

WCMBP System

How to Complete a Provider Enrollment Application Individual Provider



Overview


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



Accessing the WCMBP System

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

Select **Provider Enrollment**.

 OFFICE OF WORKERS' COMPENSATION PROGRAMS
MEDICAL BILL PROCESSING PORTAL

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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.

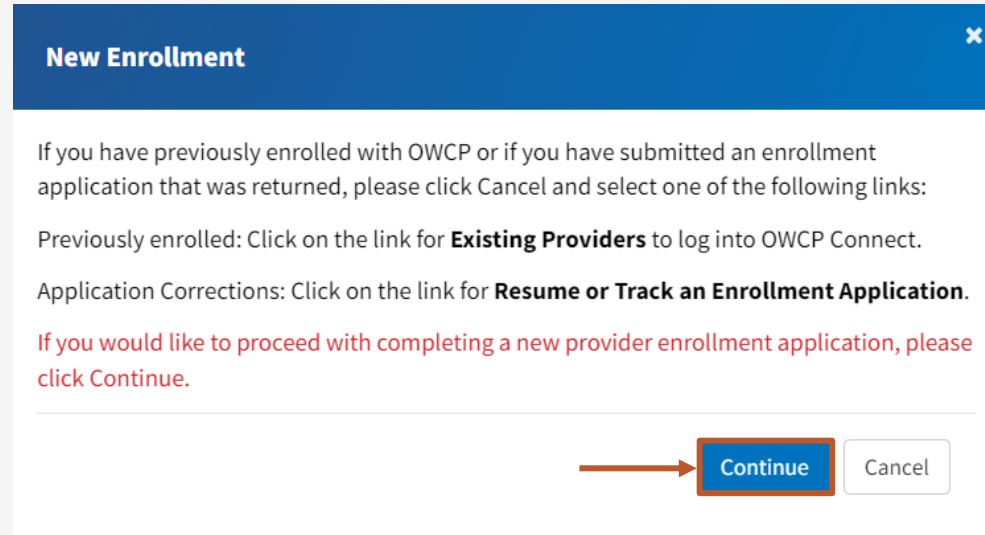
The screenshot displays three distinct sections of the WCMBP system interface:

- 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
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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**.



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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 portion of the screen. Be sure to select the appropriate type for your practice, organization, or business.

The screenshot shows a web form titled "Enrollment Type" with a sub-header "Please select the applicable Enrollment Type". Below the sub-header is a list of radio buttons: "Individual", "Group Practice", "Billing Agent/Clearinghouse", "Facility/Agency/Organization/Institution", and "Special Considerations". The "Individual" option is selected and highlighted with a red box and a blue circle containing the number "1". Below the radio buttons are two buttons: "Close" and "Submit". The "Submit" button is highlighted with a red box and a blue circle containing the number "2". Below the "Enrollment Type" section is a section titled "Enrollment Type Definition" with a sub-header "Individual -" and a list of bullet points: "Any provider who is eligible to receive a Type I National Provider Identifier (NPI) through the National Plan and Provider Enumeration System (NPPES). Providers e the Social Security Act, 42 U.S.C. 1395x(s)." and "Individuals providing only non-medical services, attendant care, or personal care services, who do not need an NPI."

Completing an Enrollment Application

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

1. Select a Provider Type from drop-down list.
2. Check Programs to enroll in.
3. Select the Tax Identifier Type: Federal Employer Identification Number (FEIN) or Social Security Number (SSN).
4. If FEIN is selected in Step 3, enter the Organization Name (Legal Business Name), the Organization Business Name (Doing Business As), and the 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 and 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 (selected) and SSN.
- 4:** A red box highlights the organization name and identification fields: 'Organization Name' (Legal Business Name), 'Organization Business Name' (Doing Business As), 'FEIN', 'Last Name', 'First Name', 'Middle Name', and 'SSN'.
- 5:** Points to the 'National Provider Identifier' (NPI) field.
- 6:** Points to the checkbox 'I do not wish to be included in an online searchable list of OWCP providers' and the 'Reason' field below it.
- 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 the account used for portal registration.

Application Number : 202 Name: Test, Test Enrollment Type: Individual

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'. There are three buttons: 'Close', 'Required Credentials', and 'Purge'. The 'Purge' button is highlighted with a red box. Below the buttons is a section titled 'Enroll Provider -Facility/Agency/Organization/Institution'. Underneath, there is a table with the following columns: Step, Required, Start Date, End Date, Status, and Step Remark. The 'Required' column has a dropdown arrow, which is also highlighted with a red box. The table lists 13 steps, with their status and completion dates.

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	

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

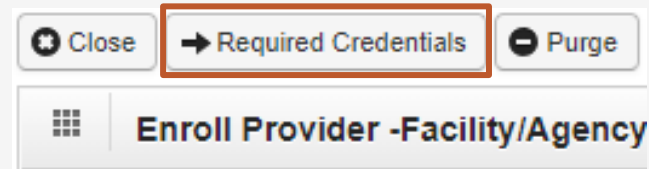
Completing an Enrollment Application

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: Credentials requirements will change as per your provider type.

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

Note: Cancel will not close this page.



