



Washington State Department of
Labor & Industries

Provider  *ne*



Enrolling a servicing provider

ProviderOne User Guide

Updated November 2022

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

There are two types of individual providers, servicing and billing. An individual *servicing* provider works for someone else 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](#).

The following ProviderOne topics and tasks are covered in this section:

- Starting the application.
- Entering basic provider information.
- Finishing application steps.
- Submitting the application to ProviderOne.

PROVIDER FILE UPLOAD

Use the Provider File Upload to add multiple servicing providers at the same time. Instructions are in development with an estimated release date of March 2023.

Note: If you're enrolling servicing providers after starting a group application, make sure you write down each ProviderOne Application ID to finish your applications.

PROVIDER ENROLLMENT LINKS

Start a new provider enrollment application by going to:

<https://www.waproviderone.org/ecams/jsp/common/pgNewPrvdrEnrollment.jsp>

Resume or track an enrollment application by going to:

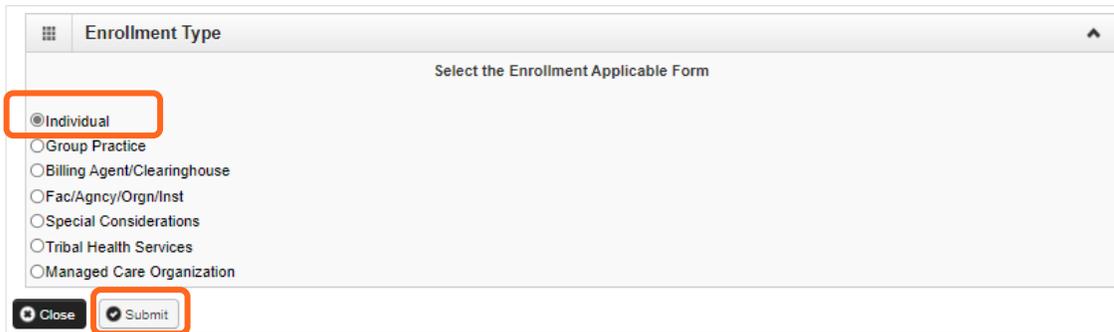
<https://www.waproviderone.org/ecams/jsp/common/pgTrackPrvdrApplctn.jsp>

You'll need your application ID and the Social Security Number or Federal Employer Identification Number associated with the account to log in.

