



# Enrolling a servicing 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 a servicing provider

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There are two types of individual providers, servicing and billing. An individual *servicing* provider works for a group or organization who bills on their behalf. Servicing providers do not have access to ProviderOne. The organization billing on behalf of the servicing provider will also submit their enrollment application then update their account as needed. An individual *billing* provider works for themselves and submits their own bills. For more information go to the [Enrolling an individual billing provider guide](#).

**Note:** If you're enrolling servicing providers after starting a group application, make sure to capture each ProviderOne Application ID t. You will need the application ID to resume applications if you are unable to complete in one session.

## PROVIDER ENROLLMENT LINKS

To start a new provider enrollment application use this link:

[www.waproviderone.org/ecams/jsp/common/pgNewPrvdrEnrollment.jsp](http://www.waproviderone.org/ecams/jsp/common/pgNewPrvdrEnrollment.jsp)

To resume an incomplete enrollment application use this link:

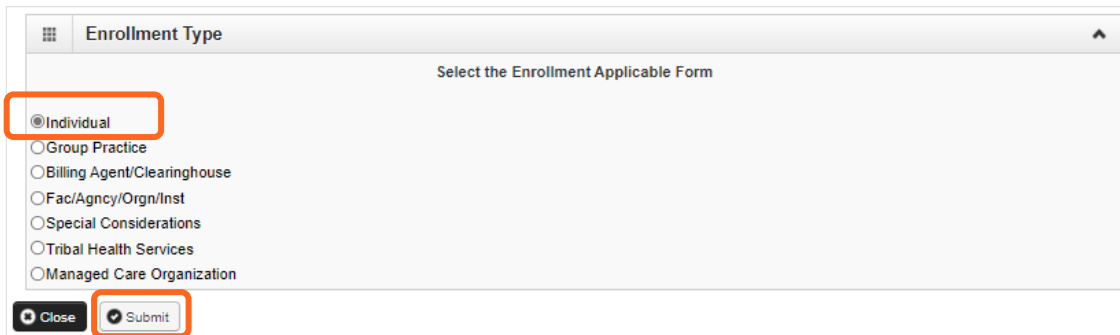
[www.waproviderone.org/ecams/jsp/common/pgTrackPrvdrApplctn.jsp](http://www.waproviderone.org/ecams/jsp/common/pgTrackPrvdrApplctn.jsp)

You will need your application ID and the Social Security Number to resume the application. .

# Step 1: Basic information

## SELECTING THE ENROLLMENT TYPE

- Select **Individual**
- Click **Submit**

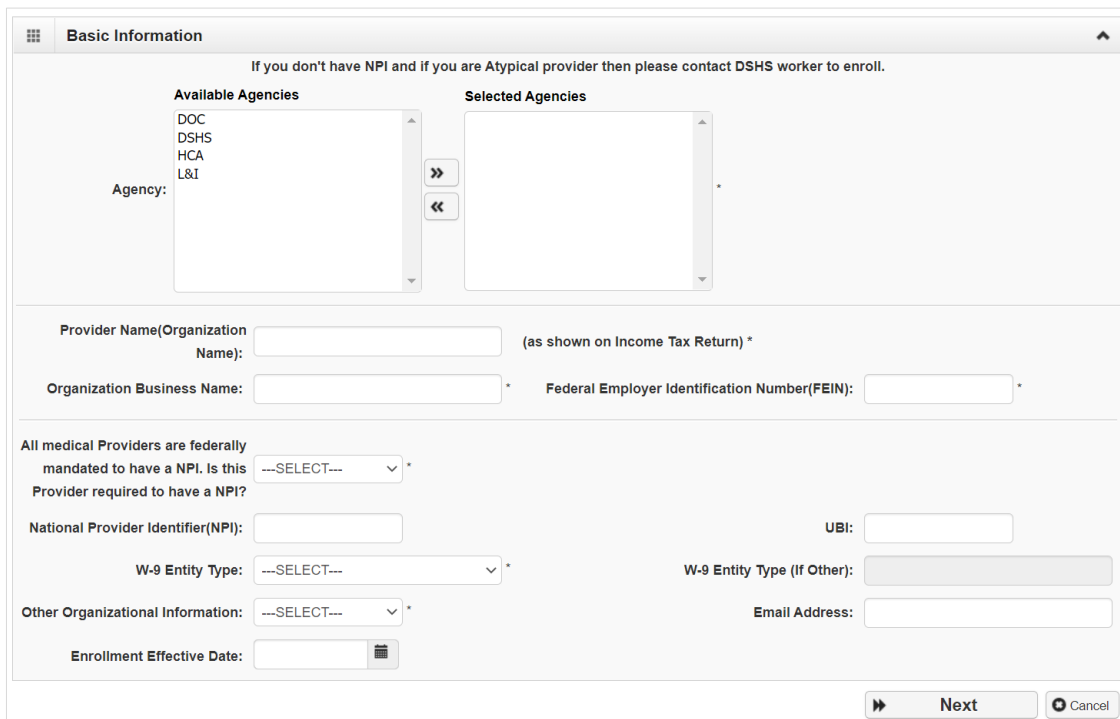


The screenshot shows a dialog box titled "Enrollment Type" with the instruction "Select the Enrollment Applicable Form". It contains a list of radio button options: Individual (selected and highlighted with an orange box), Group Practice, Billing Agent/Clearinghouse, Fac/Agency/Orgn/Inst, Special Considerations, Tribal Health Services, and Managed Care Organization. At the bottom, there are "Close" and "Submit" buttons, with the "Submit" button also highlighted with an orange box.

