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: ☐ DFEC (Division of Federal Workers' Compensation) ☐ DEEOIC (Division of Energy Employees Occupational Illness Compensation) ☐ DCMWC (Division of Coal Mine Workers' Compensation)

Section B: Previous Address Information	☐ **Physical/Practice**	☐ **Billing/Remit**
Street Address:		
City:	State:	Zip:
Phone: ( )		

Section C: New Address Information	☐ **Physical/Practice**	☐ **Billing/Remit**
Street Address:		
City:	State:	Zip:
Phone: ( )		

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

Return to:
Department of Labor
Pharmacy Bill Processing, DFEC
PO Box 8308
London, KY 40742-8308