



Washington State Department of
Labor & Industries

Provider ne



Enrolling as a facility, agency, organization, or institution (FAOI) provider

ProviderOne User Guide

Updated December 2024

Disclaimer: Every effort was made to ensure this manual's accuracy. However, in the unlikely event of an actual or apparent conflict between this document and department rule, the department rule controls.

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Enrolling as an FAOI provider

An FAOI provider is a facility, agency, organization, or institution. The following ProviderOne topics and tasks are covered in this section:

PROVIDER ENROLLMENT LINKS

Use this link to start a new provider enrollment application:

www.waproviderone.org/ecams/jsp/common/pgNewPrvdrEnrollment.jsp

Or, use this link to resume an incomplete enrollment application:

www.waproviderone.org/ecams/jsp/common/pgTrackPrvdrApplctn.jsp

- You'll need your application ID and Social Security Number to resume the application.

Step 1: Basic information

SELECTING THE ENROLLMENT TYPE

- Select **Fac/Agncy/Orgn/Inst**
- Click **Submit**

The screenshot shows a window titled "Enrollment Type" with a sub-header "Select the Enrollment Applicable Form". It contains a list of radio buttons for different enrollment types: Individual, Group Practice, Billing Agent/Clearinghouse, Fac/Agncy/Orgn/Inst (selected and highlighted with a red box), Special Considerations, Tribal Health Services, and Managed Care Organization. At the bottom, there are "Close" and "Submit" buttons.

Note: Fields marked with an asterisk are required.

BASIC INFORMATION

- ProviderOne displays the **Step 1: Basic information** page.

The screenshot shows a "Basic Information" form with the following fields and instructions:

- Instruction: "If you don't have NPI and if you are Atypical provider then please contact DSHS worker to enroll."
- Agency selection: "Available Agencies" (DOC, DSHS, HCA, L&I) and "Selected Agencies" (empty). The "L&I" agency is selected.
- Provider Name (Organization Name): * (as shown on Income Tax Return) *
- Organization Business Name: *
- Federal Employer Identification Number (FEIN): *
- All medical Providers are federally mandated to have a NPI. Is this Provider required to have a NPI? * (---SELECT---)
- National Provider Identifier (NPI): *
- W-9 Entity Type: * (---SELECT---)
- W-9 Entity Type (If Other): *
- Other Organizational Information: * (---SELECT---)
- Enrollment Effective Date: *
- UBI: *
- Email Address: *

Buttons: "Next" and "Cancel".

- In the **Agency** box, click **L&I**, then click the double right arrows.

Note: The note at the top of the screen doesn't apply to L&I.

Basic Information

If you don't have NPI and if you are Atypical provider then please contact DSHS worker to enroll.

Available Agencies

DOC
DSHS
H&A
L&I

Selected Agencies

Agency: []

■ Select **FEIN** for the **Tax Identifier Type**.

- In the **Provider Name (Organization Name)** field, enter the legal name that's registered with the Internal Revenue Service (IRS).
- In the **Organization Business Name** field, enter the "doing business as" (DBA) name.
- Enter your **Federal Employer Identification Number (FEIN)**.

Tax Identifier Type: FEIN
 SSN

Provider Name (Organization Name): [] (as shown on Income Tax Return)

Organization Business Name: [] Federal Employer Identification Number (FEIN): []

■ For the remaining fields:

- Use the dropdown to indicate if you're federally mandated to have an NPI number.
 - If **Yes**, enter NPI.
 - If **No**, a generic NPI will automatically generate.

Note: If you're unsure, go to the [L&I website](#) to learn more:

All medical Providers are federally mandated to have a NPI. Is this Provider required to have a NPI? [---SELECT---]

National Provider Identifier (NPI): []

W-9 Entity Type: [---SELECT---]

W-9 Entity Type (If Other): []

UBI: []

Other Organizational Information: [---SELECT---]

Email Address: []

Enrollment Effective Date: []

Next Cancel

- **Don't** enter a UBI or enrollment effective date in this step.
- Enter business **Email Address**. We'll email your application ID for future reference.

Note: We'll use this email address if there are questions about your application.

■ Click **Next** to see your Application ID.

APPLICATION ID

The Application ID will be sent to the email address you provided.

Application Id: 20220629694630 Name: LNI Test Individual Enrollment Type: Individual

Basic Information

You have been assigned app
Please make note of this app
Click Next to go into the Business Process Wizard. You will need to complete all the required steps before submitting your application for State review. This number will be emailed to you.

Please make note of this application number before moving on to the next step...

BUSINESS PROCESS WIZARD (BPW)

The Business Process Wizard, referred to as BPW, will guide you through the necessary steps to finish your application.

Close → Required Credentials ← Purge

Enroll Provider - Facility/Agency/Organization/Institution

Business Process Wizard-Provider Enrollment (Facility/Agency/Organization/Institution). Click on the Step # under the Step Column

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	07/12/2022	07/12/2022	Complete	
Step 2: Add Locations	Required			Incomplete	
Step 3: Add Specializations	Required			Incomplete	
Step 4: Ownership & Managing/Controlling Interest details	Required			Incomplete	
Step 5: Add Licenses and Certifications	Optional			Incomplete	
Step 6: Add Training and Education	Optional			Incomplete	
Step 7: Add Identifiers	Optional			Incomplete	
Step 8: Add Contract Details	Optional			Incomplete	
Step 9: Add Federal Tax Details	Required			Incomplete	
Step 10: Add EDI Submission Method	Optional			Incomplete	
Step 11: Add EDI Billing Software Details	Optional			Incomplete	
Step 12: Add EDI Submitter Details	Optional			Incomplete	
Step 13: Add EDI Contact Information	Optional			Incomplete	
Step 14: Add Servicing Provider Information	Optional			Incomplete	
Step 15: Add Payment and Remittance Details	Required			Incomplete	
Step 16: Complete Enrollment Checklist	Required			Incomplete	
Step 17: Final Enrollment Instructions	Required			Incomplete	

Required	Start Date	End Date	Status
Required	06/29/2022	06/29/2022	Complete
Required			Incomplete

All steps marked **Required** must have a **Complete** status before you can submit the application.

Step 2: Add locations

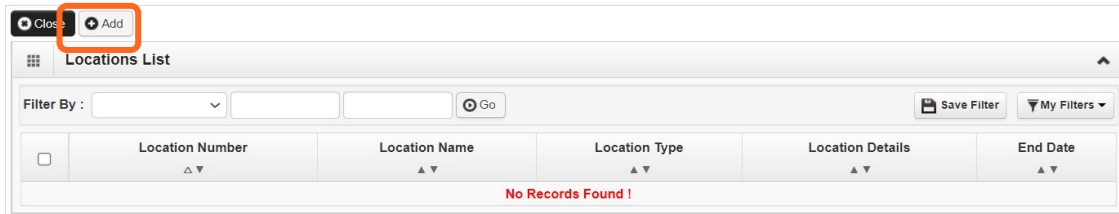
ADD PROVIDER LOCATION FORM

- The first location you add will be your NPI Base Location where you bill for services: **Location** (physical address of primary location)
- **Mailing** (the place where you get mail)
- **Pay-to** (the place where a paper check or remittance advice is sent)

The first location you add will be your NPI Base Location where you bill for services. If you have more than one location, repeat the steps below. Each location will receive its own L&I provider number for billing and may appear in L&I's Find a Doctor (FAD) provider directory.

ADD LOCATIONS

- Click **Add**.