Provider Type ▲▼	Step ▲▼	Data Element ▲▼	Credentialing Note ▲▼
01-General HospitaLs	Step 01: Provider Basic Information	NPI	REQUIRED
01-General HospitaLs	Step 03: Add Taxonomies	TAXONOMIES	REQUIRED
01-General HospitaLs	Step 05: Add Licenses and Certifications	LICENSE & CERTIFICATION	REQUIRED
01-General HospitaLs	Step 06: Add Identifiers	Provider Medicare Number	REQUIRED
01-General HospitaLs	Step 12: View/Upload Attachments	ACH FORM	REQUIRED
01-General HospitaLs	Step 12: View/Upload Attachments	COPY OF LICENSE/CERTIFICATION	REQUIRED ; IF LICENSE IS NOT REQUIRED BY STATE, ATTACH STATE APPROVAL LETTER
01-General HospitaLs	Step 12: View/Upload Attachments	PROVIDER ENROLLMENT FORM SIGNATURE PAGE	REQUIRED

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

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**.
7. Select **Next**.

Note: When the checkbox is selected, the Email Address field becomes mandatory

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**.

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

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

ontgomery*

1850 - 3224 + Address

5 → Next Cancel

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

Step 2: Add Mailing Location

Type of Address: Mailing

Address Input Option: Manually Input Same as Physical Address

End Date: 12/31/2999

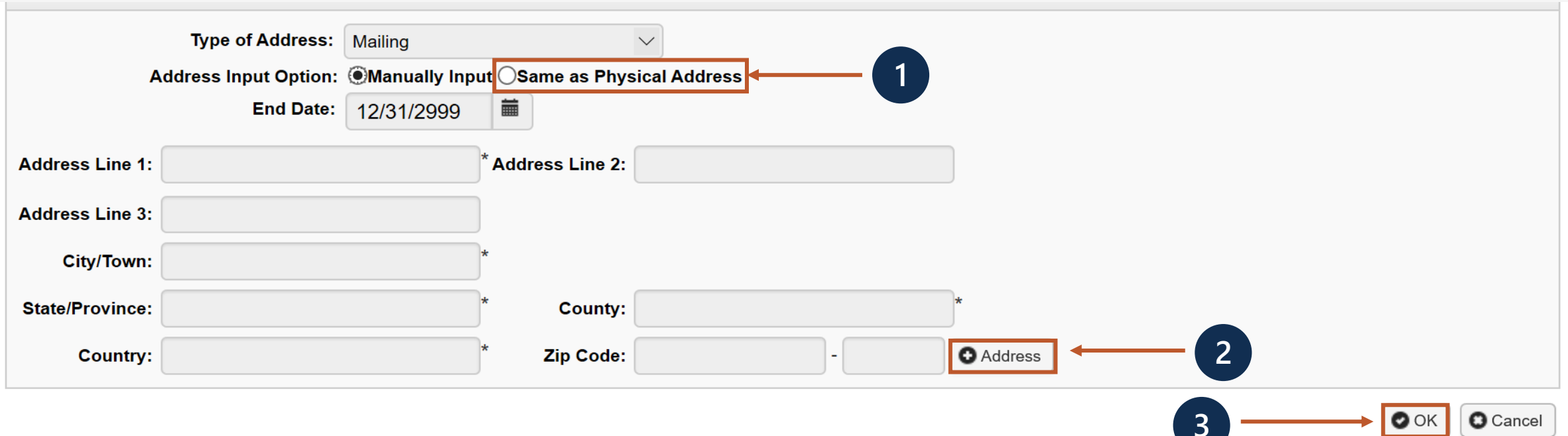
Address Line 1: * Address Line 2:

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

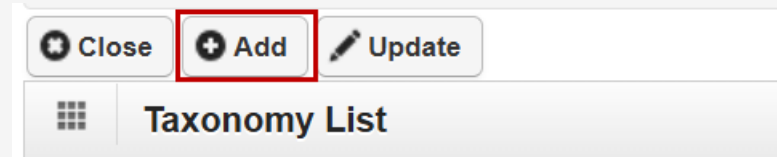
The screenshot shows a web interface for managing locations. At the top left, there are two buttons: 'Close' (with a red box around it) and 'Add'. Below them is a 'Locations List' header with a grid icon and an upward arrow. The main area contains a table with two columns: 'Business Name' and 'Location Details'. The 'Business Name' column has a dropdown arrow and contains the text 'Angel PA'. The 'Location Details' column has a dropdown arrow and contains the number '1447'. A circled '2' points to the 'Close' button, and a circled '1' points to the 'Location Details' column.

Business Name ▲▼	Location Details ▲▼
Angel PA	1447

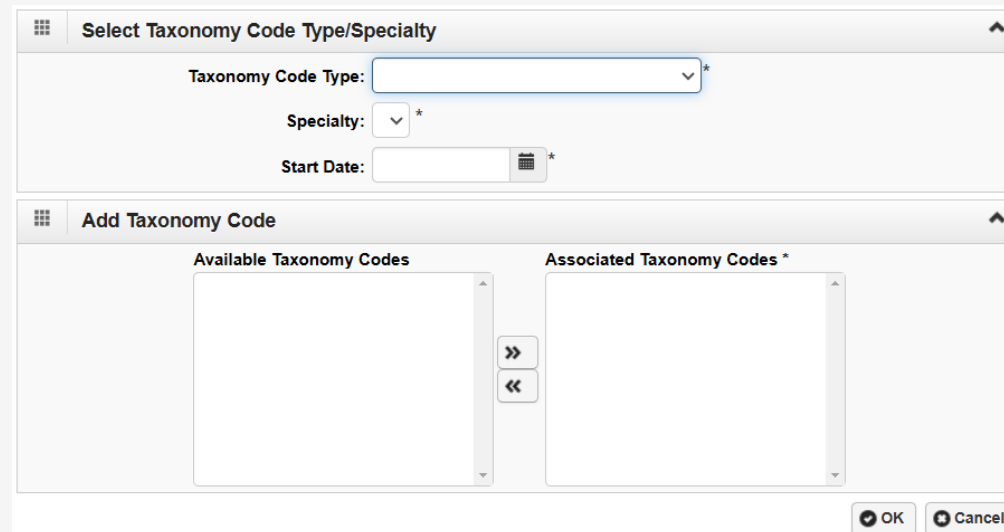
1. The system displays the Location List, which confirms your address information entered.
2. Select **Close** to move on to the next step, Add Taxonomies.

