



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

WHICH FORM(S) SHOULD I DO?

- **Department of Labor – OWCP Electronic Data Interchange**
 - Note: *If you have different provider numbers for each LOB, you will need to complete a form for each one.*

WHERE SHOULD I SEND THE FORM(S)?

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

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 5 business days

HOW DO I CHECK STATUS?

- You can check the status of your enrollment by calling (800) 987-6717 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 Conduent? Yes No					
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
CONDUENT 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).