Step 1: Basic information

SELECTING THE ENROLLMENT TYPE

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

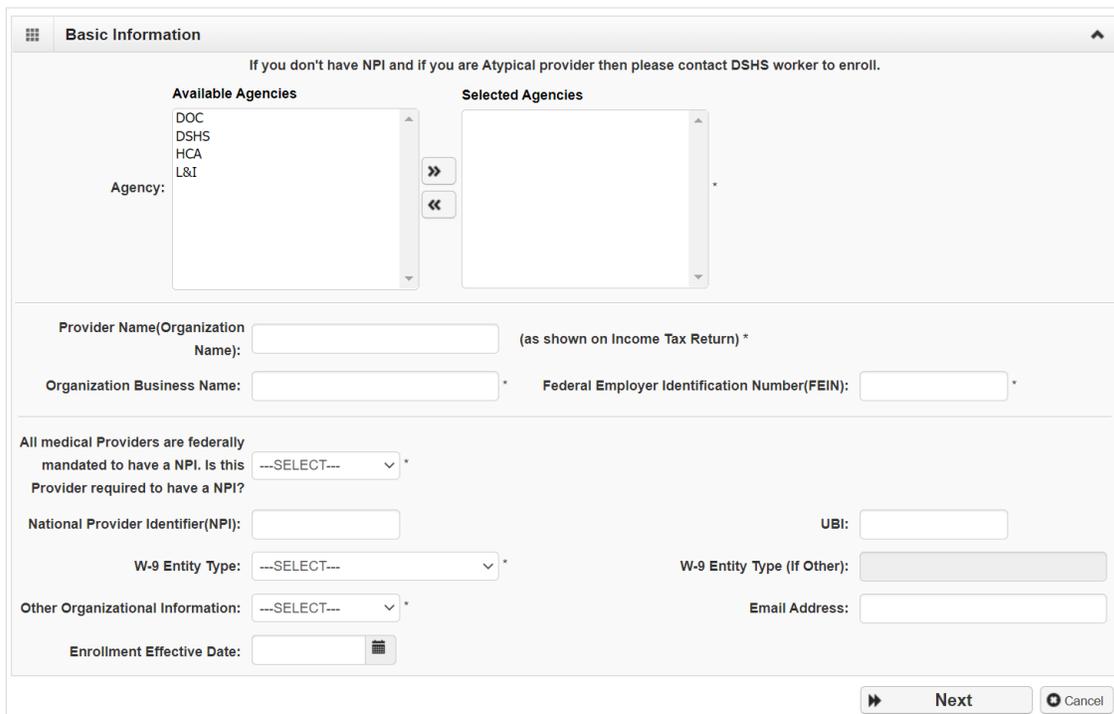


The screenshot shows a dialog box titled "Enrollment Type" with the instruction "Select the Enrollment Applicable Form". It contains a list of radio button options: Individual (selected and highlighted with a red box), Group Practice, Billing Agent/Clearinghouse, Fac/Agency/Orgn/Inst, Special Considerations, Tribal Health Services, and Managed Care Organization. At the bottom, there are "Close" and "Submit" buttons, with the "Submit" button also highlighted with a red 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". 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):" *, "All medical Providers are federally mandated to have a NPI. Is this Provider required to have a NPI?" (dropdown menu) *, "National Provider Identifier(NPI):" (text field), "W-9 Entity Type:" (dropdown menu) *, "Other Organizational Information:" (dropdown menu) *, and "Enrollment Effective Date:" (calendar icon). There are also "UBI:" (text field) and "W-9 Entity Type (If Other):" (text field) fields. 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 window titled "Basic Information" with a sub-header: "If you don't have NPI and if you are Atypical provider then please contact DSHS worker to enroll." Below this, there are two columns: "Available Agencies" and "Selected Agencies". In the "Available Agencies" list, "L&I" is selected and highlighted with a red box. In the "Selected Agencies" list, there are no items. A red box highlights the double right arrow button between the two lists. The "Agency:" label is also visible.

- You must enroll using the servicing provider's **Social Security Number (SSN)**.
 - Enter the requested information.
 - For the **Servicing Type** drop-down, select **Servicing Only**.

The screenshot shows a form with the following fields: "Provider Name: (First Name)", "Suffix:", "SSN:", "Date of Birth:", "(Middle Name)", "(Last Name)", "Gender:", "Title:", and "Servicing Type:". Each field has a corresponding input box or dropdown menu.

- 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 menu highlighted by a red box), "National Provider Identifier(NPI):", "W-9 Entity Type:", "Other Organizational Information:", "Enrollment Effective Date:", "UBI:", "W-9 Entity Type (If Other):", and "Email Address:". There are "Next" and "Cancel" buttons at the bottom right.

- **Don't** enter a UBI or enrollment effective date.
- For **W-9 Entity Type**, choose **Other** from the drop-down. Then type **Servicing Only** in the **W-9 Entity Type (if other)** field. Servicing providers aren't required to provide a W-9 or complete the W-9 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. Keep your Application ID available.

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

Basic Information

You have been assigned application # - 20220629694630.
Please make note of this application number before moving on to the next step...
Click Next to go into the Business Process Wizard. The Application ID will be emailed to you.

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.

If you don't submit the application within 180 days from the start date, it will be deleted from the system.

BUSINESS PROCESS WIZARD (BPW)

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

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

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

Step 3: Provider additional information

CORRESPONDENCE ADDRESS

L&I sends any requests or documentation about the care of an injured worker to this address.

