



List the provider ID and name and check the applicable box in the inquiry column or other inquiry section. This form may be emailed via the **submit button** below or printed and faxed to provider enrollment at 614.621.1333.

Questions and information to review before completing this form:

- **Want to know if you are currently certified or your group/business practice is actively enrolled?** Check our [online provider lookup](#) to see if the provider or group/business is listed. Use the NPI or BWC assigned number search fields for quick results.
- **Did you receive my application?** If you submit your application online or recertification through your online account's *My Provider Info* provider portal section, you will receive a verification page at the end. Emailed enrollments sent to us at providerenrollment@bwc.ohio.gov will receive an automatic reply verification message.
- **What's my "effective date"?** Our answer to this question will be the date of your mailed notification letter, however bills may be reimbursed for services rendered prior in accordance with BWCs billing and reimbursement policy.
- **PLEASE allow 6 weeks** from the time all information is submitted **before** inquiring about processing completion. It is helpful if you know the date your application was submitted.
- **Recertification notices are periodically mailed** (every 3 years or longer). Providers certified for at least one year are eligible to recertify early. Complete a [Provider Recertification application](#) (MEDCO-13B) form available on our website, or log into your online account's *My Provider Info* portal.

NPI or BWC ID number	Provider or business name	Enrollment/certification status?	Was application received?	What is effective date?
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Other questions? Please print or type

Submitter contact information

Name	Email
Phone number	Fax number