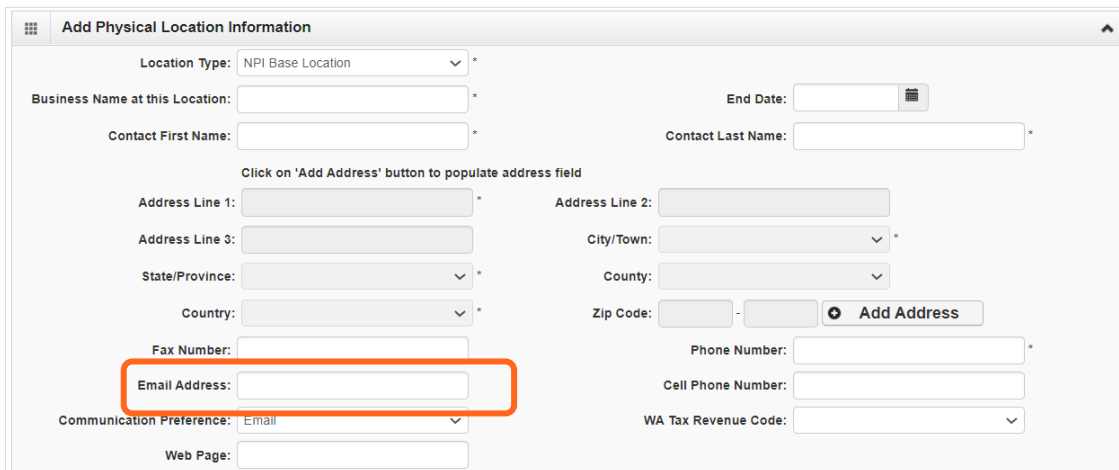


The screenshot shows a 'Locations List' window with a table. The 'Add' button is highlighted with an orange box. The table has columns for Location Number, Location Name, Location Type, Location Details, and End Date. A red message 'No Records Found!' is displayed at the bottom of the table.

ADD PHYSICAL LOCATION INFORMATION

- Enter the required fields.

Don't enter a date in the End Date field for any of these addresses. **Important!** Include the phone number you want patients to call for each location



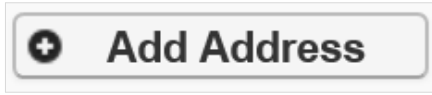
The screenshot shows the 'Add Physical Location Information' form. The 'Email Address' field is highlighted with an orange box. The form includes fields for Location Type, Business Name, Contact First Name, Contact Last Name, Address Line 1, Address Line 2, Address Line 3, City/Town, State/Province, County, Country, Zip Code, Fax Number, Phone Number, Cell Phone Number, Communication Preference, and Web Page. There is also an 'Add Address' button.

Note: An email address must be entered if choosing Electronic Funds Transfer with Email Notification in

ADD ADDRESS INFORMATION

To add a Location, Mailing, and Pay-To Address:

- Click **Add Address**.



- Complete **Address Line 1** and **Zip Code** fields.
- Click **Validate Address**.

A screenshot of a web form titled "Address details". The form contains several input fields: "Address Line 1" (with a subtext "(Enter Street Address or PO Box Only)"), "Address Line 2", "Address Line 3", "City/Town" (dropdown), "State/Province" (dropdown), "County" (dropdown), and "Country" (dropdown). There are also two input boxes for "Zip Code" separated by a hyphen. A "Validate Address" button with a plus icon is highlighted with a red box. "OK" and "Cancel" buttons are at the bottom right.

- If the address entered is valid, the following message will appear at the top of the page.

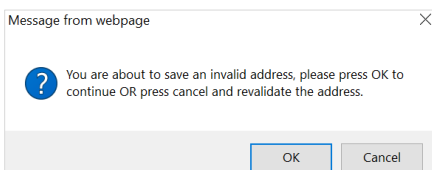
A screenshot of the "Address details" form showing a successful validation. A blue message box at the top left says "Address validation successful". The "Address Line 1" field contains "123 State Ave". The "City/Town" dropdown is set to "LACEY", "State/Province" to "Washington", and "Country" to "United States". The "Zip Code" fields contain "98513" and "6856". The "Validate Address" button is now disabled. "OK" and "Cancel" buttons are at the bottom right.

- If the address entered is not located, the following message will appear at the top of the page.

A screenshot of the "Address details" form showing an error message. A red message box at the top says "Address not found with Street Address and Zip Code Combination". The form fields are empty.

- Either:

- Correct the address and click **Validate Address** again.
- Or, click **OK** to continue. The following pop-up window will be displayed.



- Click **OK** to save or **Cancel** to revalidate the address using the steps above.

- Click **OK** and **Close** to return.

Note: Make sure you can receive mail at the location. If your address isn't valid, it may delay payment and correspondence.

L&I SPECIFIC INFORMATION

This section allows you to choose if this group location appears in the Find a Doctor directory on www.Lni.wa.gov.

- Select **Yes** to have this location appear in the “Find a Doctor” directory on L&I’s website. The fields in this section are required.
 - Make the remaining selections:

The screenshot shows the 'L&I Specific Information' form. The 'Publish in Provider Directory' dropdown is highlighted with a red box and set to 'Yes'. Other fields include 'Age Restrictions' (No), 'Accept New Patients' (Yes), and 'Handicapped Accessible' (Yes). The 'Available Languages' list includes AII-Assyrian, AIX-American Indian (General), ALB-Albanian, AMH-Amharic, ANU-Anuak, ARA-Arabic, ARM-Armenian, AZX-Azeri (Azerbaijani), B1X-Braille Grade 1, and B2X-Braille Grade 2. The 'Selected Languages' list contains ENG-English. The 'Office Hours' section shows a grid for days of the week with time slots, where Thursday is set to 'Open' from 8:30 AM to 4:30 PM, and all other days are 'Closed'.

- Selecting **No** disables the remaining fields in this section.

The screenshot shows the 'L&I Specific Information' form with 'Publish in Provider Directory' set to 'No'. The 'Age Restrictions' dropdown is disabled. The 'Accept New Patients' and 'Handicapped Accessible' dropdowns are also disabled. The 'Available Languages' list is visible, but the 'Selected Languages' list is empty. The 'Office Hours' section is disabled, showing a grid of empty dropdowns for days of the week.

- Click **Save** when done.

ADD MAILING ADDRESS INFORMATION

You can indicate the same address as the physical location or enter a new address.

- Click **Same as Location Address** to copy the physical location address.
- Or, follow the instructions on the previous pages to **Add Address**.

Mailing Address

Same as Location Address End Date:

Click on 'Add Address' button to populate address field

Address Line 1: * Address Line 2:

Address Line 3: City/Town: *

State/Province: * County:

Country: * Zip Code: -

ADD PAY-TO ADDRESS INFORMATION

- Follow the mailing address instructions.

Pay-To Address

Same as Location Address End Date:

Click on 'Add Address' button to populate address field

Address Line 1: * Address Line 2:

Address Line 3: City/Town: *

State/Province: * County:

Country: * Zip Code: -

ADD FACILITY DETAILS

L&I requires you to complete two fields in this section.

- In the **No. of Licensed Beds** field:
 - If you're a facility with licensed beds, enter the total number of beds.
 - If not, enter "0".
- Enter your **Fiscal Year End Date** into the application field.

Facility Details

State Facility Id: Accreditation: No

Distinct Part Unit: None * **No. Of Licensed Beds: ***

Fiscal Year End Date:

ADD PHARMACY DETAILS

Pharmacies only:

- Complete as appropriate. The NABP number is in Step 7.

The screenshot shows a form titled "Pharmacy Details". It contains several input fields and dropdown menus: "Pharmacy Store Number" (text box), "National Association of Board of Pharmacy Number" (text box), "340B:" (dropdown menu with "No" selected), "Pharmacy Type:" (dropdown menu with "Retail" selected), "Pharmacy Volume:" (dropdown menu with "High" selected), and "Unit Dose Pharmacy:" (dropdown menu with "No" selected).

REGIONAL SUPPORT NETWORK DETAILS

Leave this field blank.

- Click **OK** to save or **Cancel** to close without saving. You'll return to the **Locations List**.
- From the **Locations List**, click **Close** to return to the BPW or **Add** to enter a Servicing Location.

ADD SERVICING LOCATIONS

If your organization provides services at more than one location, you can add them here. To add a Servicing Location, you must provide a Location and Mailing Address.

- Above the **Locations List**, click **Add**.

The screenshot shows the "Locations List" interface. At the top left, there are "Close" and "Add" buttons. The "Add" button is highlighted with a red box. Below the buttons is a "Filter By:" section with a dropdown menu and a "Go" button. To the right are "Save Filter" and "My Filters" buttons. The main area is a table with columns: "Location Number", "Location Name", "Location Type", "Location Details", and "End Date". The table is currently empty, and a red message "No Records Found!" is displayed at the bottom.

- Repeat steps from **Add Physical Location Information** section (page 8) and continue through each section.
 - The **Location Type** field will change to **NPI Servicing Location** (see highlighted below).