Step 3: Add Taxonomies (1)

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

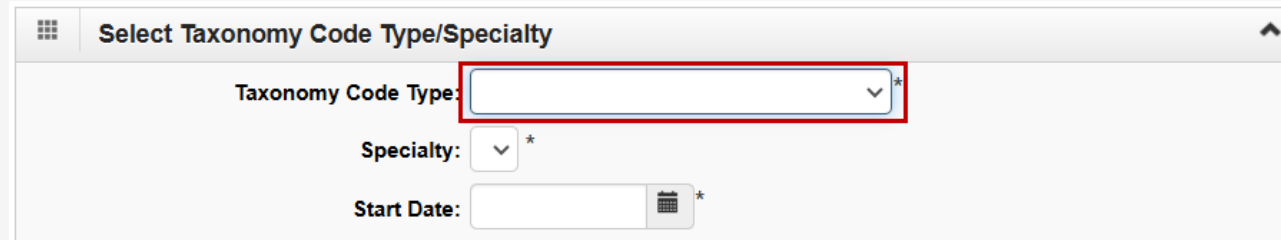


When selecting **Add**, the Add Taxonomy Code page opens as shown. When selecting **Update**, the Manage Specialty page opens.

A screenshot of a dialog box titled 'Add Taxonomy Code'. The dialog has a title bar with a grid icon and the text 'Select Taxonomy Code Type/Specialty'. Below the title bar are three input fields: 'Taxonomy Code Type:' with a dropdown menu, 'Specialty:' with a dropdown menu, and 'Start Date:' with a date picker icon. Below these fields are two large empty list boxes: 'Available Taxonomy Codes' on the left and 'Associated Taxonomy Codes *' on the right. Between the two 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.

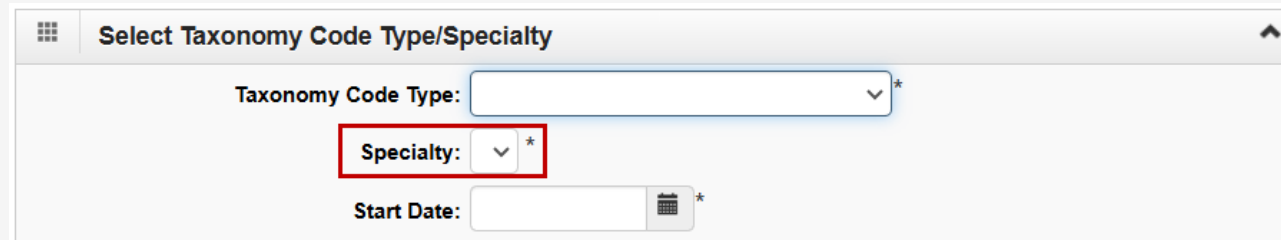
Step 3: Add Taxonomies (2)

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



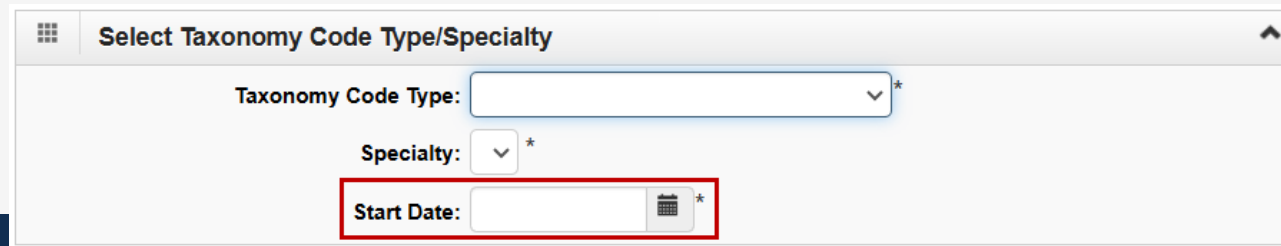
The screenshot shows a form titled "Select Taxonomy Code Type/Specialty". It contains three fields: "Taxonomy Code Type" (a drop-down menu), "Specialty" (a drop-down menu), and "Start Date" (a date picker). The "Taxonomy Code Type" field is highlighted with a red border.

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



The screenshot shows the same form as above. The "Specialty" field is now highlighted with a red border.

- Select a **Start Date**.



The screenshot shows the same form as above. The "Start Date" field is now highlighted with a red border.

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: *

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**.

Close Add Update

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)

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 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 and Last Name.
4. Select **+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.

