



Application for

Provider Enrollment-Non Certification

MEDCO-13A



The first step to becoming enrolled is to complete the *Application for Provider Enrollment* (MEDCO-13A). This form is only applicable to providers who are not required to become BWC certified (see Medco-13 application if your provider type is not listed in section 1.)

BWC reviews all applications to ensure providers meet the minimum enrollment criteria. Providers must meet all licensing, certification or accreditation requirements necessary to provide services. BWC has other minimum credentials for providers based on the provider type.

Provider types 40 (Hotel/motel) 78 (University and college (rehab-formal training, including books and supplies), 79 (Rehabilitation – non-credentialed services), 80 (Retail store (rehab), 81 (Rehabilitation – unsupervised conditioning facility), 83 (Rehab transportation (taxis, buses and air travel) and 99 (Interpreter) must complete the Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) certification as required by the Ohio Department of Public Safety/Ohio Homeland Security. These Provider types are required to register at the Ohio Business Gateway, <http://obg.ohio.gov> to certify that the Provider does not provide material assistance to any organization on the United States, Department of State's terrorist exclusion list. Failure to complete the certification by these Provider types may invalidate their Provider Enrollment and/or result in suspension of payment until such time as the certification is completed.

Have questions? Call 1-800-OHIOBWC, and listen to the options to reach BWC's provider relations department, between 8 a.m. and 4:30 p.m. weekdays.

•Return the completed **Medco-13A** to:
BWC Provider Enrollment
P.O. Box 182031
Columbus, OH 43218-2031
Fax (614) 621-1333

Important reminders

Authorized signature required on each application

Please include the following with your application, if applicable:

- Internal Revenue Service form W-9; <http://www.irs.gov/pub/irs-pdf/fw9.pdf>
- Workers' compensation coverage policy;
- National provider identification verification from Fox Systems Inc.;
- Rehab plan or license/accreditation information.

Visit us on the Internet at:
ohiobwc.com



Application for Providers to Enroll (BWC certification not required)



Section 1 – Provider type

Select the type that best describes you and submit attachments required for that particular type.

Check one of the following and attach required documents.

- | | |
|---|--|
| <input type="checkbox"/> 12 Group practice – (must attach the name(s) of the BWC certified member(s), also submit a W-9). _____ | <input type="checkbox"/> 80 Retail store (rehab) – Approved rehab plan required |
| <input type="checkbox"/> 40 Hotel/motel – approved rehab plan required | <input type="checkbox"/> 81 Rehabilitation – unsupervised conditioning facility – approved Rehab plan required |
| <input type="checkbox"/> 64 Pharmacy – terminal distributor license from the State Pharmacy Board, electronic point of sale eligibility | <input type="checkbox"/> 83 Rehab transportation (taxis, buses and air travel) – Approved rehab plan required |
| <input type="checkbox"/> 78 University and college (rehab-formal training, including books and supplies) - services must be part of an approval rehab retraining program. Rehab plan required | <input type="checkbox"/> 96 Urgent care center – JCAHO accreditation required |
| <input type="checkbox"/> 79 Rehabilitation – non-credentialed services – approved rehab plan required | <input type="checkbox"/> 99 Interpreter - CSS or rehab plan approval |

SECTION 2 – General information

MEDCO-13A

1	Current BWC provider number <i>(if known)</i>	
2	National provider ID number (attach Fox Systems Inc. verification)	
3	Taxonomy code(s) (attach Fox Systems Inc. verification)	
4	Group/business name and dba name <i>(if applicable)</i>	
5	Tax identification number <i>(Attach a copy of the IRS form W-9. This number will be used for IRS purposes)</i>	
6	Legal name associated with tax identification number <i>(Must appear as recognized by the IRS)</i>	
7	Business type <input type="checkbox"/> Individual <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non-profit	
8	Owner name(s); define percentage of ownership interest per owner	
9	Workers' compensation employer policy number, required if you have employees (attach copy of Workers' Compensation Certificate)	<input type="checkbox"/> Check here if business has no employees
10	Practice location street address <i>Indicate the address where services are rendered including suite, floor, etc. (P.O. Box only will not be accepted unless includes additional street address info)</i>	
11	City	
12	State	Nine-digit ZIP code
13	Telephone ()	
14	Fax ()	Business e-mail address
15	Reimbursement address <i>(Indicate the address to which all payments should be sent, if different from practice address. Include suite, floor etc.) (Street address or P.O. Box)</i>	
16	City	
17	State	Nine-digit ZIP code
18	Correspondence address <i>(Indicate the address to which all correspondence should be sent, if different from practice address. Include suite, floor etc.) (Street address or P.O. Box)</i>	
19	City	
20	State	Nine-digit ZIP code
21	Pharmacy NCPDP number	
22	License/accreditation number, expiration date <i>(If applicable, please attach a copy)</i>	
23	Individual provider name	<input type="checkbox"/> Male <input type="checkbox"/> Female
24	Social Security number <i>(Individual must provide social security number or individual tax identification number)</i>	
25	Contact person <i>(person completing form)</i>	Title
26	Telephone number ()	Fax number ()
		E-mail address
<i>Any person who knowingly makes a false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain payment as provided by BWC, or who knowingly accepts payment to which that person is not entitled is subject to a felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.</i>		
27	Applicant or authorized personnel signature <i>(Required)</i>	Title
28	Please print or type name	Date