**Note:** Fields marked with an asterisk are required.

## BASIC INFORMATION

ProviderOne displays the **Step 1: Basic Information** page.



The screenshot shows the "Basic Information" form. At the top, it says "If you don't have NPI and if you are Atypical provider then please contact DSHS worker to enroll." Below this are two columns: "Available Agencies" (DOC, DSHS, HCA, L&I) and "Selected Agencies" (empty). There are "Agency:" labels and arrows between the columns. The form includes several required fields marked with an asterisk: "Provider Name(Organization Name):" (as shown on Income Tax Return) \*, "Organization Business Name:" \*, "Federal Employer Identification Number(FEIN):" \*, "National Provider Identifier(NPI):" \*, "W-9 Entity Type:" \*, "Other Organizational Information:" \*, and "Enrollment Effective Date:". There are also dropdown menus for "All medical Providers are federally mandated to have a NPI. Is this Provider required to have a NPI?" and "W-9 Entity Type (If Other):". At the bottom right, there are "Next" and "Cancel" buttons.

- 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.

The screenshot shows a 'Basic Information' form with a header note: 'If you don't have NPI and if you are Atypical provider then please contact DSHS worker to enroll.' Below this are two columns: 'Available Agencies' and 'Selected Agencies'. In the 'Available Agencies' list, 'L&I' is selected and highlighted with an orange box. Between the two lists, there are double right arrow and double left arrow buttons, with the right arrow button also highlighted in orange.

- You must enroll using the servicing provider's **Social Security Number (SSN)**.
  - Enter the providers name as it appears on their professional license.
  - For the **Servicing Type** drop-down, select **Servicing Only**.

The screenshot shows a form with the following fields: 'Provider Name: (First Name)', '(Middle Name)', and '(Last Name)'; 'Suffix:' with a dropdown; 'SSN:'; 'Date of Birth:' with a calendar icon; 'Gender:' with a dropdown; 'Title:' with a dropdown; and 'Servicing Type:' with a dropdown.

- 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 **L&I's Website** to learn more.

The screenshot shows a form with the following fields: 'All medical Providers are federally mandated to have a NPI. Is this Provider required to have a NPI?' with a dropdown; 'National Provider Identifier(NPI):' with a text input; 'W-9 Entity Type:' with a dropdown; 'Other Organizational Information:' with a dropdown; 'Enrollment Effective Date:' with a calendar icon; 'UBI:' with a text input; 'W-9 Entity Type (If Other):' with a text input; and 'Email Address:' with a text input. The 'NPI' section is highlighted with an orange box. At the bottom right, there are 'Next' and 'Cancel' buttons.

- **Don't** enter a UBI or enrollment effective date. L&I does not utilize the information in those fields.
- For **W-9 Entity Type**, choose **Other** from the drop-down. Then type **Servicing Only** in the **W-9 Entity Type (if other)** field.
- For **Other Organizational Information** select the option that best fits your organizations profile.
- Enter an **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. Keep your Application ID available.

You'll need the ID to:

- Continue your application (if you exit before submitting).
- Check your application status.
- Update or add additional information, if requested.

## BUSINESS PROCESS WIZARD (BPW)

The Business Process Wizard, or BPW, will guide you through the necessary steps to finish your application. You will need to complete each required step in sequential order.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	07/14/2022	07/14/2022	Complete	
Step 2: Add Locations	Not Required			Incomplete	
Step 3: Provider Additional Information	Required			Incomplete	
Step 4: Add Specializations	Required			Incomplete	
Step 5: Ownership & Managing/Controlling Interest details	Not Required			Incomplete	
Step 6: Add Licenses and Certifications	Required			Incomplete	
Step 7: Add Training and Education	Optional			Incomplete	
Step 8: Add Identifiers	Optional			Incomplete	
Step 9: Add Contract Details	Not Required			Incomplete	
Step 10: Add Federal Tax Details	Optional			Incomplete	
Step 11: Add EDI Submission Method	Optional			Incomplete	
Step 12: Add EDI Billing Software Details	Optional			Incomplete	
Step 13: Add EDI Submitter Details	Optional			Incomplete	
Step 14: Add EDI Contact Information	Optional			Incomplete	
Step 15: Add Billing Provider Details	Required			Incomplete	
Step 16: Add Servicing Provider Information	Not Required			Incomplete	
Step 17: Add Payment and Remittance Details	Optional			Incomplete	
Step 18: Complete Enrollment Checklist	Required			Incomplete	
Step 19: Final Enrollment Instructions	Required			Incomplete	

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

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

## Step 2: Add locations

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**Note:** This step isn't required for Servicing Providers.

