



**Conduent Fiscal Agent Services
U.S. Department of Labor
Provider Address Change Form**

Please complete all sections on this form.

Section A: General Information		
Provider Name:		
Provider Number:		
Please check appropriate program: <input type="checkbox"/> DFELHW (The Division of Federal Employees', Longshore and Harbor Workers' Compensation) <input type="checkbox"/> DEEOIC (Division of Energy Employees Occupational Illness Compensation) <input type="checkbox"/> DCMWC (Division of Coal Mine Workers' Compensation)		

Section B: Previous Address Information			<input type="checkbox"/> Physical/Practice	<input type="checkbox"/> Billing/Remit
Street Address:				
City:	State:	Zip:		
Phone: ()				

Section C: New Address Information			<input type="checkbox"/> Physical/Practice	<input type="checkbox"/> Billing/Remit
Street Address:				
City:	State:	Zip:		
Phone: ()				

Section D: Authorization	
Signature:	Date:
Print Name:	
Title:	

Return to:
 Department of Labor
 Pharmacy Bill Processing, DCMWC
 PO Box 8309
 London, KY 40742-8309

Fax To: 1-800-309-6180