

WHICH FORM(S) SHOULD I DO?

- Log into your [OWCP Provider Account](#)
 - Once logged in, click **Maintain Provider Information**

The screenshot shows the 'Provider Portal' interface. The left sidebar contains a menu with categories: Online Services, Bills, Claimant, Eligibility Inquiry, Authorization, On-line Authorization Submission, Provider, HIPAA, Admin, Maintain Users, and My Interactions. Under the 'Provider' category, the 'Maintain Provider Information' link is highlighted with a red rectangular box. The main content area shows 'My Reminders' (No Records Found) and 'Your Recent Online Activities'.

- Click **EDI Submission Method** and select **Billing Agent/Clearinghouse**. Click “OK”

The screenshot shows the 'Individual Modification' page. At the top, it displays 'OWCP ID/NPI : 17' and 'Enrollment Type: Individual'. Below this is a table titled 'View/Update Provider Data - Individual' with the following columns: Step, Required, Last Modification Date, Last Review Date, Status, Modification Status, and Step Remark. The table contains 13 rows of steps. The row for 'Step 7: EDI Submission Method' is highlighted with a red rectangular box.

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
Step 1: Basic Information	Required			Incomplete		
Step 2: Location	Required			Incomplete		
Step 3: Taxonomies	Optional			Incomplete		
Step 4: Ownership Details	Optional			Incomplete		
Step 5: Licenses and Certifications	Optional			Incomplete		
Step 6: Identifiers	Optional			Incomplete		
Step 7: EDI Submission Method	Optional			Incomplete		
Step 8: EDI Submitter Details	Optional			Incomplete		
Step 9: EDI Contact Information	Optional			Incomplete		
Step 10: Payment Details	Required			Incomplete		
Step 11: Complete Provider Disclosure	Required			Incomplete		
Step 12: View/Upload Attachments	Optional			Incomplete		
Step 13: Submit Maintenance Request for Review	Required			Incomplete		

○ Click **EDI Submitter Details**

OWCP ID/NPI : 17 Name: Enrollment Type: Individual

Close Required Credentials Undo Update

View/Update Provider Data - Individual

Business Process Wizard - Provider Data Modification (Individual). In order to finalize submission of your requested changes, you must complete the Step - Submit Maintenance Request for Review.

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
Step 1: Basic Information	Required			Incomplete		
Step 2: Location	Required			Incomplete		
Step 3: Taxonomies	Optional			Incomplete		
Step 4: Ownership Details	Optional			Incomplete		
Step 5: Licenses and Certifications	Optional			Incomplete		
Step 6: Identifiers	Optional			Incomplete		
Step 7: EDI Submission Method	Optional			Incomplete		
Step 8: EDI Submitter Details	Optional			Incomplete		
Step 9: EDI Contact Information	Optional			Incomplete		
Step 10: Payment Details	Required			Incomplete		
Step 11: Complete Provider Disclosure	Required			Incomplete		
Step 12: View/Upload Attachments	Optional			Incomplete		
Step 13: Submit Maintenance Request for Review	Required			Incomplete		

○ On the following page click **Add**

Application Number : 20191004688554 Name: Demonstration 1 Enrollment Type: Group Practice

Close **Add**

Billing Agent/Clearinghouse/Submitter List

Filter By : [] [] [] Go Clear Filter Save Filter My Filters

OWCP ID	Billing Agent/Clearinghouse	Start Date	End Date
No Records Found !			

○ Enter Office Ally's **OWCP ID: 700164700**. Choose the date you would like the enrollment to begin. This can be today's date or any date in the past. For the "End Date" you can choose any date up to 12/31/2999, then click "OK"

Application Number : 20191004688554 Name: Demonstration 1 Enrollment Type: Group Practice

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.

Billing Agent/Clearinghouse OWCP ID: **700164700**

Start Date: [] End Date: []

OK Cancel

Page ID: dgEnrlmntAssocSubmitter(Provider) Environment: GAT ID: gatscm11 Server Time: 10/04/2019 03:04:28 EDT

- On the next page click “Close”

Application Number : 20191004688554 Name: Demonstration 1 Enrollment Type: Group Practice

Close **Add**

Billing Agent/Clearinghouse/Submitter List

Filter By : **Go** **Clear Filter** **Save Filter** **My Filters**

OWCP ID	Billing Agent/Clearinghouse	Start Date	End Date
700164700	Test BACH	01/01/1964	12/31/2999

Delete **View Page:** 1 **Go** **Page Count** **SaveToXLS** **Viewing Page:** 1 **First** **Prev** **Next** **Last**

- On the following page click **Submit Maintenance Request for Review**

OWCP ID/NPI : 17 Name: Enrollment Type: Individual

Close **Required Credentials** **Undo Update**

View/Update Provider Data - Individual

Business Process Wizard - Provider Data Modification (Individual). In order to finalize submission of your requested changes, you must complete the Step - Submit Maintenance Request for Review.

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Basic Information	Required	01/03/2020		Complete	Updated	
<input type="checkbox"/> Step 2: Location	Required			Incomplete		
<input type="checkbox"/> Step 3: Taxonomies	Required			Incomplete		
<input type="checkbox"/> Step 4: Ownership Details	Required			Incomplete		
<input type="checkbox"/> Step 5: Licenses and Certifications	Required			Incomplete		
<input type="checkbox"/> Step 6: Identifiers	Optional			Incomplete		
<input type="checkbox"/> Step 7: EDI Submission Method	Optional			Incomplete		
<input type="checkbox"/> Step 8: EDI Submitter Details	Optional			Incomplete		
<input type="checkbox"/> Step 9: EDI Contact Information	Optional			Incomplete		
<input type="checkbox"/> Step 10: Payment Details	Required			Incomplete		
<input type="checkbox"/> Step 11: Complete Provider Disclosure	Required			Incomplete		
<input type="checkbox"/> Step 12: View/Upload Attachments	Optional			Incomplete		
<input type="checkbox"/> Step 13: Submit Maintenance Request for Review	Required			Incomplete		

- On the next page click **Submit Enrollment**

Application Number : 20191004688554 Name: Demonstration 1 Enrollment Type: Group Practice

Close **Submit Enrollment**

Final Submission

Instructions for submitting signature and supporting documentation:

1. Click [this link](#) to download and print the Provider Enrollment Form.
2. Review the Terms on the Provider Enrollment form Signature page (Page 8), sign and date.
3. Upload the signature page and other supporting document.
4. You can also click [this link](#) to open the documentation cover sheet, enter the Application Number and print. Then mail or fax the cover sheet, signature page, and other supporting document to the address below.
5. After you submit the enrollment, you cannot make further change until your enrollment application is approved.

Mailing Address:

OWCP
P.O. Box 34690
San Antonio, TX 78265
Fax: ###-###-####

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 33 USC 918(b). The 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) in accordance with the following 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 republished. Completion and 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 will be furnished to OWCP and its data processing contractors, and may also be disclosed to other federal and state agencies in connection with the administration of other programs; to the Department of Justice for litigation purposes, and 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.