# Step 3: Provider additional information

## CORRESPONDENCE ADDRESS

Adding the correspondence address is optional. If your servicing providers would like claims and other L&I mailings sent to a different address than what is on file with their group you should complete this step.

- Click **Add Address**.

Close Save

Correspondence Address

Click the "Add Address" button to Add a new Address or update/modify an existing Address

Start Date: 04/21/2021 Status: In Review

Address Line 1: 789 Second Ave NW Address Line 2:

Address Line 3: City/Town: Olympia

State/Province: County: Thurston

Country: UNITED STATES Zip Code: 98501

**Add Address**

- Complete **Address Line 1** and **Zip Code**.
- Click **Validate Address**.
- If the address entered is valid, the following message will appear at the top of the page.

Address details

Address validation successful

Address Line 1: 123 State Ave \* Address Line 2:

(Enter Street Address or PO Box Only)

Address Line 3: City/Town: LACEY \*

State/Province: Washington \* County: Thurston

Country: United States \* Zip Code: 98513 - 6856

**Validate Address**

OK Cancel

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

Address details

Address not found with Street Address and Zip Code Combination

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

Message from webpage

You are about to save an invalid address, please press OK to continue OR press cancel and revalidate the address.

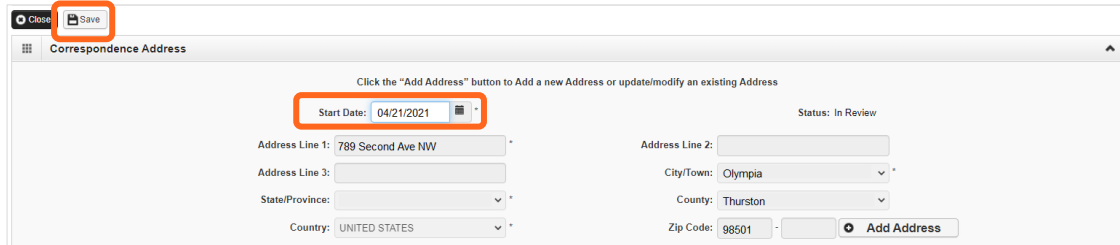
OK Cancel



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

**Note:** If your address isn't valid, it may delay payment and correspondence.

- Enter the **Start Date** and click **Save**.



The screenshot shows a web form titled "Correspondence Address". At the top left, there are "Close" and "Save" buttons, with the "Save" button highlighted by a red box. Below the title, there is a message: "Click the 'Add Address' button to Add a new Address or update/modify an existing Address". The "Start Date" field is set to "04/21/2021" and is also highlighted by a red box. The status is "In Review". The form contains several input fields and dropdown menus: "Address Line 1" (789 Second Ave NW), "Address Line 2" (empty), "Address Line 3" (empty), "City/Town" (Olympia), "State/Province" (empty), "County" (Thurston), "Country" (UNITED STATES), and "Zip Code" (98501). An "Add Address" button is located at the bottom right.

- Click **Close** to return.

# Step 4: Add specializations

The information you provide in this step will indicate your provider type and specialty.

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

## ADDING SPECIALIZATIONS

- 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

<input type="checkbox"/>	Provider Type	Specialty/Subspecialty	Location Number	Location Name	Administration	End Date
No Records Found !						

- Choose **L&me** from the **Administration** drop-down menu.
- Choose the **Provider Type** and **Specialty**.

Add Specialty/Subspecialty

Administration L&I-Labor And Industries Administr: \*

Provider Type 22-Respiratory, Developmental, Re \*

Specialty 5X-Occupational Therapist \*

End Date: [ ]

- Don't enter an **End Date**.
- The Provider Type selection will populate **Specialty** options, which displays the available taxonomy codes.
  - Use the double arrows to move the 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**.

Provider Type	Specialty/Subspecialty	Location Number	Location Name	Administration	End Date
<input checked="" type="checkbox"/> 22-Respiratory, Developmental, Rehabilitative and Restorative Service Providers	78-Respiratory Therapist, Certified/C0205-Critical Care	00001	PRU TEST INDIVIDUAL	HRSA	12/31/2999

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

## Step 5: Add ownership details

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This step is not required for servicing providers.

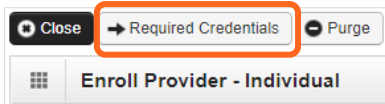
# Step 6: Add licenses and certifications

Before starting Step 6, click the **Required Credentials** button in the upper left hand corner. The **Required Credentials** tool will tell you what type of license/certification and education information you will need to complete steps 6, 7, and 8.

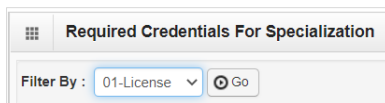
**Tip:** Make note of all requirements. You may use the Required Credentials tool for multiple steps.