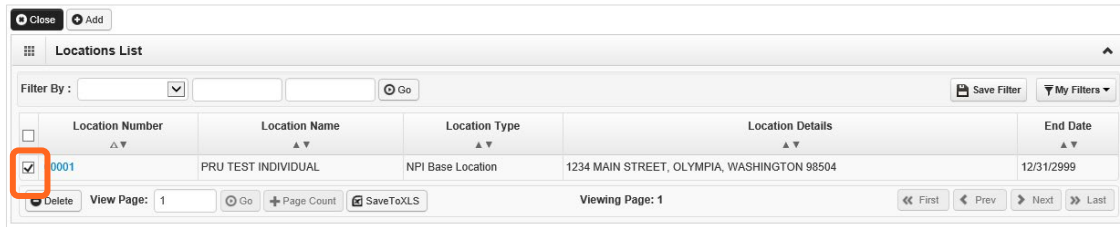
The screenshot shows the "Add Physical Location Information" form. The "Location Type" dropdown menu is highlighted in blue and shows "NPI Servicing Location". Other fields include: "Business Name at this Location:", "Contact First Name:", "Contact Last Name:", "End Date:", "Address Line 1:", "Address Line 2:", "Address Line 3:", "City/Town:", "State/Province:", "County:", "Country:", "Zip Code:", "Fax Number:", "Phone Number:", "Email Address:", "Cell Phone Number:", "Communication Preference:", "Web Page:", and "WA Tax Revenue Code:". There is an "Add Address" button next to the Zip Code field.

- Click **OK** to save or **Cancel** to close without saving.

DELETE A LOCATION

If you add an incorrect location when completing your application you can use the delete button to remove them.

- Check the box next to the record you want to delete and click **Delete**.



The screenshot shows a web application interface for managing locations. At the top, there are 'Close' and 'Add' buttons. Below is a 'Locations List' header with a filter section containing 'Filter By:' and a 'Go' button. A 'Save Filter' button and a 'My Filters' dropdown are also present. The main area is a table with the following columns: Location Number, Location Name, Location Type, Location Details, and End Date. The first row is selected, with a red box around the checkbox. Below the table, there is a 'Delete' button, a 'View Page: 1' field, a 'Go' button, a 'Page Count' button, a 'SaveToXLS' button, and a 'Viewing Page: 1' indicator. Navigation buttons for 'First', 'Prev', 'Next', and 'Last' are at the bottom right.

Location Number	Location Name	Location Type	Location Details	End Date
<input checked="" type="checkbox"/> 0001	PRU TEST INDIVIDUAL	NPI Base Location	1234 MAIN STREET, OLYMPIA, WASHINGTON 98504	12/31/2999

Note: When a location is deleted, all step details associated with that location, including Address, Specialties, and Licenses/Certifications will be deleted.

Step 3: Add specializations

The information you enter here will indicate the provider/organization type, classification, and area of specialization.

ADDING SPECIALIZATIONS

IMPORTANT NOTE: Only enter your primary specialty. Any additional specialty you add in this step will result in additional billing accounts.

- Click **Add**.

Close Add Update Note: Provider Type and Specialty/Subspecialty are your Taxonomy Codes. You must choose an admin for each agency(s) selected in Step 1.

Specialty/Subspecialty List

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

Provider Type	Specialty/Subspecialty	Location Number	Location Name	Administration	End Date
No Records Found !					

- Select the appropriate location, or **All**, from the **Location** drop-down menu.
- Choose L&I from the Administration drop-down menu.

Add Specialty/Subspecialty

Location: All *

Administration: L&I-Labor And Industries Administ: *

- Choose the **Provider Type** and **Specialty**.

Add Specialty/Subspecialty

Location: All *

Administration: L&I-Labor And Industries Administ: *

Provider Type: 24-Technologists, Technicians & Ot *

Specialty: 71-Radiologic Technologist *

End Date: [] [] []

- Don't enter an **End Date**. ProviderOne will auto-populate to 12/31/2999.

- The Provider Type selection will populate the options for Specialty, which displays the available taxonomy codes.
 - Use the double arrows to move your primary taxonomy code from the **Available Taxonomy Codes** box to the **Associated Taxonomy Codes** box.
- Click **OK** to save or **Cancel** to close without saving.

DELETING SPECIALIZATIONS

If you add an incorrect specialty or sub specialty when completing your application you can use the delete button to remove them.

- Check the box next to the record you want to delete and click **Delete**.

- Click **Close** and go to the next step.

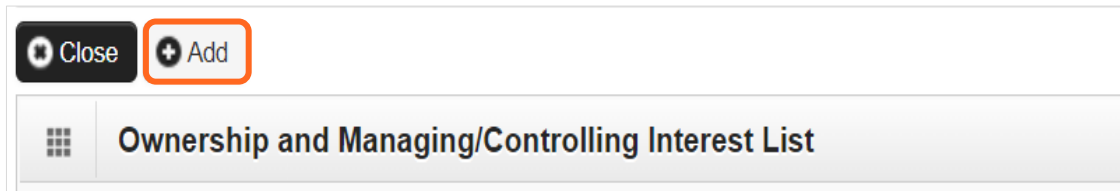
Note: Once your application is submitted you can no longer delete a specialization. See our **Group Modification guide** for further instructions.

Step 4: Add ownership details

This step is required to create your provider account. If also applying for HCA, see their **Enroll as a Provider Website** for instructions to complete this step.

Identifying an individual Owner or Managing Employee is required. An Organizational Owner or Board of Directors may be added, as well. Use one or more of the options below to finish this step.

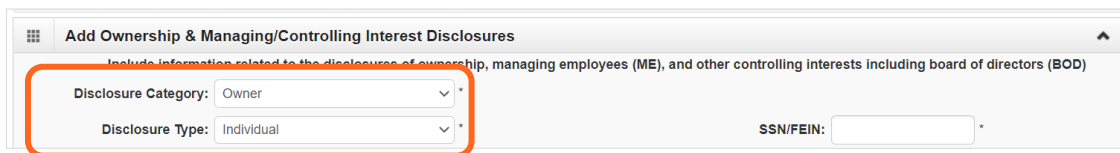
- Click **Add**.



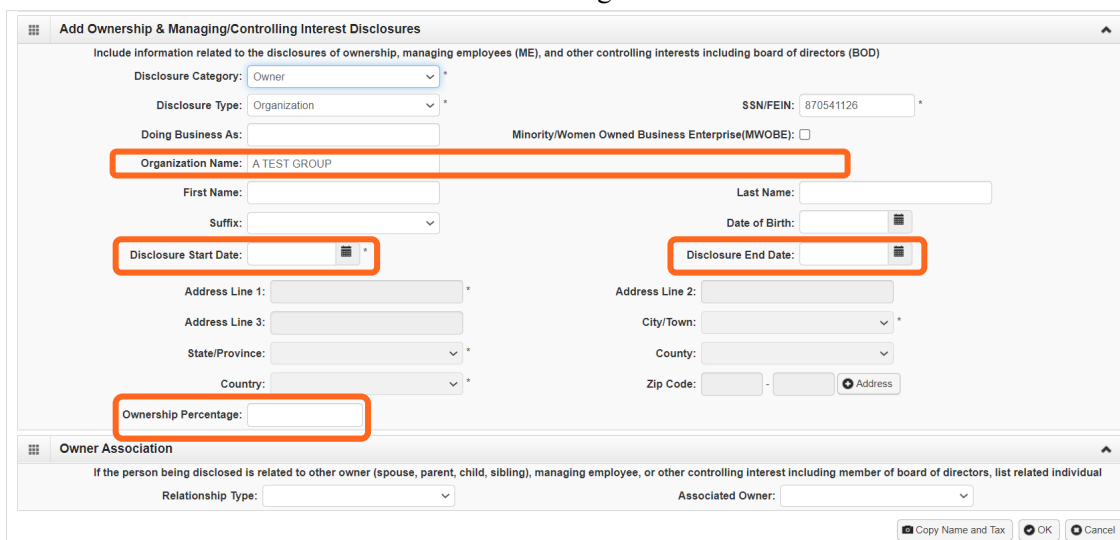
INDIVIDUAL OWNER

Note: You must add an “**Individual Owner**” to complete this step.

- Select **Disclosure Category** Owner or Managing Employee.
- Select **Disclosure Type** Individual.
- Enter the individual’s SSN.