- 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

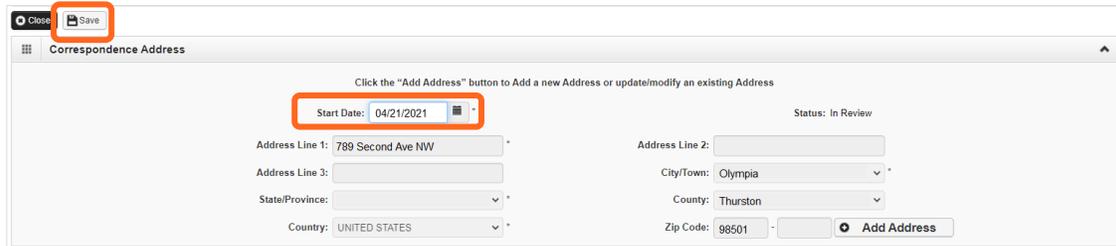
You are about to save an invalid address, please press OK to continue OR press cancel and revalidate the address.

OK Cancel

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

Note: Make sure you can receive mail at the location address. 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 "Save" highlighted by a red box. Below the title, a message reads: "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 with a red box. The status is "In Review". The form contains several input fields: "Address Line 1" (789 Second Ave NW), "Address Line 2" (empty), "Address Line 3" (empty), "State/Province" (dropdown), "City/Town" (Olympia), "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 allows you to bill for each specialty you select.

Note: There may be specific requirements for licensure or training for each specialty/taxonomy listed.

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 !						

Note: If you'd like to bill for multiple specialties, you'll need to repeat this step to add each specialty.

- 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 Administr: *

- 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**. ProviderOne will auto-populate to 12/31/2999.
- The Provider Type selection will populate **Specialty** options, which displays the available taxonomy codes.
 - Use the double arrows to move taxonomy code from the **Available Taxonomy Codes** box to the **Associated Taxonomy Codes** box.

- Select all applicable taxonomies for each license you hold to allow for accurate billing.

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

DELETING SPECIALIZATIONS

Specialties and sub-specialties can only be deleted during the enrollment process.

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

 22-Respiratory, Developmental, Rehabilitative and Restorative Service Providers | 78-Respiratory Therapist, Certified/C0205-Critical Care | 00001 | PRU TEST INDIVIDUAL | HRSA | 12/31/2999 |

 The interface also includes a 'Filter By' section, 'Save Filter', 'My Filters', and pagination controls at the bottom."/>

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

Step 5: Add ownership details

This step is not required for servicing providers.

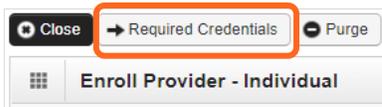
Step 6: Add licenses and certifications

Before clicking into Step 6, review **Required Credentials**. The **Required Credentials** tool helps identify what type of license and certification information you need to provide to continue with enrollment.

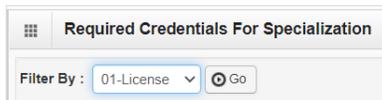
Tip: Make note of all requirements. You may use the Required Credentials tool for multiple steps.

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).



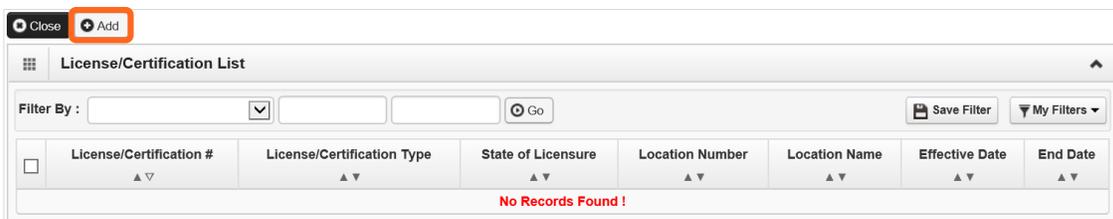
A screenshot of a software interface titled 'Required Credentials For Specialization'. It shows a table with columns: 'Specialty/Subspecialty', 'Provider Type', 'Administration', and 'License'. The 'License' column contains the text 'Facility License', which is highlighted with a red rectangular box.

Specialty/Subspecialty	Provider Type	Administration	License
71-Radiologic Technologist/00000-00000-	24-Technologists, Technicians & Other Technical Service Providers	L&I	Facility License

- 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

- 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.

