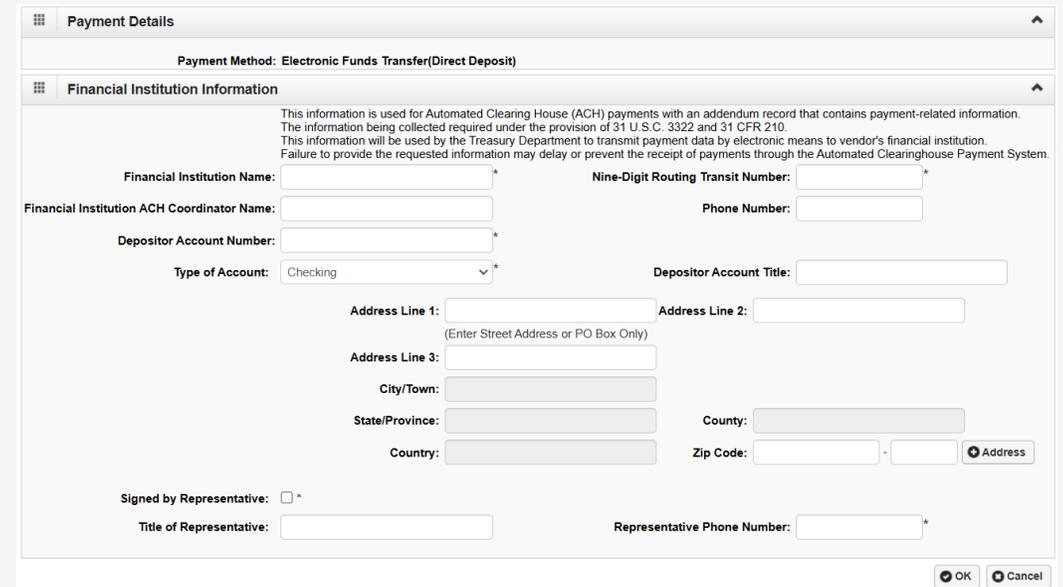
Note: Electronic Funds Transfer (EFT) is mandatory. Payment Details must be entered to receive payment from OWCP.

1. Select **Add**.

The Payment Details and Financial Information page opens.



This screenshot shows the top portion of a web application interface. At the top, there are fields for 'Application Number', 'Name', and 'Enrollment Type'. Below these are 'Close' and 'Add' buttons, with the 'Add' button highlighted by a red box. A 'Payment Details' table is visible, but it is empty, displaying the message 'No Records Found!' in red text. The table has columns for 'Account Number', 'Account Type', 'Bank Name', and 'Routing Number'. There are also filter controls and a 'Go' button.



This screenshot shows the 'Financial Institution Information' form. The 'Payment Method' is set to 'Electronic Funds Transfer(Direct Deposit)'. The form includes a warning message: '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.' The form fields include: 'Financial Institution Name', 'Nine-Digit Routing Transit Number', 'Financial Institution ACH Coordinator Name', 'Phone Number', 'Depositor Account Number', 'Type of Account' (set to 'Checking'), 'Depositor Account Title', 'Address Line 1', 'Address Line 2', 'Address Line 3', 'City/Town', 'State/Province', 'County', 'Country', and 'Zip Code'. There are also fields for 'Signed by Representative' and 'Representative Phone Number'. The form ends with 'OK' and 'Cancel' buttons.

Step 11: Add Payment Details (2)

Note: The ACH form can be found on the WCMBP Portal Forms and References page:
<https://owcpmed.dol.gov/portal/resources/forms-and-references/general>.

2. Enter the **Financial Institution Name** (required), and **Financial Institution ACH Coordinator Name** (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: *

Financial Institution ACH Coordinator Name:

Nine-Digit Routing Transit Number: *

Phone Number:

Depositor Account Number: *

3. Enter the institution's routing number.

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: *

Financial Institution ACH Coordinator Name:

Nine-Digit Routing Transit Number: *

Phone Number:

Depositor Account Number: *

Step 11: Add Payment Details (3)

4. Enter your **Depositor Account Number** and select the **Type of Account** from the drop-down list (Checking or Saving).