## CHECK REQUIRED CREDENTIALS

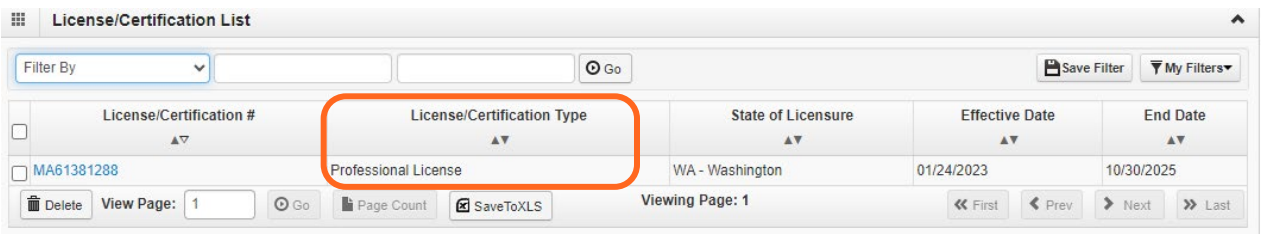
- Click **Required Credentials** from the BPW.



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



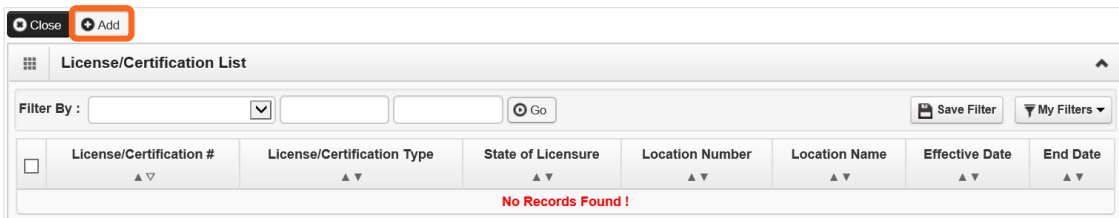
- Required license(s) will be displayed, if required (see highlighted below).



- Make a note of your required license as you'll need it to complete Step 6.
- When finished, click **Cancel** to close.

## ADD LICENSES/CERTIFICATIONS

- Click **Add**.



- Use the **Location** drop-down to add a license or certification to a specific provider location. This is particularly important for providers with dual licensure or who have practice locations in multiple states.
- If you have multiple locations within the same State select **All** from the Location drop down.

The screenshot shows the 'Add License/Certification' form. The 'Location' dropdown menu is highlighted with an orange box and set to 'All'. Other fields include 'License/Certification Type' (Facility License), 'License/Certification #' (empty), 'State of Licensure' (---SELECT---), 'Effective Date' (empty), and 'End Date' (empty). 'OK' and 'Cancel' buttons are at the bottom right.

- 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.

The screenshot shows the 'Add License/Certification' form. The 'License/Certification Type' dropdown menu is highlighted with an orange box and set to 'Professional License'. Other fields include 'License/Certification #' (empty), 'State of Licensure' (---SELECT---), 'Effective Date' (empty), and 'End Date' (empty). 'OK' and 'Cancel' buttons are at the bottom right.

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

## 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

The screenshot shows the 'License/Certification List' table. The 'Close' button is highlighted with an orange box. The first two rows of the table are also highlighted with orange boxes. The first row has a checked checkbox and the ID 4321. The second row has an unchecked checkbox and the ID 1234.

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 7: Add training and education

This step only applies to these provider types. If you are not one of these provider types, this step is optional. Note: Physicians (MD & DO) are required to enter their Medical School and Residency. All other provider types listed below are only required to provide the Medical School:

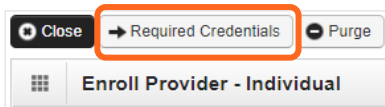
- Physician (MD & DO)
- Advanced Registered Nurse Practitioner
- Chiropractor
- Dentist
- Naturopathic Physician
- Optometrist
- Physician Assistant
- Podiatric Physician

Follow the instructions below if you are one of the provider types listed above. Before clicking into Step 7, review **Required Credentials** from the BPW home page. L&I needs the school where you received your medical school degree and year you completed your degree.

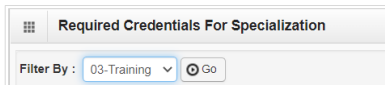
**Tip:** Make note of all requirements. You may use the Required Credentials tool for multiple steps.

## CHECK REQUIRED CREDENTIALS

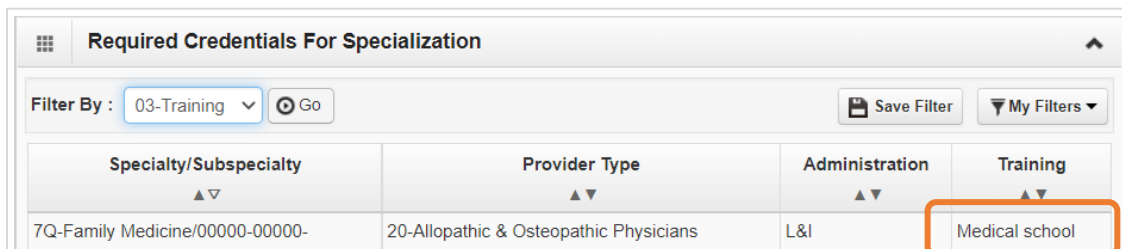
- Click **Required Credentials** from the BPW home page.