The screenshot shows the 'Add License/Certification' form. The 'Location' dropdown menu is highlighted with a red box and is currently 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). There are 'OK' and 'Cancel' buttons 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 a red box and is currently set to 'Professional License'. Other fields include 'License/Certification #' (empty), 'State of Licensure' (---SELECT---), 'Effective Date' (empty), and 'End Date' (empty). There are 'OK' and 'Cancel' buttons 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 a red box. The table has columns for License/Certification #, License/Certification Type, State of Licensure, Location Number, Location Name, Effective Date, and End Date. The first row is highlighted with a red box and has a checked checkbox next to it. The second row has an unchecked checkbox.

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

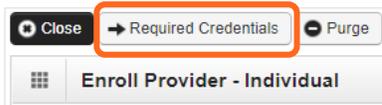
Step 7: Add training and education

This step doesn't apply to all L&I providers. Follow the instructions below if the BPW step is **Required**. Before clicking into Step 7, review **Required Credentials**. The **Required Credentials** tool helps identify what type of training and education information you need to provide to continue with enrollment.

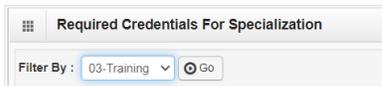
Tip: Make note of all requirements. You may use the Required Credentials tool for multiple steps.

CHECK REQUIRED CREDENTIALS

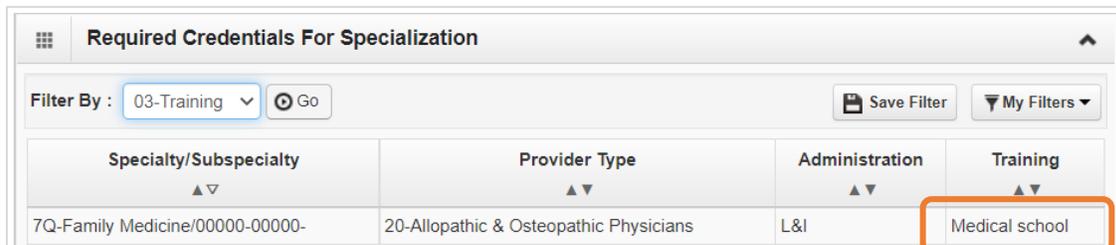
- Click **Required Credentials** from the BPW.



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



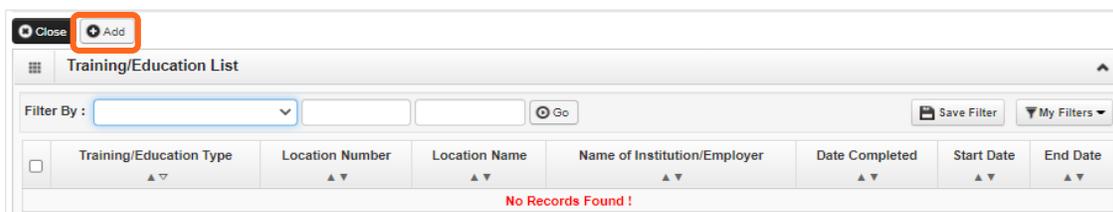
- Required training will be displayed, if required (see highlighted below).



- Make a note of your required training as you'll need it to complete Step 7.
- When finished, click **Cancel** to close.

ADD TRAINING/EDUCATION TYPE

- Click **Add**.



- 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.

The screenshot shows a form titled "Add Training/Education". The "Training/Education Type" dropdown menu is highlighted with an orange border and shows "Medical school". Other fields include "Place Completed", "Name of Institution/Employer", "Start Date", "Date Completed", "End Date", "Unit Type", and "Unit Value". There are "OK" and "Cancel" buttons at the bottom right.

- 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**.

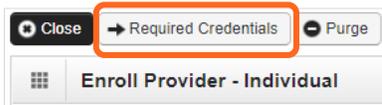
Step 8: Add identifiers

This step doesn't apply to all L&I providers. Follow the instructions below if the BPW step is **Required**. Before clicking into Step 8, review **Required Credentials**.

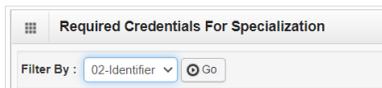
Tip: Make note of all requirements. You may use the Required Credentials tool for multiple steps.