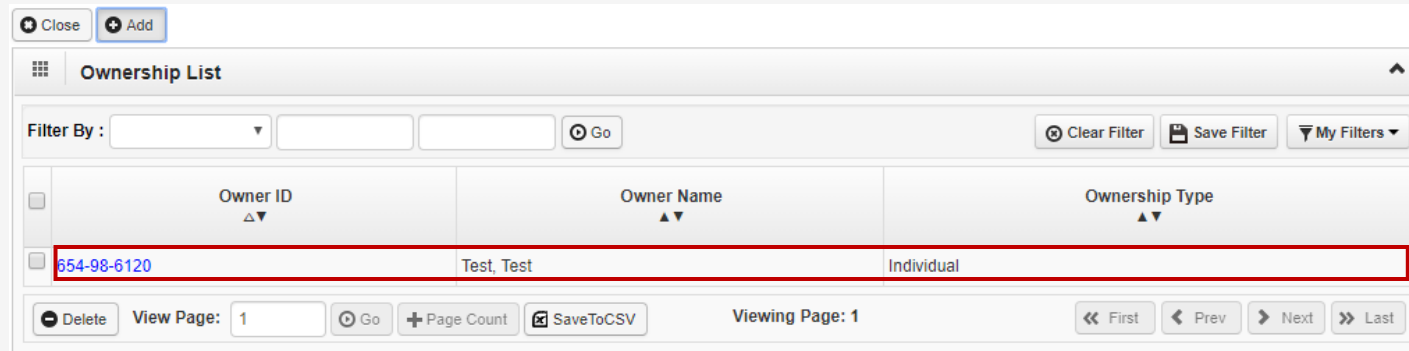
The screenshot shows the 'Add Ownership' form with the following fields and steps:

- 1**: Disclosure Type: Individual Ownership *
- 2**: SSN/FEIN: *
- 3**: Organization Name: (or) First Name: (or) Last Name: *
- 4**: Address fields: Address Line 1: *, Address Line 2: (or) Address Line 3: *, City/Town: *, State/Province: *, County: *, Country: *, Zip Code: - (with a '+ Address' button next to it)
- 5**: OK button (highlighted with a red box)

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 and an arrow from step 5.

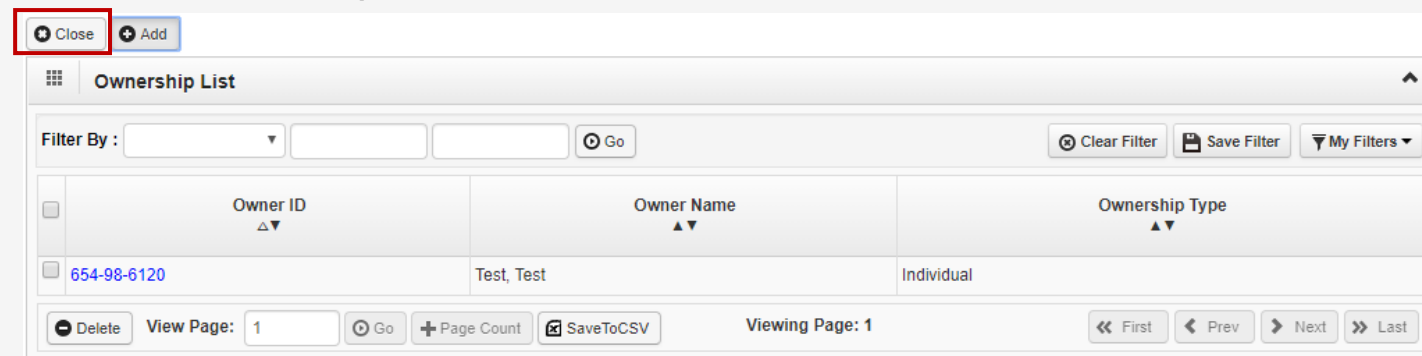
Step 4: Add Ownership Details (2)

The system displays the Ownership List, which was entered.



The screenshot shows the 'Ownership List' interface. At the top left, there are two buttons: 'Close' and 'Add'. The 'Close' button is highlighted with a red box. Below the buttons is a search bar with 'Filter By:' and a 'Go' button. To the right of the search bar are buttons for 'Clear Filter', 'Save Filter', and 'My Filters'. The main area contains a table with three columns: 'Owner ID', 'Owner Name', and 'Ownership Type'. The table has one row with the following data: '654-98-6120', 'Test, Test', and 'Individual'. At the bottom of the interface, there are buttons for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', 'Viewing Page: 1', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

Select **Close** to move on to the next step, Add Professional License or Certification.



This screenshot is identical to the one above, showing the 'Ownership List' interface. The 'Close' button at the top left is highlighted with a red box. The table contains one row with the data: '654-98-6120', 'Test, Test', and 'Individual'. The interface includes search, filter, and navigation controls.