- To view the Training requirements, use the **Filter By** drop-down menu to select **03-Training** and click **Go**.



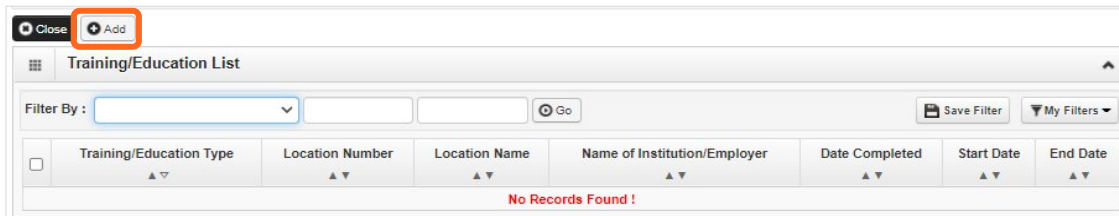
- Required training will be displayed, if required (see highlighted below).



- When finished, click **Cancel** to close.

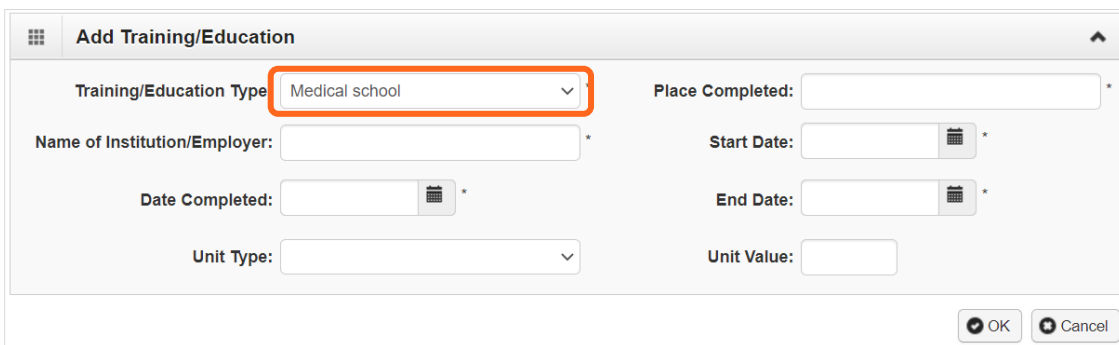
## ADD TRAINING/EDUCATION TYPE

- Click **Add**.



Training/Education Type	Location Number	Location Name	Name of Institution/Employer	Date Completed	Start Date	End Date
No Records Found !						

- Select the required **Training/Education Type** from the drop-down menu. If you're not sure which applies to you, return to the main BPW page and check **Required Credentials**.
- Finish required fields.



Training/Education Type: Medical school

Place Completed: \*

Name of Institution/Employer: \*

Start Date: \*

Date Completed: \*

End Date: \*

Unit Type: \*

Unit Value: \*

OK Cancel

- The **Start Date** is when the training/education started.
- The **Date Completed** is when it was done, e.g. graduation date.

**Important!** In the **End Date** field, enter 12/31/2999. You must complete this field to continue enrollment.

- You **don't need** to finish the **Unit Type** or **Unit Value** field.
- Click **OK** and **Close**.



## Step 8: Add identifiers

This step is only applicable for the following provider types that are practicing in Washington State:

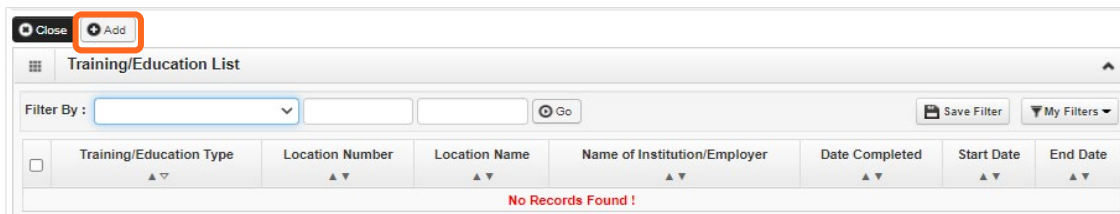
- Physician (MD & DO)
- Advanced Registered Nurse Practitioner
- Chiropractor
- Dentist
- Naturopathic Physician
- Optometrist
- Physician Assistant
- Podiatric Physician

The only identifier that is required is your current malpractice information.