CHECK REQUIRED CREDENTIALS

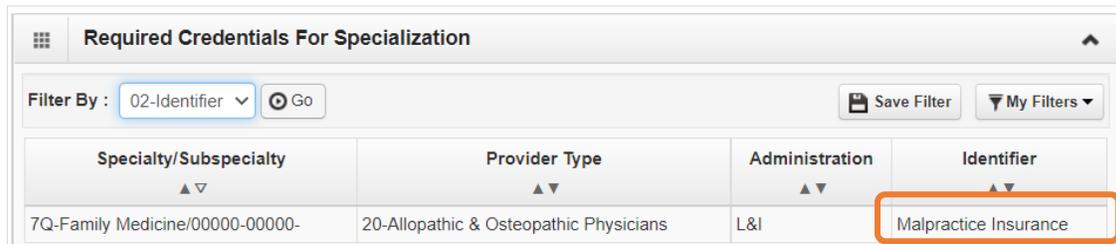
- Click **Required Credentials** from the BPW.



- To view the Identifier requirements, use the **Filter By** drop-down menu to select **02-Identifier** and click **Go**.



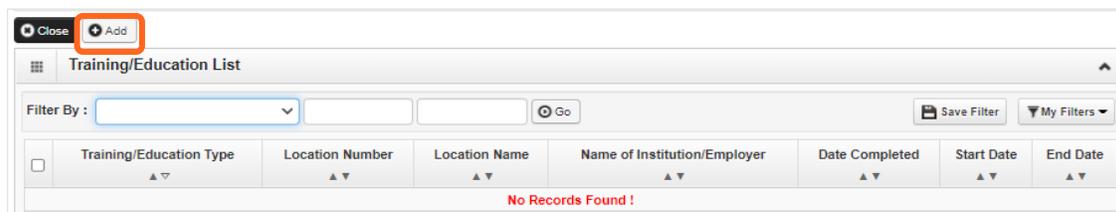
- Required identifier(s) will be displayed, if required (see highlighted below).



- Make a note of your required identifier(s) as you'll need it to complete Step 8.
- When finished, click **Cancel** to close.

ADD MALPRACTICE INSURANCE

- Click **Add**.



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

Add New Identifier

Please Add/Update DEA Number in License & Certification Step/Screen

Identifier Type: Malpractice Insurance * Identifier Value: *

Start Date: * End Date: *

OK Cancel

- 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.

Step 9: Add contract details

This step isn't needed to enroll a servicing provider. L&I and Health Care Authority providers shouldn't enter contract information in this section.

Step 10: Add federal tax details

This step isn't required for servicing providers.

Steps 11-14: Not applicable to L&I providers

This information is applicable if you're applying for the Health Care Authority. Instructions can be found at the [Enroll as a Provider](#) website:

<https://www.hca.wa.gov/billers-providers-partners/become-apple-health-provider/enroll-provider>

