



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"/> FECA (Federal Workers' Compensation Act)		
<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:
DEEOIC/Energy
P.O. BOX 8304
LONDON, KY 40742-8304