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: *

Depositor Account Title:

5. Enter the **Depositor Account Title** (the name printed on your checks).

Financial Institution ACH Coordinator Name:

Phone Number:

Depositor Account Number: *

Type of Account: *

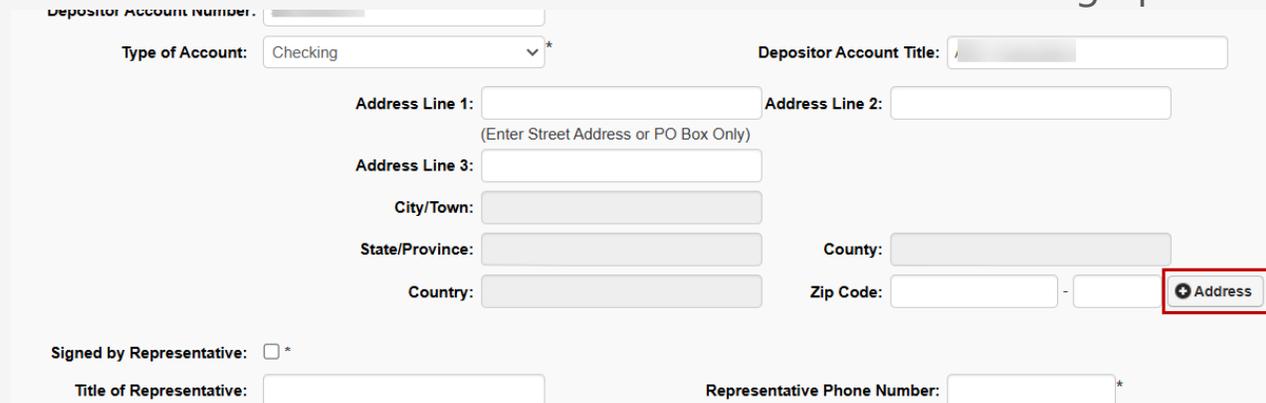
Depositor Account Title:

Address Line 1:

Address Line 2:

Step 11: Add Payment Details (4)

6. Select **+Address** to add the Financial Institution address. The address details dialog opens.



The screenshot shows a dialog box for adding payment details. It includes the following fields and controls:

- Depositor Account Number: [Text Input]
- Type of Account: [Dropdown Menu, currently set to 'Checking'] *
- Depositor Account Title: [Text Input]
- Address Line 1: [Text Input] Address Line 2: [Text Input]
(Enter Street Address or PO Box Only)
- Address Line 3: [Text Input]
- City/Town: [Text Input]
- State/Province: [Text Input] County: [Text Input]
- Country: [Text Input] Zip Code: [Text Input] - [Text Input] **+ Address** (button)
- Signed by Representative: *
- Title of Representative: [Text Input] Representative Phone Number: [Text Input] *

7. Once the address is added, select the **Signed by Representative** checkbox to indicate that the ACH form has been signed by a representative of the financial institution.



This screenshot shows the same dialog box as above, but with the 'Signed by Representative' checkbox highlighted by a red box. The following fields are populated:

- State/Province: New York
- County: Schenectady
- Country: United States
- Zip Code: 12345 - 0001
- Signed by Representative: *** (highlighted)
- Title of Representative: [Text Input]
- Representative Phone Number: [Text Input] *

At the bottom right, there are 'OK' and 'Cancel' buttons.

Step 11: Add Payment Details (4)

8. Enter the title of the financial institution's representative in the **Title of Representative** field and enter the representative's phone number in the **Representative Phone Number** field.

State/Province: County:
Country: Zip Code: -

Signed by Representative: *

Title of Representative: **Representative Phone Number:** *

9. Select **OK**.

State/Province: County:
Country: Zip Code: -

Signed by Representative: *

Title of Representative: **Representative Phone Number:** *

Step 11: Add Payment Details (5)

The system displays the Payment Details list, which confirms payment information was entered.

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. A filter section includes a 'Filter By' dropdown, two input fields, a 'Go' button, and 'Clear Filter', 'Save Filter', and 'My Filters' options. The main area is a table with columns: Account Number, Account Type, Bank Name, and Routing Number. A single row is visible with the following data: Account Number: *****3210, Account Type: Checking, Bank Name: Sample Bank, Routing Number: 1[redacted]9. At the bottom, there are 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', 'Viewing Page: 1', and navigation buttons (First, Prev, Next, Last). The 'Close' button at the top left is highlighted with a red box.

10. Select **Close** to move on to the next Step 12, Complete Provider Disclosure.

This screenshot is identical to the one above, showing the 'Payment Details' list. The 'Close' button at the top left is highlighted with a red box, indicating the action to be taken to proceed to the next step.