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

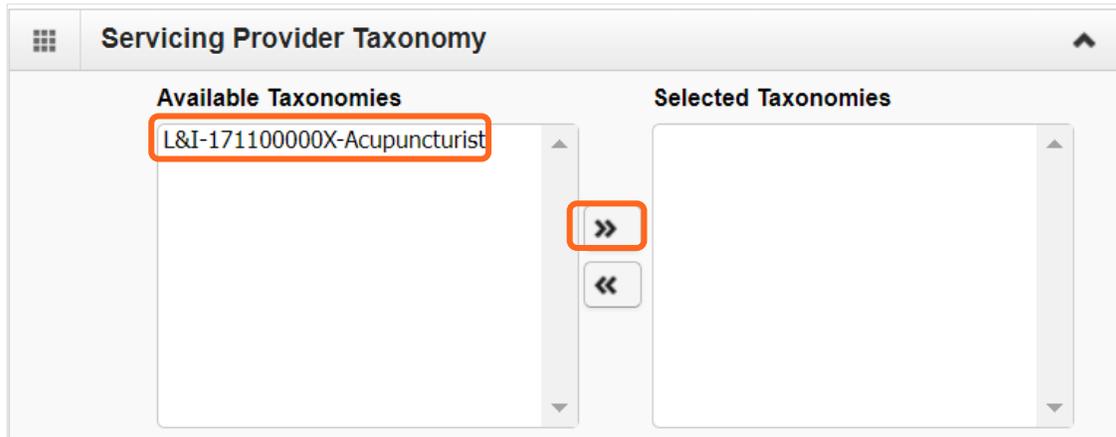
L&I

Selected Agencies

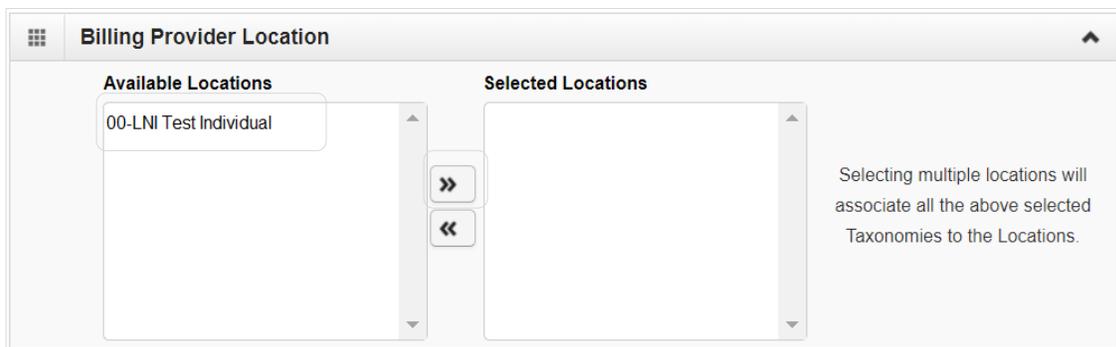
>>

<<

- In **Available Taxonomies**, click all applicable taxonomies and use the double right arrow to move it to the **Selected Taxonomies** box.



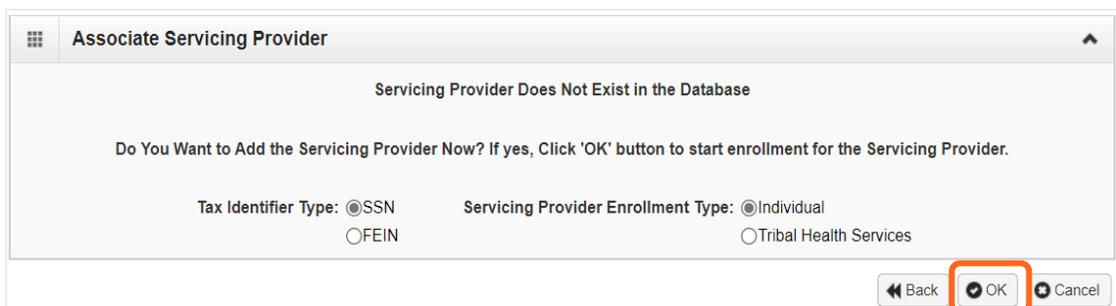
- Click the **Available Locations** and use the double right arrows to move it to the **Selected Locations** box. More than one may be selected.



- 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.

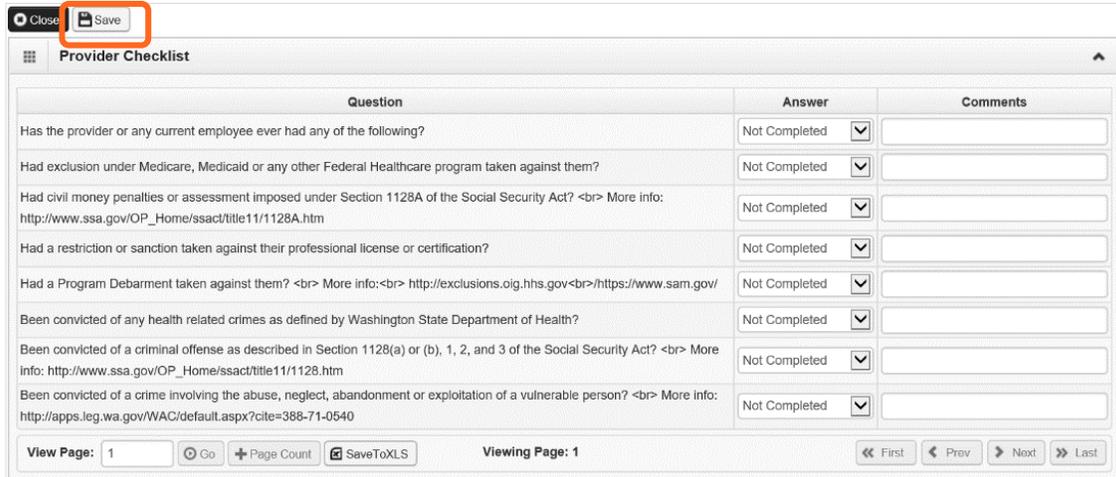
Important! If a new enrollment is started, copy the application ID that is generated for the billing provider. You'll need your Application ID to:

- 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

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" dropdown menu in the "Answer" column and an empty text box in the "Comments" column. At the bottom of the form, there are navigation controls including "View Page: 1", "Go", "Page Count", "SaveToXLS", "Viewing Page: 1", and "First", "Prev", "Next", "Last" buttons.

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.oig.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 19: Final enrollment instructions

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

The screenshot shows a web interface for a 'Final Submission'. At the top, there are three buttons: 'Close', 'Submit Enrollment', and 'Upload Attachments'. Below this is a section titled 'Final Submission' containing 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.

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

Below this is an 'Application Document Checklist' table:

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

At the bottom of the checklist section, there are navigation controls: 'View Page: 1', 'Go', '+ Page Count', 'Viewing Page: 1', and buttons for 'First', 'Prev', 'Next', and 'Last'. There is also a 'SaveToXLS' button.

- Make sure to sign and date every form.

UPLOAD INFORMATION

- Click **Upload Attachments**.

This image is a close-up of the top navigation area of the 'Final Submission' page. It shows three buttons: 'Close', 'Submit Enrollment', and 'Upload Attachments'. The 'Upload Attachments' button is highlighted with an orange rectangular box.

- Click **Add Attachments**.

This image is a close-up of the 'Provider Supporting Documents' section. It shows a text prompt: 'Please click "Add Attachment" button, to attach the documents.' To the right of this text is a button labeled 'Add Attachment', which is highlighted with an orange rectangular box.

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

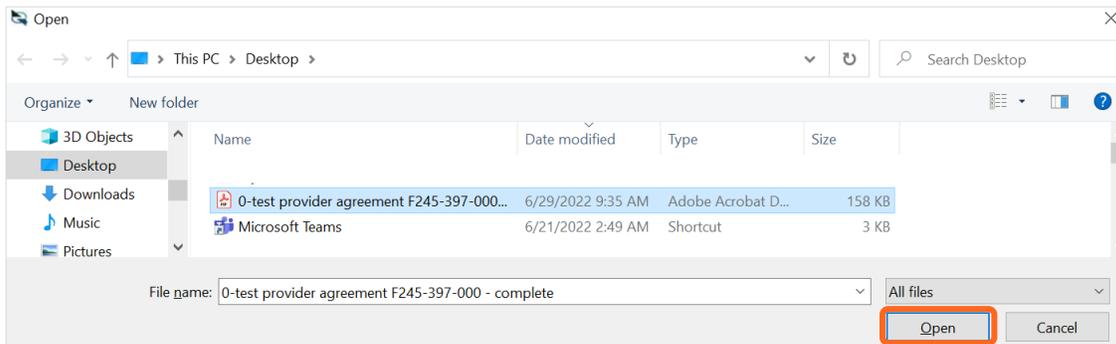
Please complete all Required Fields *

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 | 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	https://www.lni.wa.gov/forms-publications/F245-397-000.pdf
W9		L&I	Form W-9 (Rev. October 2018) (irs.gov)

- 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

- Make a note of your Application ID. You'll need your ID and SSN to check your application status at:
 - <https://www.waproviderone.org/ecams/jsp/common/pgTrackPrvdrApplctn.jsp>
- Click **Close** on the final submission page.

Upon request, foreign language support and formats for persons with disabilities are available. Call 1-800-547-8367. TDD users, call 711. L&I is an equal opportunity employer.

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