Step 5: Add Professional License/Certification (1)

1. Select **Add** to enter License or 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 web interface for adding professional license/certification information. At the top, there are 'Close' and 'Add' buttons, with a red arrow pointing to the 'Add' button and a blue circle containing the number '1'. Below this is a 'License/Certification List' header. The main form is titled 'Add Professional License/Certification' and contains the following fields and instructions:

- Instructions: Please provide all professional license/certification required by your State to perform the service under your Provider Type. OWCP will verify all your professional license/certification with your State's license issuer agency before your enrollment can be approved. After your enrollment is approved, you are responsible to keep your professional license/certification information up to date. Expired license/certification will cause the termination of the provider status. If you have a renewed professional license/certification under a different number, please make sure to enter it using the exact same License/Certification Type.
- Radio buttons: C-Certification (selected), L-License, N-License or Certification not required. A red arrow points to the radio buttons with a blue circle containing the number '2'.
- Text input: Name: []*. A red arrow points to this field with a blue circle containing the number '3'.
- Text input: License/Certification Type: []*. A red arrow points to this field with a blue circle containing the number '4'.
- Text input: Licence/Certification #: []*. A red arrow points to this field with a blue circle containing the number '5'.
- Text input with calendar icon: Initial Issue Date: []*.
- Text input with calendar icon: Expiration Date: []*.
- Text input with dropdown arrow: Issued State: []*.
- Text input: Issuer Agency: []*.
- Text input: Web Link: []*.

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

Step 5: Add Professional 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 Professional License/Certification

- Please provide all professional license/certification required by your State to perform the service under your Provider Type.
- OWCP will verify all your professional license/certification with your State's license issuer agency before your enrollment can be approved.
- After your enrollment is approved, you are responsible to keep your professional license/certification information up to date.
- Expired license/certification will cause the termination of the provider status.
- If you have a renewed professional license/certification under a different number, please make sure to enter it using the exact same License/Certification Type.

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

Name: *

License/Certification Type: *

Initial Issue Date: * ← **6**

Issued State: * ← **7**

Expiration Date: * ← **6**

Issuer Agency: * ← **8**

Web Link: * ← **9**

License/Certification #: *

10 →

Step 5: Add Professional License/Certification (3)

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

The screenshot shows the 'License/Certification List' interface. At the top, there are 'Close' and 'Add' buttons. Below is a 'Filter By' section with input fields and a 'Go' button, along with 'Clear Filter', 'Save Filter', and 'My Filters' options. The main area is a table with the following columns: License Category, License/Certification Number, License/Certification Type, Issued State, Initial Issue Date, and Expiration Date. A red box highlights the first row of data, which contains the text 'License' in the License Category column and '03/01/2020' in the Initial Issue Date column. At the bottom, there are 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', and 'Viewing Page: 1' controls, along with navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

Select **Close** to move on to the next step, Add Identifiers, which is optional.

This screenshot is identical to the previous one, but with a red box highlighting the 'Close' button at the top left of the interface.

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 list of options is displayed above it, including '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 input field with a calendar icon.
- End Date:** A date input field with a calendar icon.

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.

The screenshot shows a web interface for managing Provider Identifiers. At the top, there are buttons for 'Close', 'Add', and 'Required Credentials'. Below this is a header for 'Provider Identifiers' with a filter section containing 'Filter By' dropdowns, a 'Go' button, and options for 'Clear Filter', 'Save Filter', and 'My Filters'. The main area is a table with columns: 'Identifier Type', 'Identifier Value', 'Start Date', and 'End Date'. A single row is visible with the following data: 'NPI', '1831277425', '03/07/2020', and '03/07/2020'. The 'Close' button at the top left is highlighted with a red box. At the bottom, 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'.

Identifier Type	Identifier Value	Start Date	End Date
NPI	1831277425	03/07/2020	03/07/2020

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

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

Identifier Type	Identifier Value	Start Date	End Date
NPI	1831277425	03/07/2020	03/07/2020

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

Electronic Data Interchange (EDI) is the computer-to-computer exchange of business documents in a standard electronic format between business partners.

Select your **Mode of Submission**.

Note: 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)

1. 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.

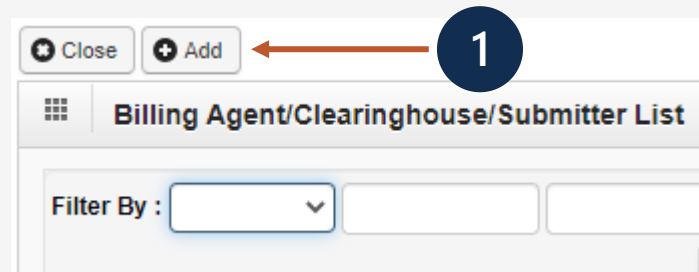
- Web Batch method is often used by providers who submit their own HIPAA batch transactions. It allows a maximum file size of 50 MB.
- Your EDI submission method is FTP Secured Batch if you submit and retrieve batches at a secure web folder assigned to you by OWCP. This method was designed with clearinghouses 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 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 them is a header 'Billing Agent/Clearinghouse/Submitter 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 table has columns: 'OWCP ID', 'Billing Agent/Clearinghouse', 'Start Date', and 'End Date'. A single row is visible with 'ABC Billing' as the agent, '02/23/2020' as the start date, and '12/31/2999' as the end date. 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'.

OWCP ID	Billing Agent/Clearinghouse	Start Date	End Date
	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 interface and data. The 'Close' button at the top left is highlighted with a red box, indicating the next step in the process.

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

Step 9: Add EDI Contact Information (Optional) (1)

Note: 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.

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

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 circle with the number '2' points to the 'Contact Title' field. A red circle with the number '3' points to the 'First Name' field. A red circle with the number '4' points to the 'Phone Number' field. A red circle with the number '5' points to the '+ Address' button at the bottom right. There are also 'OK' and 'Cancel' buttons at the bottom right.

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

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**.

