

# 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 to complete your enrollment follow instructions on the "Note to My Clients Plus users" page and FAX info requested. We will forward to our clearinghouse and notify you by email when your registration is complete.

# **Note to My Clients Plus Users:**

Once you have confirmed with the Insurance Payer your billing NPI/ Provider number is linked to Office Ally, please fax the following information to 888-653-7115.

- **Please label with “My Clients Plus” on top**
- **Provider/Practice Name as pre-enrolled with the Insurance Payer**
- **Fed Tax ID**
- **Billing NPI**
- **Insurance Payer (including State if BCBS, Medicare or Medicaid).**
- **The statement “I have verified my Provider ID has been linked to Office Ally with the Insurance Payer”.**
- **Provider email address where you can be notified of setup completion.**
- **For Noridian Pre-Enrollments Please Also Include: Submitter number**

**Revised 10/1/2012**



**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			
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).