- Finish the remaining required fields.
 - Enter the first day of ownership as the **Disclosure Start Date**. Don’t enter the **Disclosure End Date**, the end date will auto-populate to 12/31/2999.
 - Enter an **Ownership Percentage**.
- Click **OK** to save or **Cancel** to close without saving.

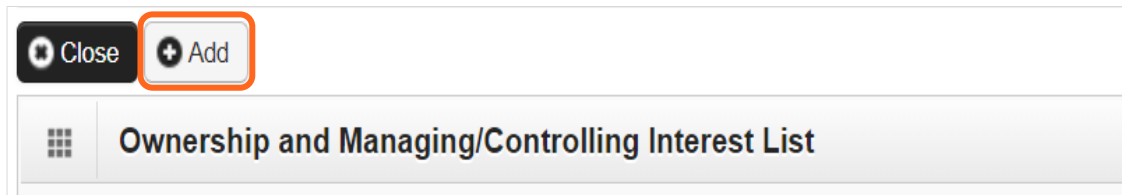


- Repeat these steps as needed for additional owners.

ORGANIZATION OWNER

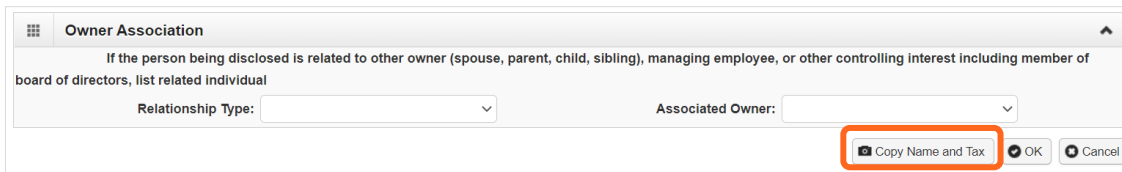
Note: You're not required to provide an **"Organization Owner"** to complete this step.

- Click **Add**.



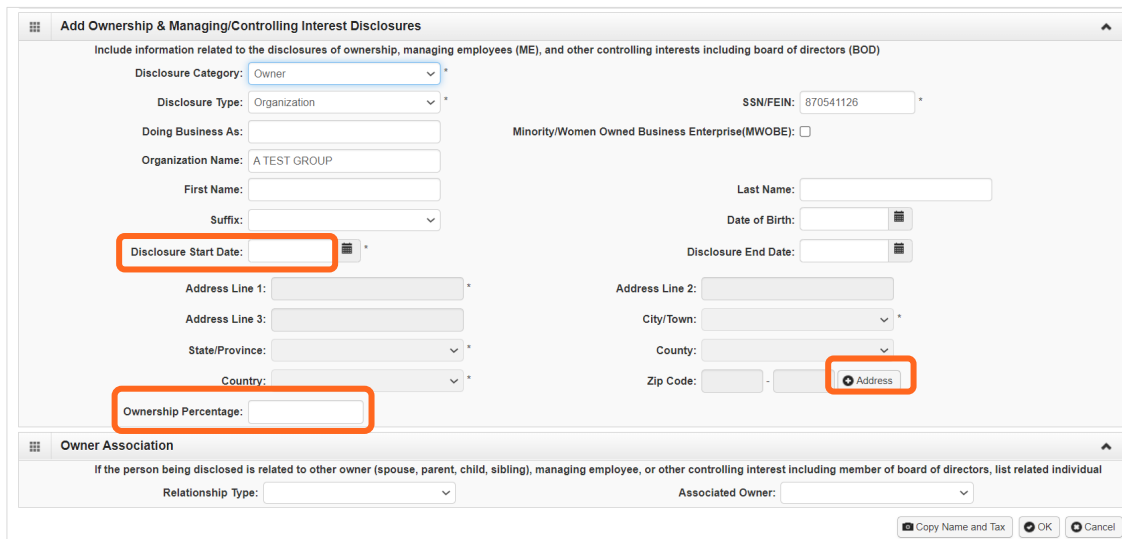
The screenshot shows a dialog box titled "Ownership and Managing/Controlling Interest List". At the top left, there are two buttons: "Close" and "Add". The "Add" button is highlighted with an orange rectangular box. Below the buttons is a grid icon and the title "Ownership and Managing/Controlling Interest List".

- To auto-populate data, click **Copy Name and Tax** at the bottom of the screen.



The screenshot shows a dialog box titled "Owner Association". It contains a text area with the instruction: "If the person being disclosed is related to other owner (spouse, parent, child, sibling), managing employee, or other controlling interest including member of board of directors, list related individual". Below this are two dropdown menus: "Relationship Type:" and "Associated Owner:". At the bottom right, there are three buttons: "Copy Name and Tax" (highlighted with an orange box), "OK", and "Cancel".

- Complete the remaining required fields:
 - Enter the first day of ownership from your **Individual Disclosure Type** as the **Disclosure Start Date**. Don't enter the Disclosure End Date, the end date will auto-populate to 12/31/2999.
 - Click **+Address** and complete the steps.
 - Enter an **Ownership Percentage**.



The screenshot shows a dialog box titled "Add Ownership & Managing/Controlling Interest Disclosures". It contains a text area with the instruction: "Include information related to the disclosures of ownership, managing employees (ME), and other controlling interests including board of directors (BOD)". Below this are several fields: "Disclosure Category:" (Owner), "Disclosure Type:" (Organization), "Doing Business As:", "Organization Name:" (A TEST GROUP), "First Name:", "Last Name:", "Suffix:", "Date of Birth:", "Disclosure End Date:", "Address Line 1:", "Address Line 2:", "Address Line 3:", "City/Town:", "State/Province:", "County:", "Country:", "SSN/FEIN:" (870541126), "Minority/Women Owned Business Enterprise(MWOBE):" (checkbox), and "Zip Code:". The "Disclosure Start Date:" field is highlighted with an orange box. Below the address fields, there is an "Address" button highlighted with an orange box. At the bottom, there is an "Ownership Percentage:" field highlighted with an orange box. At the bottom right, there are three buttons: "Copy Name and Tax", "OK", and "Cancel".

- Click **OK** to save or **Cancel** to close without saving.

DELETE OWNERSHIP INFORMATION

Ownership information can only be deleted during the enrollment process.

- Check the box next to the record you want to delete and click **Delete**, then click **Save** to close.

The screenshot shows a web application interface for managing ownership information. At the top, there are 'Close' and 'Add' buttons. Below is a header for 'Ownership and Managing/Controlling Interest List'. A filter bar includes a 'Filter By' dropdown, a 'Go' button, a 'Save Filter' button, and a 'My Filters' dropdown. The main area contains a table with the following columns: Owner/ME/BOD Id, Owner/ME/BOD Name, Disclosure Type, Disclosure Category, Start Date, and End Date. A single record is displayed with the ID '111-22-2333' and the name 'PRU TEST INDIVIDUAL, PRU TEST INDIVIDUAL'. Below the table, there is a 'Delete' button (highlighted with a red box), a 'View Page: 1' field, a 'Go' button, a 'Page Count' button, a 'SaveToXLS' button, and a 'Viewing Page: 1' indicator. Navigation buttons for 'First', 'Prev', 'Next', and 'Last' are also present.

Owner/ME/BOD Id	Owner/ME/BOD Name	Disclosure Type	Disclosure Category	Start Date	End Date
111-22-2333	PRU TEST INDIVIDUAL, PRU TEST INDIVIDUAL	Individual	Owner	01/01/2020	12/31/2999

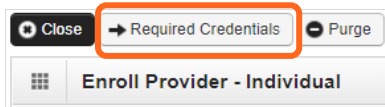
Step 5: Add licenses and certifications

Not all FAOI providers are required to be licensed. Follow the instructions below if the BPW step is indicating it is **Required**. Before clicking into Step 5, review **Required Credentials**. The **Required Credentials** tool tells you what type of license and certification information you need to provide to continue with enrollment.

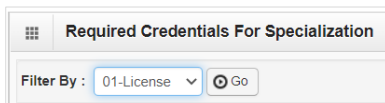
Tip: Make note of all requirements. You may use the Required Credentials tool for multiple steps.