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

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

1. Enter the 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 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 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 a 'Go' button. To the right of the filter section are 'Clear Filter', 'Save Filter', and 'My Filters' buttons. The main area contains a table with the following columns: 'Contact Title', 'Contact Name', 'Contact Phone Number', 'Contact Email', and 'End Date'. A single row of data is visible, with the 'End Date' value '12/31/2999'. A red box highlights the 'Close' button. 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.

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

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. The table below it shows the same contact information, and the navigation controls at the bottom are also visible.

Step 10: 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 Institution Information page opens.

This screenshot shows a web application interface for adding payment details. At the top, there are fields for 'Application Number', 'Name', and 'Enrollment Type'. Below these, there are 'Close' and 'Add' buttons, with the 'Add' button highlighted by a red box. The main area is titled 'Payment Details' and contains a table with columns for 'Account Number', 'Account Type', 'Bank Name', and 'Routing Number'. A red message 'No Records Found!' is displayed in the center of the table. There are also filter controls and buttons for 'Clear Filter', 'Save Filter', and 'My Filters'.

This screenshot shows the 'Financial Institution Information' form. The form is titled 'Payment Method: Electronic Funds Transfer(Direct Deposit)'. It contains several fields for entering financial institution details, including 'Financial Institution Name', 'Financial Institution ACH Coordinator Name', 'Depositor Account Number', 'Type of Account' (set to 'Checking'), 'Address Line 1', 'Address Line 2', 'Address Line 3', 'City/Town', 'State/Province', 'Country', 'Nine-Digit Routing Transit Number', 'Phone Number', 'Depositor Account Title', and 'Zip Code'. There are also fields for 'Signed by Representative' and 'Representative Phone Number'. The form includes a warning message about the use of the information for ACH payments and a note about the consequences of providing incorrect information. At the bottom right, there are 'OK' and 'Cancel' buttons.

Step 10: 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: <input type="text"/>	Nine-Digit Routing Transit Number: <input type="text"/>
Financial Institution ACH Coordinator Name: <input type="text"/>	Phone Number: <input type="text"/>
Depositor Account Number: <input type="text"/>	

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: <input type="text"/>	Nine-Digit Routing Transit Number: <input type="text"/>
Financial Institution ACH Coordinator Name: <input type="text"/>	Phone Number: <input type="text"/>
Depositor Account Number: <input type="text"/>	

Step 10: 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 10: Add Payment Details (4)

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

The screenshot shows a form for adding payment details. At the top, there is a field for 'Depositor Account Number'. Below it, 'Type of Account' is set to 'Checking' with a dropdown arrow and an asterisk. To the right is 'Depositor Account Title'. The address fields include 'Address Line 1' (with a sub-note '(Enter Street Address or PO Box Only)'), 'Address Line 2', and 'Address Line 3'. Below these are 'City/Town', 'State/Province', and 'Country'. To the right of these are 'County' and 'Zip Code' (split into two boxes). A red box highlights the '+ Address' button next to the Zip Code field. At the bottom, there is a 'Signed by Representative' checkbox with an asterisk, a 'Title of Representative' field, and a 'Representative Phone Number' field with an asterisk.

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 is a closer view of the bottom portion of the form. The 'State/Province' is set to 'New York', 'County' to 'Schenectady', 'Country' to 'United States', and 'Zip Code' to '12345 - 0001'. A red box highlights the 'Signed by Representative' checkbox, which is currently unchecked. Below it are the 'Title of Representative' and 'Representative Phone Number' fields. At the bottom right, there are 'OK' and 'Cancel' buttons.

Step 10: 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 10: Add Payment Details (5)

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

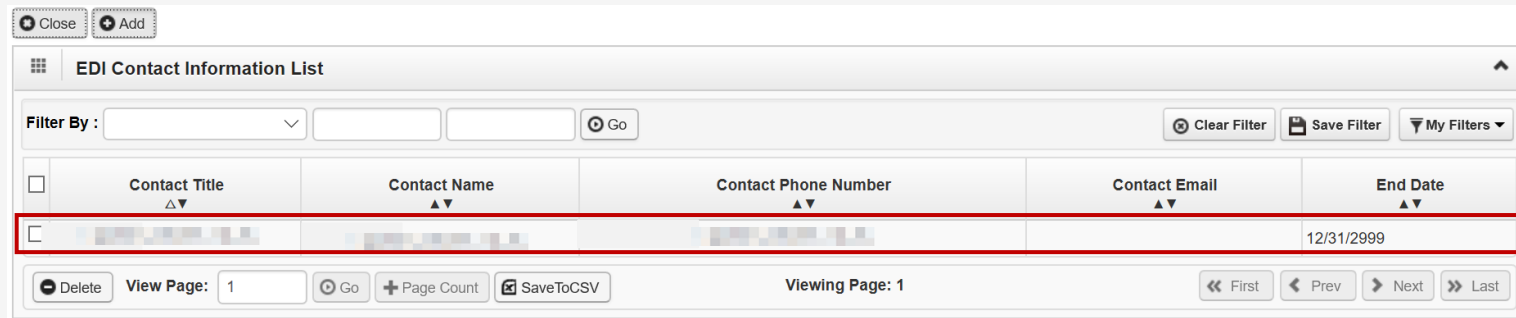
The screenshot shows a web interface for managing payment details. At the top left, there are two buttons: 'Close' (with a red box around it) and 'Add'. Below these is a header 'Payment Details' with a grid icon and an upward arrow. A filter section includes 'Filter By:' with three input fields and a 'Go' button, along with '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 values: '*****3210', 'Checking', 'Sample Bank', and '1[redacted]9'. 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.