**Note:** L&I minimum coverage requirements for Malpractice Insurance is: \$1,000,000 per Claim/\$3,000,0000 aggregate

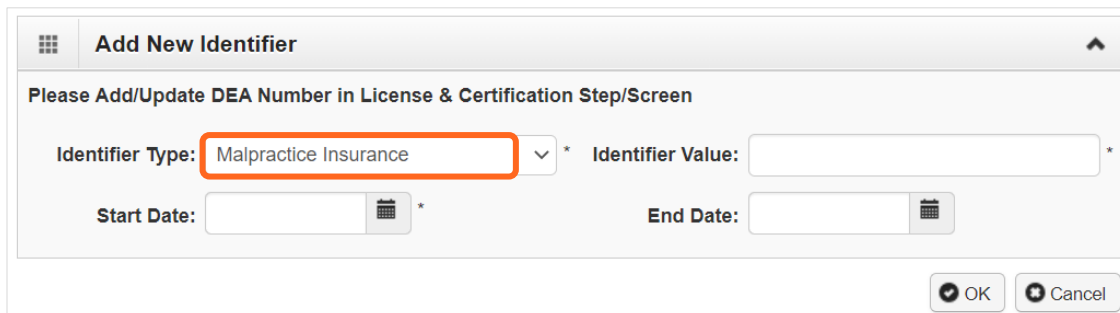
### ADD MALPRACTICE INSURANCE

- Click **Add**.



The screenshot shows a web interface for a 'Training/Education List'. At the top left, there are 'Close' and 'Add' buttons. The 'Add' button is highlighted with an orange box. Below the buttons is a table with columns: Training/Education Type, Location Number, Location Name, Name of Institution/Employer, Date Completed, Start Date, and End Date. The table is currently empty, and a red message 'No Records Found!' is displayed at the bottom of the table area.

- Use the **Identifier Type** drop-down to select **Malpractice Insurance**.



The screenshot shows the 'Add New Identifier' form. It has a title bar with a grid icon and the text 'Add New Identifier'. Below the title bar, there is a message: 'Please Add/Update DEA Number in License & Certification Step/Screen'. The form contains three main fields: 'Identifier Type' (a dropdown menu with 'Malpractice Insurance' selected and highlighted with an orange box), 'Identifier Value' (a text input field), 'Start Date' (a date picker), and 'End Date' (a date picker). At the bottom right, there are 'OK' and 'Cancel' buttons.

- In the **Identifier Value** field, enter your malpractice insurance policy number.
- Enter the **Start Date** and **End Date**, and click **OK** to close.
  - The **Start Date** is when your policy was first issued.
  - The **End Date** is the policy's expiration date.

## **Steps 9-14: Not applicable to L&I providers**

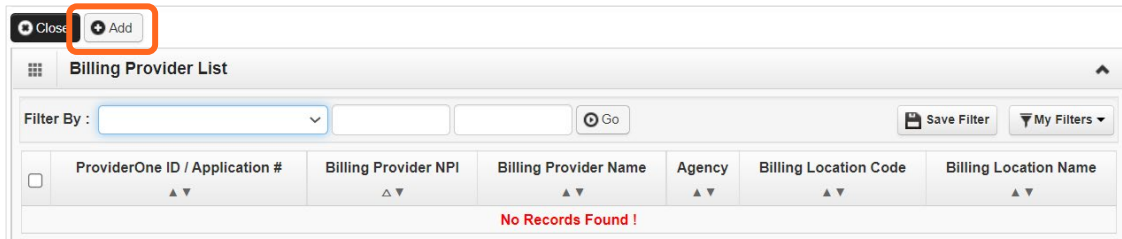
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# Step 15: Add billing provider information

This step creates a link between your organization and the servicing provider.

## ADD BILLING PROVIDER INFORMATION

- Click **Add**.



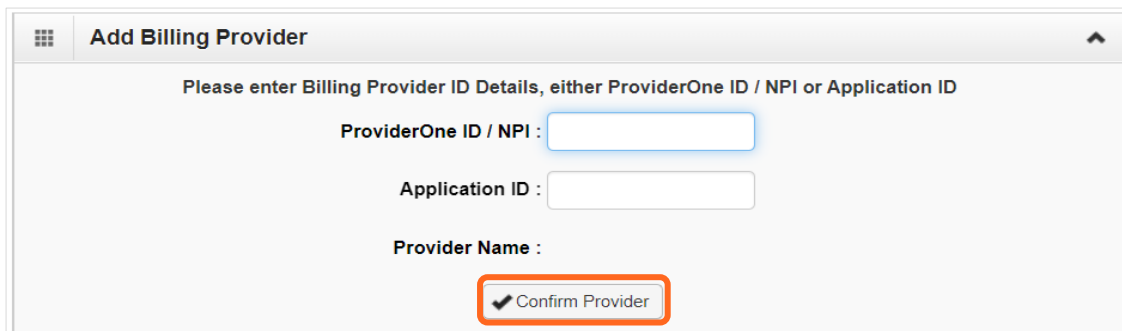
Close Add

Billing Provider List

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

ProviderOne ID / Application #	Billing Provider NPI	Billing Provider Name	Agency	Billing Location Code	Billing Location Name
No Records Found !					