CHECK REQUIRED CREDENTIALS

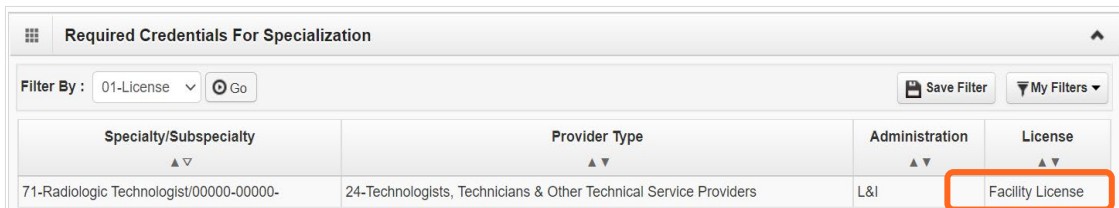
- Click **Required Credentials** from the BPW.



- To view the License Requirements, use the **Filter By** drop-down to select **01-License** and click **Go**.



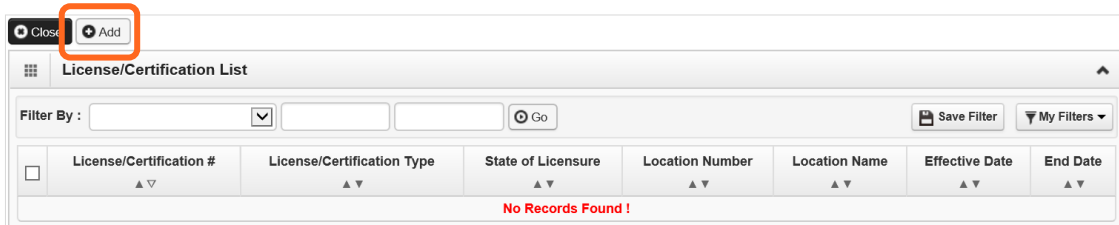
- Required license(s) will be displayed, if required (see highlighted below).



- Make a note of your required license as you'll need it to complete Step 5.
- When finished, click **Cancel** to close.

ADD LICENSES/CERTIFICATIONS

- Licenses/Certifications may be required for each location with an added specialization. If you have a **DEA number**, you can enter it in this step.
- Click **Add**.



- Use the **Location** drop-down to add a license or certification to a specific provider location.

- Select **All** only if the license pertains to every location.

- Complete the **License #** and **State** fields.
- The **Effective Date** is when the license was first issued.
- In the **End Date** field, enter the expiration date.
- Click **OK** to save or **Cancel** to close without saving.
- If the required credentials indicates a license is required for your specialty, but your state does not require licensure select the facility license drop down and enter NA in the license/certification field. Select your state in the **State of Licensure**.
- Enter **today's date** as the **Effective Date**.
- Enter **12/31/2999** as the **End Date**.

DELETE LICENSES/CERTIFICATIONS

Licenses and certifications can only be deleted during the enrollment process.

- Check the box next to the record you want to delete and click **Delete**, then click **Close** to exit

License/Certification #	License/Certification Type	State of Licensure	Location Number	Location Name	Effective Date	End Date
<input checked="" type="checkbox"/> 4321	Professional License	WA - Washington	00001	PRU TEST INDIVIDUAL	01/01/2020	01/01/2022
<input type="checkbox"/> 1234	Business License	WA - Washington	00001	PRU TEST INDIVIDUAL	01/01/2020	12/31/2999

Step 6-8: Not Applicable to FAOI enrollments

Step 9: Add federal tax details

W-9 information is required and collected for all providers.

Note: The information on this screen **must match the W-9 form** you'll upload in the last step of the BPW.

ADD FEDERAL TAX DETAILS

- Click the **W-9** link.

Close

Federal Tax Details

IRS Form W-9 information is required for all Providers. Please ensure that your Form W-9 information is accurate by clicking on the hyperlink below. You may be eligible to enter optional Form W-4 and W-5 information.

Federal Tax Form

W-9 Form

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

- Complete the form.
- Note:** The information on this screen **must match the W-9 form** you'll upload in the last step of the BPW.
- Use the **Address** drop-down menu to select the base location. The Pay-To address will auto-populate the address fields. The Pay-To address should match your Federal Tax data.

Form W-9

To update/correct the data in the disabled fields, please go back to Basic Information step.

Legal Name: A TEST FAOI SSN/FEIN: 11-1111111

W-9 Entity Type: LLC Filing as Corporation UBI:

Business Name:

Exempt from Backup Withholding:

Address

Use Pay-To address from the following location: --SELECT--

Address Line 1: * Address Line 2: *

Address Line 3: * City/Town: *

State/Province: * County: *

Country: * Zip Code: * Address

Phone Number: *

OK Cancel

- Click **OK** to save or **Cancel** to close without saving.

Note: Adding federal tax details is required for all FAOI enrollments. ProviderOne doesn't allow you to delete this form. You can click the W-9 link to modify the information in this step.

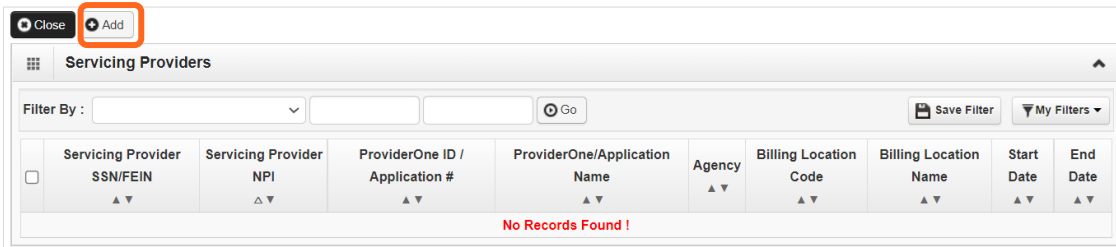
Steps 10-13: Not applicable to L&I providers

Step 14: Add servicing provider information

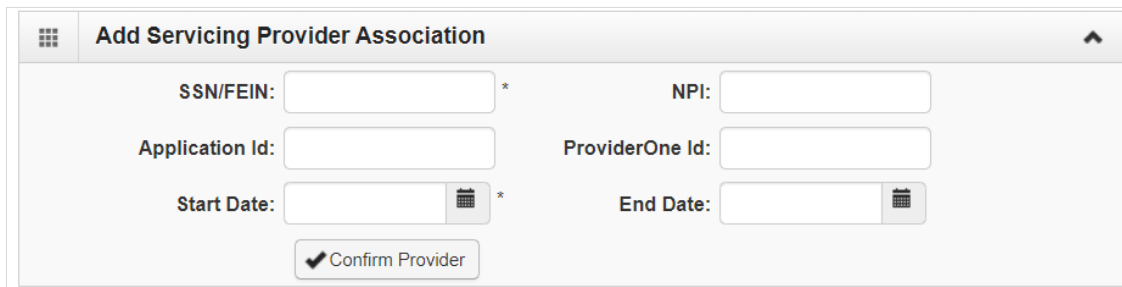
This step doesn't apply to all L&I FAOI providers. However, if you need to establish a group account to bill for professional fees follow the steps below.

Note: Prior to completing this step click back into Step 3 Specializations and add the group/multi-specialty taxonomy.