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 10: Add Payment Details (3)

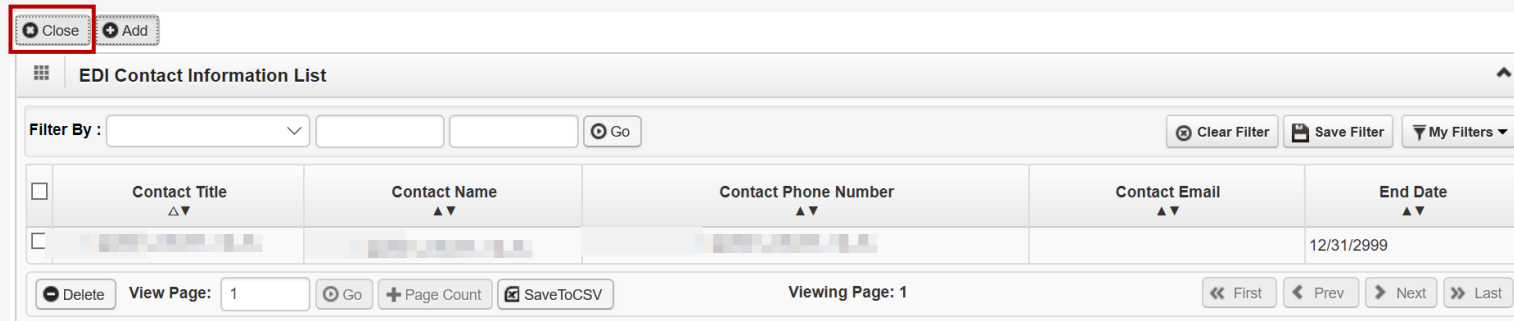
The system displays the Payment Details List, which confirms payment information was entered.



The screenshot shows a web interface titled "EDI Contact Information List". At the top left, there are two buttons: "Close" (highlighted with a red box) and "Add". Below the title is a filter section with "Filter By:" followed by three input fields and a "Go" button. To the right of the filter section are buttons for "Clear Filter", "Save Filter", and a dropdown for "My Filters". The main area is a table with the following columns: "Contact Title", "Contact Name", "Contact Phone Number", "Contact Email", and "End Date". A single row of data is visible, with the "End Date" value being "12/31/2999". Below the table is a control bar with buttons for "Delete", "View Page: 1", "Go", "Page Count", "SaveToCSV", "Viewing Page: 1", and navigation buttons for "First", "Prev", "Next", and "Last".

Contact Title	Contact Name	Contact Phone Number	Contact Email	End Date
				12/31/2999

Select **Close** to move on to the next Step 11, Complete Provider Disclosure.



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 action to be taken to proceed to the next step.

Contact Title	Contact Name	Contact Phone Number	Contact Email	End Date
				12/31/2999

Step 11: Complete Provider Disclosure

1. Answer the two disclosure questions below:

Note: The Provider Disclosure page asks questions of the provider to confirm additional background information. If you answer Yes to the first Disclosure question, provide details under the 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.

The screenshot shows the 'Provider Disclosure' form. At the top left, there are 'Close' and 'Save' buttons, with a red box around them and a blue circle containing the number '2'. The form title 'Provider Disclosure' is at the top. Below the title, there is a text instruction: 'If you answer Yes to the first Disclosure question, provide details including type of action, Agency undertaking adverse action and date of action.' The form contains two questions. The first question is: '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?'. The second question is: '(Required for FECA providers) For Provider Type "Medical Supplies/Durable Medical Equipment (DME) / Prosthetics / Orthotics" (75) only: Are you an accredited DMEPOS supplier enrolled with Medicare? If Yes; provide the phone number that you used in your Medicare DMEPOS enrollment.' To the right of the questions is an 'Answer' column with a dropdown menu. A red box highlights the dropdown menu, and a blue circle with the number '1' is above it. The dropdown menu is open, showing options: 'Not Completed', 'No', 'Not Completed', and 'Yes'. The 'Not Completed' option is selected. To the right of the dropdown is a 'Comments' column with two text input fields. At the bottom of the form, there are navigation buttons: 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', 'Viewing Page: 1', 'First', 'Prev', 'Next', and 'Last'.

Step 12: View/Upload Attachments (Optional) (1)

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 9 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**.

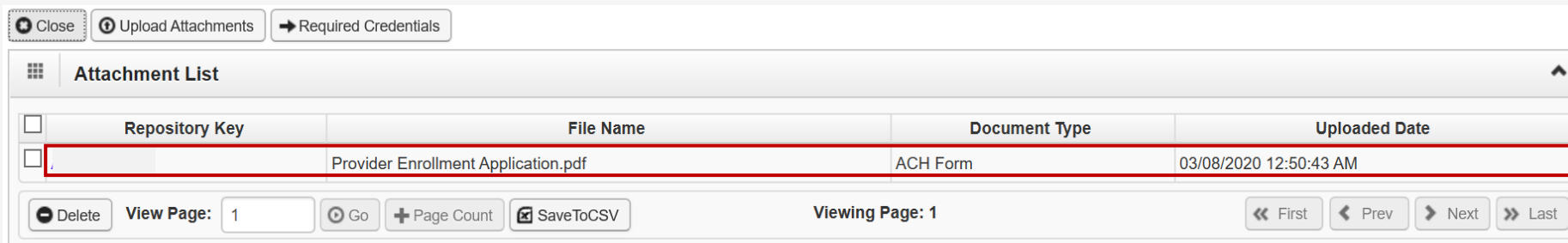
The screenshot illustrates the attachment upload process in a web application. It features several key elements:

- Attachment List:** A table with columns for document type and file name. The 'Upload Attachments' button is highlighted with a red box and a callout '1'.
- Attachment Form:** A form titled 'Attachment' with a 'Document Type' dropdown menu (callout '2') and a 'File Name' field containing a 'Choose File' button (callout '3').
- Open File Dialog:** A standard Windows 'Open' dialog box is shown, with the 'Documents' folder selected and a file named 'Test' highlighted. The 'Open' button is highlighted with a red box and a callout '4'.
- Confirmation:** The 'Attachment' form's 'File Name' field is updated with the selected file name. The 'Ok' button at the bottom right is highlighted with a red box and a callout '5'.

Additional text in the interface includes: 'Please select the file to be uploaded', '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', 'Filename cannot be longer than 50 characters', and '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 12: View/Upload Attachments (Optional) (2)

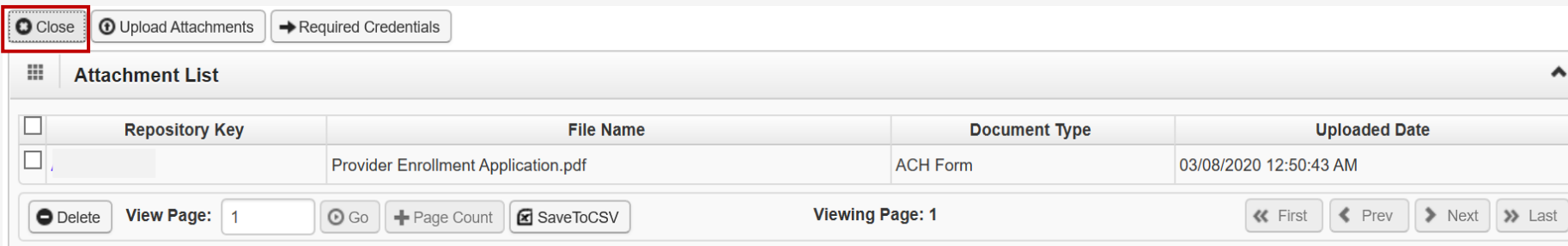
The system displays the Attachment List, which confirms an attachment uploaded.



The screenshot shows a web interface for managing attachments. At the top, there are three buttons: "Close" (highlighted with a red box), "Upload Attachments", and "Required Credentials". Below this 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 present, with a red border around it, 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, there are several controls: a "Delete" button, a "View Page:" dropdown set to "1", a "Go" button, a "+ Page Count" button, a "SaveToCSV" button, and a "Viewing Page: 1" indicator. On the right side, there are 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 13, Submit Enrollment Application for Review.



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

Step 13: 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 shows the current date and cannot be changed.

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

Close Submit Enrollment 3

Final Submission

After you submit the enrollment, you cannot make further changes until your enrollment application is approved.

Confirm and Sign:

I, the undersigned, certify to the following: I have read the contents of this application, and the information contained herein is true, correct, and complete. I certify that I and my agents have currently in effect all necessary licenses, certifications, approvals, insurance, etc. required to properly provide the services and/or supplies for the OWCP jurisdiction where the services and/or supplies are provided. I will provide proof of such licenses, certifications, approvals, insurance, etc. upon the OWCP's request. I understand that a renewal of necessary license, certification, approval, insurance, etc. required for me to properly provide services, shall be grounds for termination of enrollment/registration by the OWCP if I fail to provide such proof. I agree to notify the OWCP of any change in ownership, practice location and/or Final Adverse Action involving fraud or abuse within 30 days of the reportable information contained herein. I agree to notify the OWCP of any other changes to the information in this form within 90 days of the effective date of change. I certify that I am not currently sanctioned, suspended, debarred or excluded by any Federal or State Health Care Program, (e.g., Medicare, Medicaid, or any other Federal program).

1

First Name : * Last Name : *

Title : Signature Date : 10/31/2023

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Privacy Act Statement

Collection of this information by OWCP is necessary for its administration of the Federal Employees' Compensation Act, the Black Lung Benefits Act, the Longshore and Harbor Workers' Compensation Act, and the Energy Employees Occupational Illness Compensation Program Act, and is authorized under 20 CFR 10.800, 20 CFR 30.700, 20 CFR 702.145, 20 CFR 725.714 and 30 CFR 41.100. This information provided will be used to ensure accurate payment of medical and vocational rehabilitation provider bills and is protected by the Privacy Act of 1974, as amended (5 USC 552a). Systems of records: DOL/GOVT-1, DOL/OWCP-4 DOL/OWCP-9 and DOL/OWCP-11, published in the Federal Register, Vol. 81, page 25766, April 29, 2016, or as updated and modified. Your submission of this form is voluntary; however, failure to provide the information (including SSN or EIN) will result in substantially delayed payment of bills. This information may be disclosed to medical and other provider review boards. Additional disclosures may be made through the routine uses for information contained in the referenced systems of records.

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