- Enter your group's information, then click **Confirm Provider**.



Add Billing Provider

Please enter Billing Provider ID Details, either ProviderOne ID / NPI or Application ID

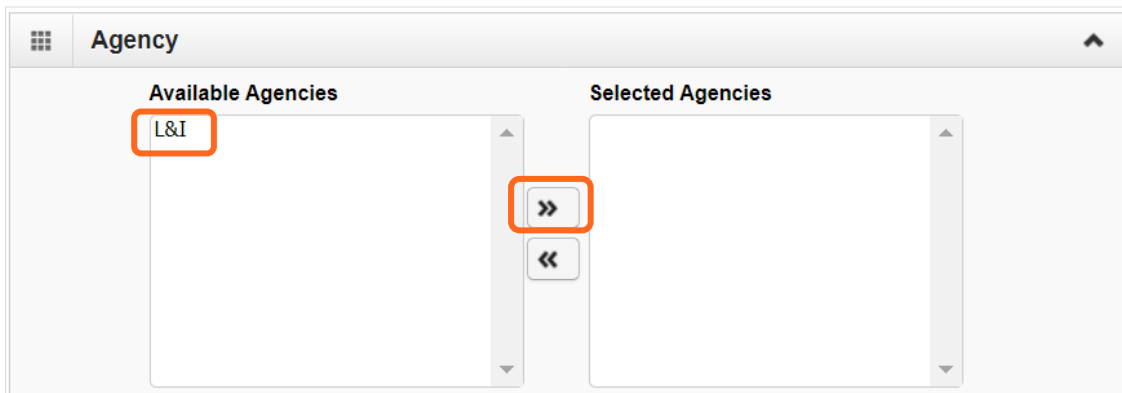
ProviderOne ID / NPI : [input]

Application ID : [input]

Provider Name : [input]

Confirm Provider

- If the provider is not found, go to **Provider does not exist in the database**.
  - If the provider is found, L&I will display in the Available Agencies box
- Click **L&I** and use the double right arrows to move it to the **Selected Agencies** box.



Agency

Available Agencies Selected Agencies

L&I

>>

<<

- In **Available Taxonomies**, select only your primary taxonomy and use the double right arrow to move it to the **Selected Taxonomies** box.

- Click the **Available Locations** and use the double right arrows to move it to the **Selected Locations** box. More than one may be selected.

- 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 billing provider. See the [L&I enrollment guide for group 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.

**Important!** If a new enrollment is started, copy the application ID that is generated for the billing provider. You'll need your Application ID to:

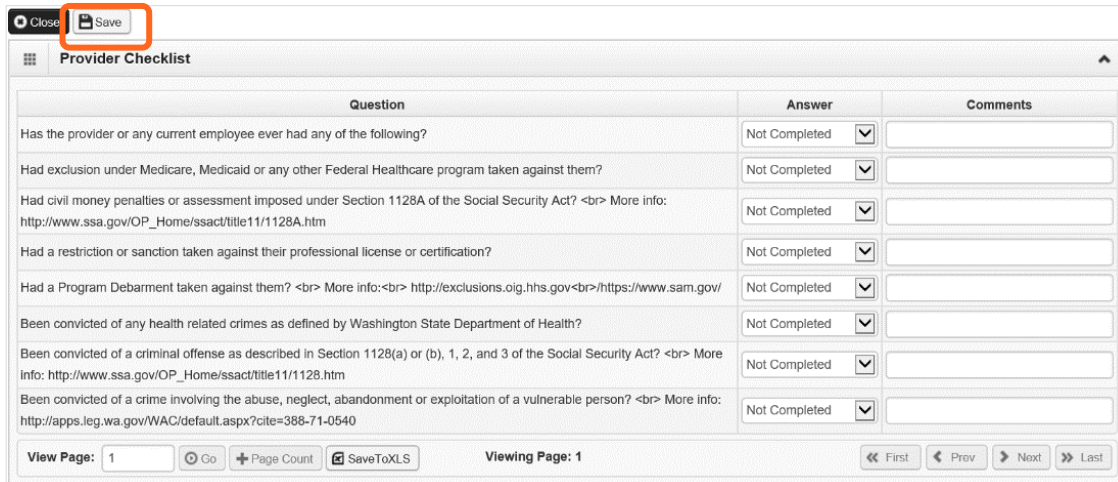
- Continue the billing provider application (if you exit before submitting)
- Check application status
- Update or add additional information if requested.