Click Add

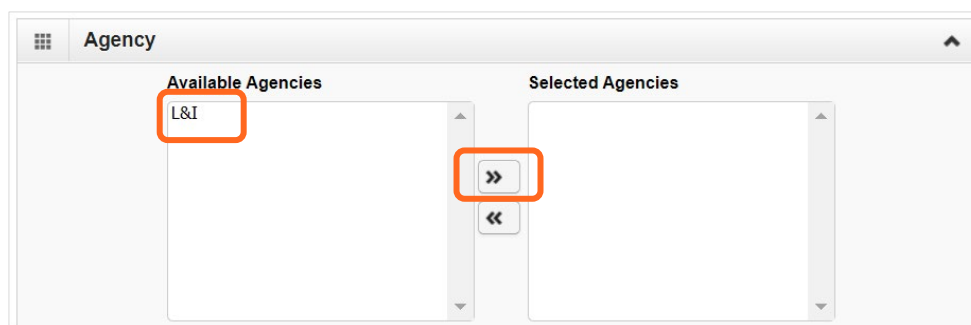


- Enter the SSN/FEIN of the servicing provider, and one of the following: **NPI, Application #or ProviderOne ID.**
- Enter the Start Date. Leave the End Date Field blank

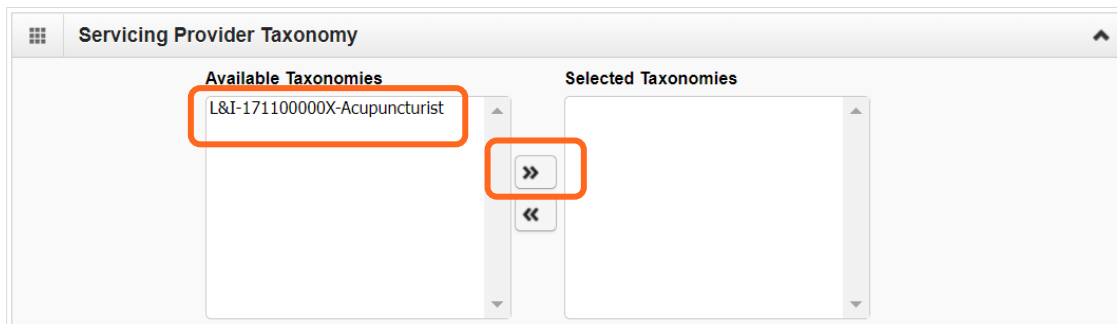


The screenshot shows the "Add Servicing Provider Association" form. It has fields for "SSN/FEIN:" (with an asterisk), "NPI:", "Application Id:", "ProviderOne Id:", "Start Date:" (with a calendar icon and an asterisk), and "End Date:" (with a calendar icon). At the bottom, there is a "Confirm Provider" button with a checkmark icon.

- Click Confirm Provider.
 - If the provider you are adding has an active L&I ProviderOne domain L&I will be listed in the Available Agencies box.
- Click **L&I** and use the double right arrows to move it to the **Selected Agencies** box

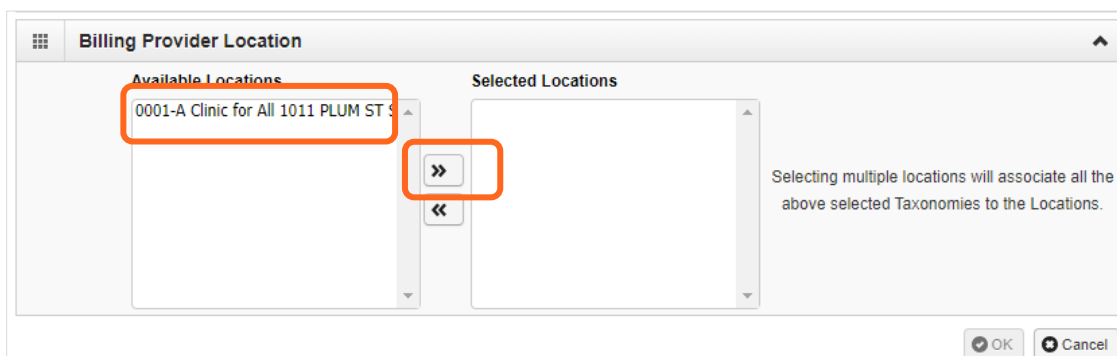


- In **Available Taxonomies**, select the provider’s primary specialty (taxonomy) and use the double right arrow to move it to the **Selected Taxonomies** box.



Note: Only select the provider’s primary taxonomy. Any additional taxonomy you add will result in multiple billing accounts for the provider.

- Click the **Available Locations** and use the double right arrows to move it to the **Selected Locations** box. More than one may be selected. Note: Only select locations where the provider will be providing services to injured workers. They will be issued a unique billing account for each location.

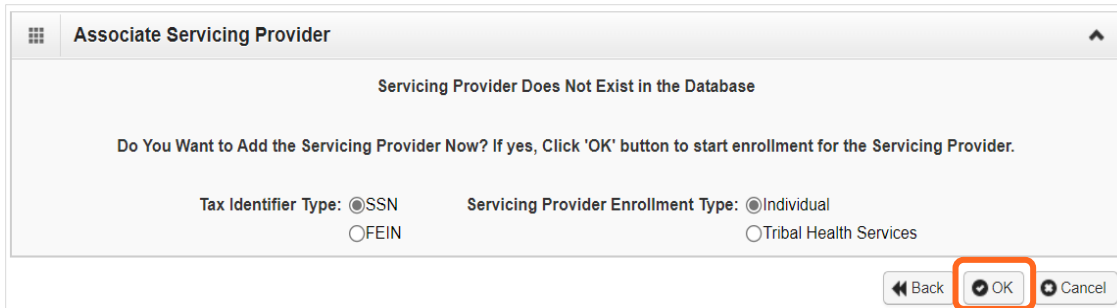


- Click **OK** to save or **Cancel** to close without saving.
- Ignore the **Social Service Servicing Only Provider List**. L&I doesn’t use this.

PROVIDER DOESN'T EXIST IN DATABASE

If the provider doesn't exist in the database after searching with the SSN/FEIN and NPI, you'll be prompted to add the servicing provider. See the **Enrollment guide for individual servicing providers** for more information.

Click **OK** to start the enrollment process, **Back** to return to the previous page, or **Cancel** to return to the Servicing Provider List.



DELETE SERVICING PROVIDERS

During the application process, if you add a provider incorrectly and need to remove them follow the instructions below. Note: Once the application is submitted you will not be able to delete them.

- Check the box next to the record you want to delete and click **Delete**.
 - This will delete the association between the servicing provider and your group, but does not delete their record from ProviderOne.
- Click Close

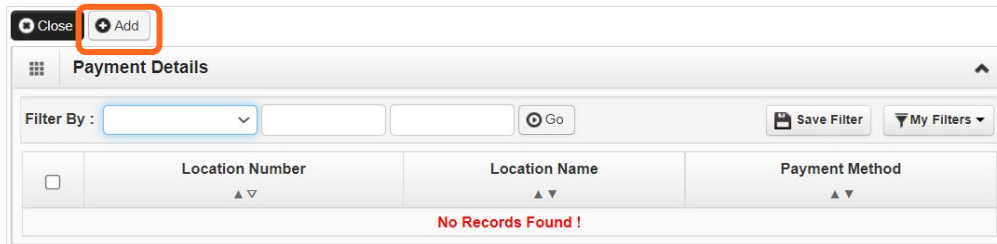


Step 15: Add payment and remittance details

Payment information applies to all locations.

ADDING PAYMENT AND REMITTANCE DETAILS

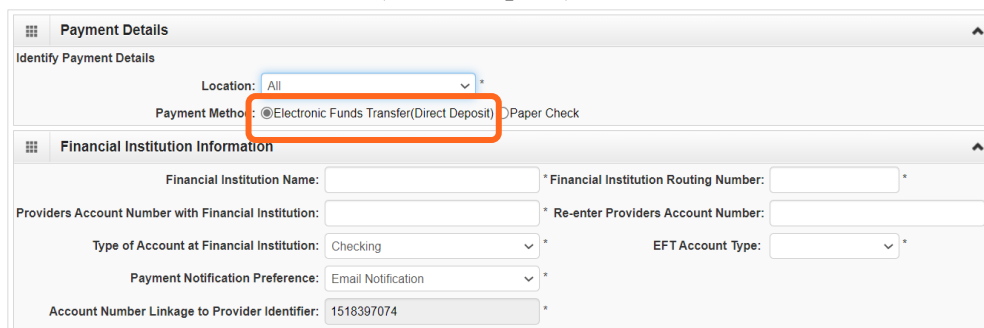
- Click **Add**.



The screenshot shows a web interface for 'Payment Details'. At the top left, there are 'Close' and 'Add' buttons. The 'Add' button is highlighted with a red box. Below the buttons is a filter section with a 'Filter By' dropdown, a 'Go' button, and 'Save Filter' and 'My Filters' options. The main area is a table with columns for 'Location Number', 'Location Name', and 'Payment Method'. The table is currently empty, with a red message 'No Records Found!' at the bottom.