Step 12: Complete Provider Disclosure

1. Answer the two 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.

Answer the two disclosure questions below by selecting "Yes" or "No" from the drop-down list for each question, based on the provider's background information. If you are a FECA provider enrolling as "Provider Type 75" (DME) and answer "Yes" to the second question, provide the phone number used in your Medicare DMEPOS enrollment.

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

Close Save 2

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.	Not Completed	

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 can 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 cover sheet. The application will stay in an "Awaiting Attachments Status" for nine days. If the attachments and cover sheet are not received within this timeframe, your application will be Returned to Provider (RTP). **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 list.
3. Select **Choose File**. The system opens the Open window.
4. Locate and select the file from your local drive that you need to upload and select **Open**. The system updates the File Name field.
5. Select **Ok**.

The screenshot illustrates the attachment upload process in a web application. It is divided into five numbered steps:

- Step 1:** A button labeled "Upload Attachments" is highlighted with a red box and a blue circle containing the number 1. Other buttons include "Close" and "Required Credentials".
- Step 2:** The "Attachment List" section is shown. A dropdown menu for "Document Type" is highlighted with a red box and a blue circle containing the number 2. The text "Please select the file to be uploaded" is visible above it.
- Step 3:** A "Choose File" button is highlighted with a red box and a blue circle containing the number 3. The text "No file chosen" is visible next to it.
- Step 4:** An "Open" file dialog window is shown, displaying the file explorer interface. A red box and a blue circle containing the number 4 highlight the "Open" button at the bottom right of the dialog.
- Step 5:** The "Attachment" form is shown again, with the "Ok" button highlighted by a red box and a blue circle containing the number 5. The "Cancel" button is also visible.

Additional text in the "Attachment" form includes: "The acceptable file extensions for the upload are.doc,.docx,.gif,.gzip,.htm,.html,.jpeg,.jpg,.ppt,.rtf,.tif,.tiff,.tst,.txt,.xls,.bmp,.pdf,.xlsx,.zip" and "Filename cannot be longer than 50 characters". A note at the bottom states: "If you are unable to upload attachment(s) here, you can choose to mail or fax the copy following the instruction on the Submit Enrollment Application for Review step."

Step 13: View/Upload Attachments (Optional) (2)

The system displays the Attachment List, which confirms an attachment uploaded.

The screenshot shows a web interface with a header bar containing three buttons: "Close", "Upload Attachments", and "Required Credentials". Below the header is a section titled "Attachment List" with a grid icon and an upward arrow. The main content is a table with the following columns: "Repository Key", "File Name", "Document Type", and "Uploaded Date". A single row of data is visible, highlighted with a red border, containing a repository key, the file name "Provider Enrollment Application.pdf", the document type "ACH Form", and the upload date "03/08/2020 12:50:43 AM". Below the table is a control bar with a "Delete" button, a "View Page: 1" dropdown, "Go", "Page Count", and "SaveToCSV" buttons. On the right side of the control bar, it says "Viewing Page: 1" and includes navigation buttons: "First", "Prev", "Next", and "Last".

Repository Key	File Name	Document Type	Uploaded Date
	Provider Enrollment Application.pdf	ACH Form	03/08/2020 12:50:43 AM

6. Select **Close** to move on to the next Step 14, Submit Enrollment Application for Review.

This screenshot is identical to the one above, but the "Close" button in the top header bar is highlighted with a red border, indicating the next step in the process.

Step 14: Submit Enrollment Application for Review

1. Enter your first and last name in the **First Name** and **Last Name** fields.
2. (Optional) Enter the title of the signer in the **Title** field.

Note: Signature Date is a non-editable date field that shows the current date and cannot be changed.

3. At the top of the screen, select **Submit Enrollment**.

The screenshot shows a web form titled "Final Submission". At the top, there are two buttons: "Close" and "Submit Enrollment". A red box highlights the "Submit Enrollment" button, with a blue circle containing the number "3" and an arrow pointing to it. Below the buttons, there is a section titled "Confirm and Sign:" with a paragraph of text. A red box highlights the "First Name" and "Last Name" input fields, with a blue circle containing the number "1" and an arrow pointing to the "First Name" field. Below these fields is a "Title" input field, with a blue circle containing the number "2" and an arrow pointing to it. To the right of the "First Name" and "Last Name" fields is a "Signature Date" field, which is pre-filled with "10/31/2023". At the bottom of the form, there is a "Privacy Act Statement" section with a paragraph of text.

Post-Submission Instructions

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

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

Attachment Submission Options

Once the enrollment application is completed, the provider can submit attachments that were not uploaded using one of the following options to:

- 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