## **Step 16 & 17: Not applicable to L&I providers**

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# Step 18: 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 rectangle. Below the buttons is a table with three columns: "Question", "Answer", and "Comments". The table contains seven rows of questions, each with a "Not Completed" answer and an empty comment field. 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: <a href="http://www.ssa.gov/OP_Home/ssact/title11/1128A.htm">http://www.ssa.gov/OP_Home/ssact/title11/1128A.htm</a>	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:   <a href="http://exclusions.oig.hhs.gov">http://exclusions.oig.hhs.gov</a> <a href="https://www.sam.gov/">https://www.sam.gov/</a>	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: <a href="http://www.ssa.gov/OP_Home/ssact/title11/1128.htm">http://www.ssa.gov/OP_Home/ssact/title11/1128.htm</a>	Not Completed	
Been convicted of a crime involving the abuse, neglect, abandonment or exploitation of a vulnerable person?   More info: <a href="http://apps.leg.wa.gov/WAC/default.aspx?cite=388-71-0540">http://apps.leg.wa.gov/WAC/default.aspx?cite=388-71-0540</a>	Not Completed	

# Step 19: Final enrollment instructions

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

The screenshot shows a web interface with two main sections. The top section is titled "Final Submission" and contains the following text: "Application #: 20220714995104", "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.", and "Please ensure all required documents are uploaded using the 'upload attachments' at the top of the page prior to submitting your application." The bottom section is titled "Application Document Checklist" and contains a table with the following data:

Forms/Documents	Special Instructions	Agency	Link
Provider Agreement		L&I	<a href="https://www.lni.wa.gov/forms-publications/F245-397-000.pdf">https://www.lni.wa.gov/forms-publications/F245-397-000.pdf</a>

Below the table, there are navigation controls: "View Page: 1", "Go", "+ Page Count", "Viewing Page: 1", "First", "Prev", "Next", "Last", and a "SaveToXLS" button.

- Make sure to sign and date every form. L&I accepts both hand written and electronic signatures.

## UPLOAD INFORMATION

- Click **Upload Attachments**.

This screenshot shows the top part of the "Final Submission" interface. The "Upload Attachments" button is highlighted with an orange border. The other buttons visible are "Close" and "Submit Enrollment".

- Click **Add Attachments**.

This screenshot shows the "Provider Supporting Documents" interface. The text "Please click 'Add Attachment' button, to attach the documents." is displayed. The "Add Attachment" button is highlighted with an orange border.



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

Please complete all Required Fields \*

Attachment Type: Provider Agreement Request Type: Enrollment Application \*

Agency: L&I \*

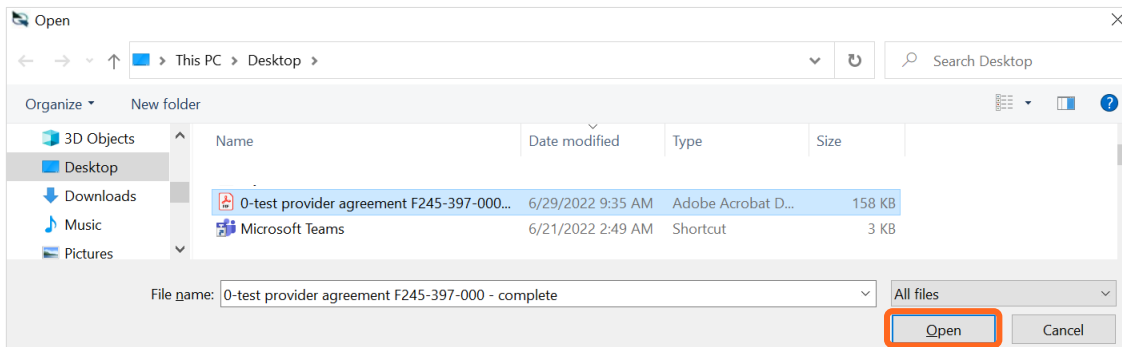
Comment:

---

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-

Filename: Choose File No file chosen \*

- 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**.

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-

Filename: Choose File 0-test provi...complete.pdf \*

OK Cancel

- 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.

test.providerone.wa.gov says

Please click Submit Enrollment button.

Application Id: 20221004728543

Enrollment Type: Fac/Agency/Orgn/Inst

**Provider Supporting Documents:**

Please click "Add Attachment" button, to attach the documents.

**Attachment List**

File Name	Attachment Type	Agency	Request Type	Comment	File Size	Delete	Uploaded On
Test_Provider_Agreement.pdf	CPA	L&I	EA		914kb	X	10/04/2022
Test_W_9.pdf	W9	L&I	EA		881kb	X	10/04/2022

View Page: 1    Go    + Page Count    SaveToXLS    Viewing Page: 1

Print    Print Cover Page    Cancel

## SUBMIT THE ENROLLMENT APPLICATION

- Click **Submit Enrollment**.

Close    Submit Enrollment    Upload Attachments

**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	<a href="https://www.lni.wa.gov/forms-publications/F245-397-000.pdf">https://www.lni.wa.gov/forms-publications/F245-397-000.pdf</a>
W9		L&I	<a href="#">Form W-9 (Rev. October 2018) (irs.gov)</a>

- ProviderOne displays a confirmation pop-up message. Click **OK** to close the message.

Message from webpage

 The application # 20210623416792 has been submitted for State review. Please check this Web site to verify the status of your application. Please ensure that all paper forms and applications sent by mail use the application #.

OK

- Click **Close** on the final submission page.