ELECTRONIC FUNDS TRANSFER (DIRECT DEPOSIT)

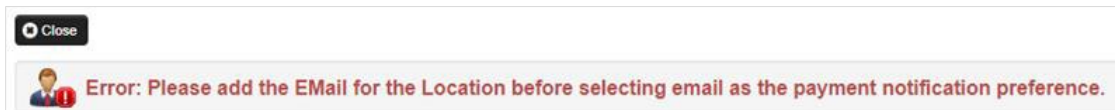
- Click **Electronic Funds Transfer (Direct Deposit)**.



The screenshot shows the 'Payment Details' form with the 'Identify Payment Details' section. The 'Location' dropdown is set to 'All'. The 'Payment Method' dropdown is set to 'Electronic Funds Transfer(Direct Deposit)', which is highlighted with a red box. Below this is the 'Financial Institution Information' section, which includes fields for 'Financial Institution Name', 'Financial Institution Routing Number', 'Providers Account Number with Financial Institution', 'Re-enter Providers Account Number', 'Type of Account at Financial Institution' (set to 'Checking'), 'EFT Account Type', 'Payment Notification Preference' (set to 'Email Notification'), and 'Account Number Linkage to Provider Identifier' (set to '1518397074').

- Enter the required information for **Electronic Funds Transfer (direct deposit)**, the fastest payment method. No other forms are required.
- The **Payment Notification Preference** default is **Email Notification**. This requires an email entry in Step 2: Locations.
 - If the error message below appears, you didn't provide an email in Step 2.

Note: If you don't want to provide an email, change the **Payment Notification Preference** to **Letter Notification**.

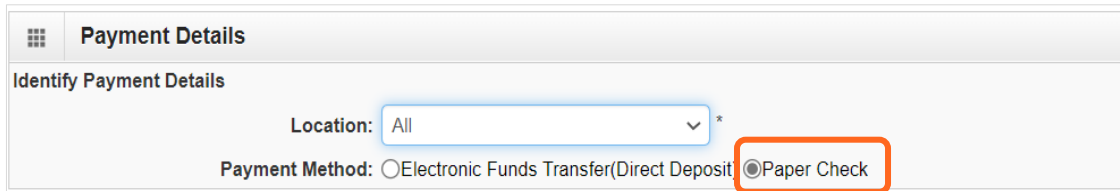


The screenshot shows an error message in a red box. The message reads: 'Error: Please add the EMail for the Location before selecting email as the payment notification preference.' There is a 'Close' button in the top left corner of the error box.

- Click **Close** to close the error message.
- Click **Cancel** to go back to the BPW and complete **Step 2** to continue with EFT enrollment.
- The bank will verify your data in approximately 7-10 days.
- When verified, there will be a status of Successful. If not verified, there will be a status Failed and payments will continue by paper check.

PAPER CHECK

- Click **Paper Check**. The check (warrant) will be mailed to the **Pay-To** address.

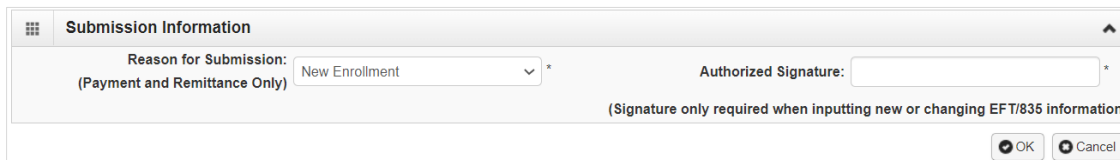


The screenshot shows a window titled "Payment Details" with a sub-section "Identify Payment Details". It contains a "Location:" dropdown menu set to "All" and a "Payment Method:" section with two radio buttons: "Electronic Funds Transfer(Direct Deposit)" and "Paper Check". The "Paper Check" radio button is selected and highlighted with a red rectangle.

ELECTRONIC REMITTANCE ADVICE

At this time L&I does not utilize ProviderOne to establish electronic billing and remittance. To set up electronic billing visit [L&I's Provider Express Billing](#) on our public website for instructions.

- Use the drop-down menu to select **New Enrollment** and enter the name of the person authorized to provide the payment choice.



The screenshot shows a window titled "Submission Information" with a sub-section "Reason for Submission: (Payment and Remittance Only)". It contains a dropdown menu set to "New Enrollment" and an "Authorized Signature:" text field. Below the text field is the note "(Signature only required when inputting new or changing EFT/835 information)". At the bottom right are "OK" and "Cancel" buttons.

- Click **OK** to save or **Cancel** to close without saving.

Step 16: Complete enrollment checklist

- No or Yes is required for each question. Any “Yes” answer must have comments.
- Click **Save**, then **Close**.

The screenshot shows a web application window titled "Provider Checklist". At the top left, there are two buttons: "Close" and "Save". The "Save" button is highlighted with a red rectangular box. Below the buttons is a table with three columns: "Question", "Answer", and "Comments". The table contains eight rows of questions, each with a "Not Completed" dropdown menu in the "Answer" column and an empty text box in the "Comments" column. At the bottom of the form, there is a navigation bar with "View Page: 1", "Go", "Page Count", "SaveToXLS", "Viewing Page: 1", and navigation buttons for "First", "Prev", "Next", and "Last".

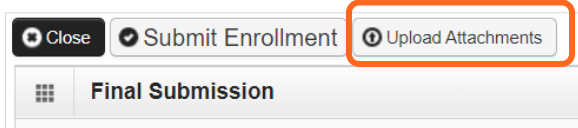
Question	Answer	Comments
Has the provider or any current employee ever had any of the following?	Not Completed	
Had exclusion under Medicare, Medicaid or any other Federal Healthcare program taken against them?	Not Completed	
Had civil money penalties or assessment imposed under Section 1128A of the Social Security Act? More info: http://www.ssa.gov/OP_Home/ssact/title11/1128A.htm	Not Completed	
Had a restriction or sanction taken against their professional license or certification?	Not Completed	
Had a Program Debarment taken against them? More info: http://exclusions.org.hhs.gov https://www.sam.gov/	Not Completed	
Been convicted of any health related crimes as defined by Washington State Department of Health?	Not Completed	
Been convicted of a criminal offense as described in Section 1128(a) or (b), 1, 2, and 3 of the Social Security Act? More info: http://www.ssa.gov/OP_Home/ssact/title11/1128.htm	Not Completed	
Been convicted of a crime involving the abuse, neglect, abandonment or exploitation of a vulnerable person? More info: http://apps.leg.wa.gov/WAC/default.aspx?cite=388-71-0540	Not Completed	

Step 17: Final enrollment instructions

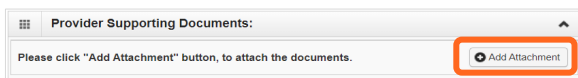
Note: Use the links in the Application Document Checklist to complete and upload forms.

UPLOAD INFORMATION

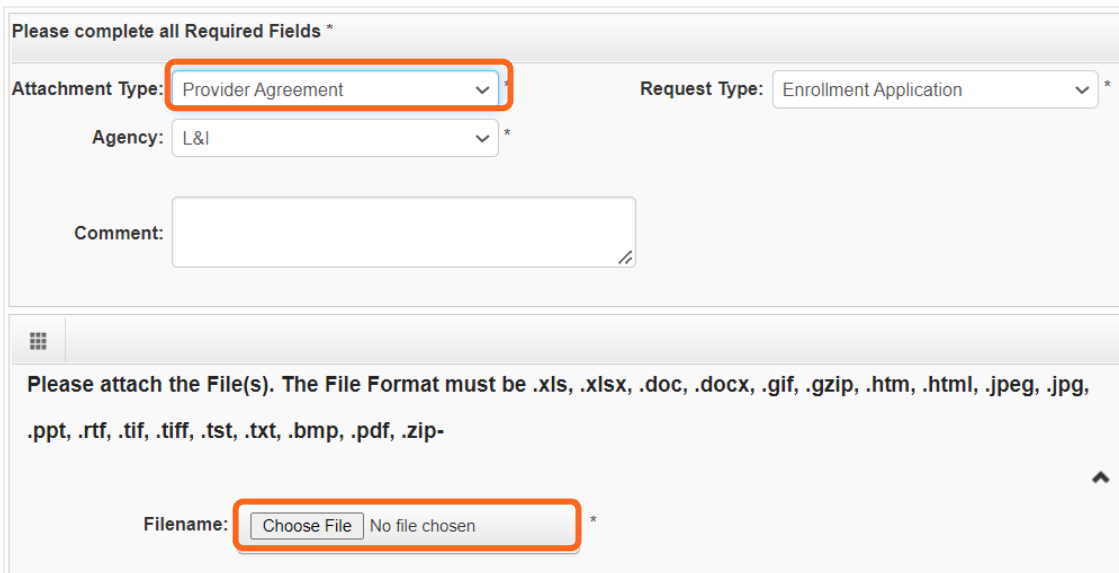
- Click **Upload Attachments**.



