

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



WHAT 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 the form to:
US Department of Labor
OWCP – Xerox Enrollment Department
P.O. Box 8300
London, KY 40742-8300

WHAT IS THE TURNAROUND TIME FOR ENROLLMENT?

- Standard processing time is 14 business days.

HOW DO I CHECK STATUS?

- You can call (844) 493-1966 and ask 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 them of the approval **BEFORE** submitting any claims for electronic transmission.



**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).