



# US DEPT OF LABOR (77044/77103/77104) PRE-ENROLLMENT INSTRUCTIONS

## WHICH FORM(S) SHOULD I DO?

- Department of Labor – OWCP Electronic Data Interchange

## WHERE SHOULD I SEND THE FORM(S)?

- Fax the form to (888) 444-5335; OR
- Mail to:  
US Department of Labor  
OWCP – Xerox Enrollment Department  
P.O. Box 8300  
London, KY 40742-8300

## WHAT IS THE TURNAROUND TIME?

- Standard processing time is 14 business days

## HOW DO I CHECK STATUS?

- You can check the status of your enrollment by calling (844) 493-1966 and asking if you have been linked to Office Ally's Submitter ID **164851**.
- Once you have been linked, you **MUST** contact Office Ally at (360) 975-7000 option 1 to inform Customer Service of the approval **PRIOR** to submitting claims electronically.



**Department of Labor-OWCP  
ELECTRONIC DATA INTERCHANGE**

PLEASE INDICATE YOUR CLASSIFICATION:

Software Vender       Switch Vender       Provider       Clearinghouse       Billing Agent

A1.	Please indicate classification information.				
Submitter/Vendor/Provider Name:					
Address:					
City, State, Zip:					
Telephone #:		FAX #:			
Provider Number:		EIN:			
Group Provider Number:		EMAIL ADDRESS:			
Provider Specialty:					
A2.	Please indicate contact information, if different from Submitter/Vendor/Provider Information in Section A1.				
Contact Name and Title:					
Business Address:					
City, State, Zip:					
Phone Number:		Fax Number:			
Email Address:					
A3.	If you have indicated that you are a Software Vendor in section A1, please provide the following information:				
Software Name:		Software Version:	Protocol:		
Do you currently have clients submitting to ACS?					
A4.	Electronic Submission Method				
Submitter Type: Vendor Software Clearinghouse Billing Agent		Clearinghouse	Submitter ID: 164851		
Format Type: Proprietary X12N		X12N			
Transaction Type: Professional Dental Institutional HCFA UB		Professional			
Submission Method: WEB NDM ASYNC		ASYNC			
A5.	Electronic Report Retrieval				
Are you interested in retrieving your transaction electronically? Yes No Yes					
Who will retrieve your reports? You Billing Agent Clearinghouse Clearinghouse					
Which reports would you like to access electronically? Functional Acknowledgement (997) Healthcare Claim Payment Advice (835) 997, 835					

**Please return complete forms via Mail or FAX to: 1-888-444-5335  
XEROX ENROLLMENT DEPARTMENT  
US Department of Labor  
OWCP P.O. Box 8300 London, KY 40742-8300**

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