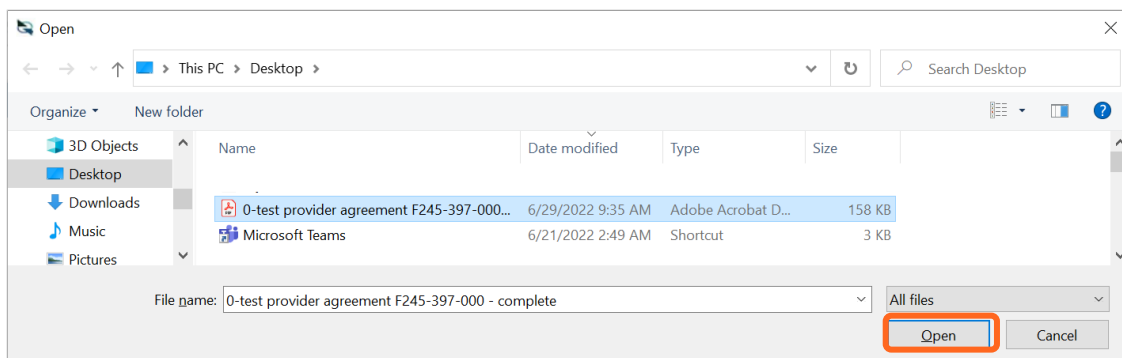
- Click **Add Attachments**.



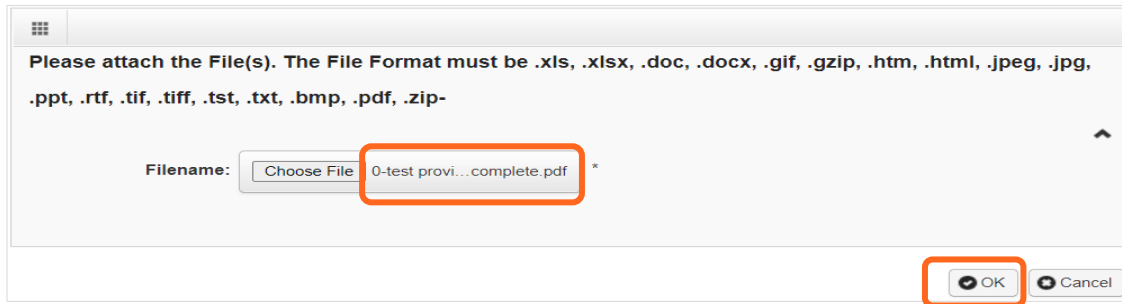
- Use the **Attachment Type** drop-down menu to select the appropriate type.
- Click **Choose File**.

A screenshot of a software form titled 'Please complete all Required Fields *'. It contains several fields: 'Attachment Type' (dropdown menu with 'Provider Agreement' selected and highlighted), 'Request Type' (dropdown menu with 'Enrollment Application' selected), 'Agency' (dropdown menu with 'L&I' selected), and a 'Comment' text area. Below these fields is a section titled 'Please attach the File(s). The File Format must be .xls, .xlsx, .doc, .docx, .gif, .gzip, .htm, .html, .jpeg, .jpg, .ppt, .rtf, .tif, .tiff, .tst, .txt, .bmp, .pdf, .zip-'. At the bottom of this section is a 'Filename:' field with a 'Choose File' button and 'No file chosen' text, both highlighted with an orange rectangle.

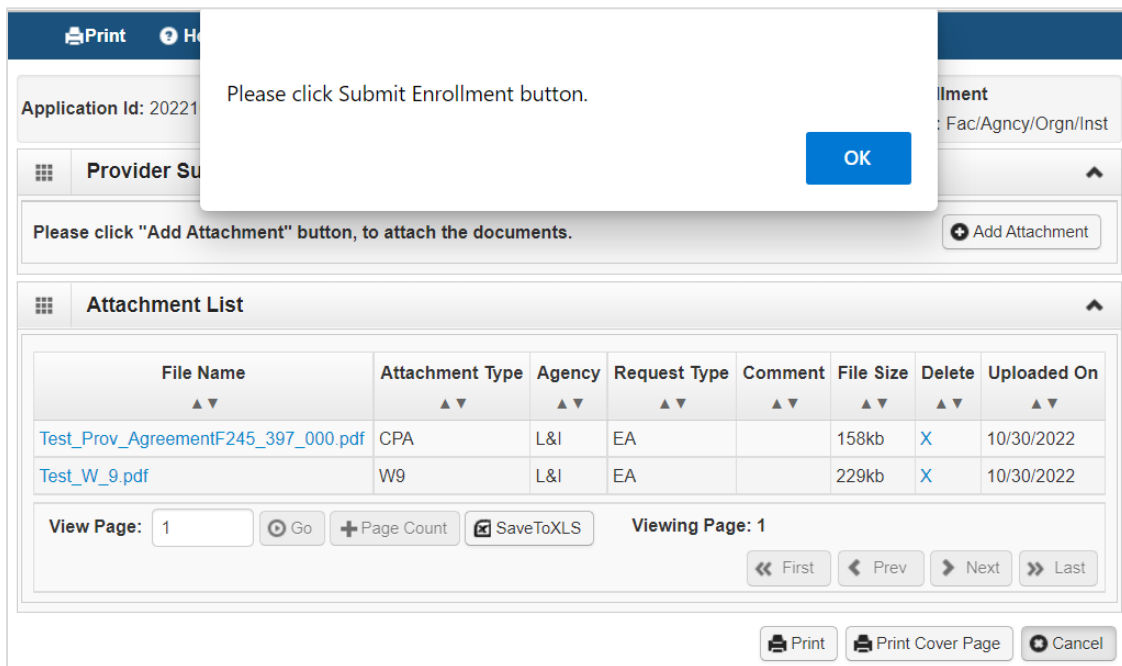
- Select your saved document and click **Open**, or the equivalent for your system.



- The name of the file will appear next to the **Choose File** button. Click **OK**.



- The document is now uploaded and will display in the **Attachment List**. If the wrong document is selected, click the blue X in the delete column.
- After uploading required attachments, click **Cancel**. A pop-up will appear (see below). Click **OK** to return.



SUBMIT THE ENROLLMENT APPLICATION

- Click **Submit Enrollment**.

Final Submission

Application #: 20220629694630 Enrollment Type: Individual

The information submitted for enrollment shall be verified and reviewed by the agency(s) you have selected.
During this time, any changes to the information shall not be accepted.

By clicking on the button "Submit Enrollment", I agree that the information submitted as a part of the application is correct.

Please ensure all required documents are uploaded using the "upload attachments" at the top of the page prior to submitting your application.

Application Document Checklist

Forms/Documents ▲ ▼	Special Instructions ▲ ▼	Agency ▲ ▼	Link ▲ ▼
Provider Agreement		L&I	https://www.lni.wa.gov/forms-publications/F245-397-000.pdf
W9		L&I	Form W-9 (Rev. October 2018) (irs.gov)

View Page: Viewing Page: 1

SaveToXLS

Final Submission

Application #: 20221027701594 Enrollment Type: Fac/Agency/Orgn/Inst

The information submitted for enrollment shall be verified and reviewed by the agency(s) you have selected.
During this time, any changes to the information shall not be accepted.

By clicking on the button "Submit Enrollment", I agree that the information submitted as a part of the application is correct.

Please ensure all required documents are uploaded using the "upload attachments" at the top of the page prior to submitting your application.

Application Document Checklist

Forms/Documents ▲ ▼	Special Instructions ▲ ▼	Agency ▲ ▼	Link ▲ ▼
Provider Agreement		L&I	https://www.lni.wa.gov/forms-publications/F245-397-000.pdf
W9		L&I	https://www.irs.gov/pub/irs-pdf/fw9.pdf

- Click **Close**.
- Task Complete