

Sample Letter to Treating Physician for New Injury

(Print on your installation letterhead)

Dr. John W. Doe

Address, City, State, Zip

Dear Dr. Doe:

RE: Employee: _____

Date of Injury: _____

This employee has claimed an on-the-job injury or work-related illness and selected you as the attending physician. Please note that this employee is an employee of the Federal Government and thus treatment and payment procedures come under the Federal Employees Compensation Act (FECA), and not under the usual workers compensation process used by private sector employees. The Department of Labor administers this program for the entire federal government.

First, please document your medical findings. This can be done by one of three ways:

1. Completing the back page of the CA-16 form that authorized payment for emergency medical care
2. Completing Form CA-20, Physician's Report (enclosed).
3. Mailing a medical narrative which contains the diagnosis, treatment plan, prognosis for recovery, and an explanation of the relationship of the illness or injury to employment, if any.

Please send **ONE** of these methods of documentation to the address below:

(Name of Compensation Specialist)

Address, City, State, Zip Fax number E-mail address

If preferred, this information may be given to the employee to hand-carry to me.

Second, attached is a copy of the employee's current position description. If you feel the employee cannot immediately return to these duties, please note the following:

We are able to provide light duty or sedentary work for employees who are unable to return to their regular duties. This light duty will be in accordance with your written recommendations and can be as light as answering telephones 2 hours a

day. In view of this policy, we would appreciate your response as to what light duty this employee can perform. We make every effort to accommodate work restrictions, including offering a handicapped parking place. If you feel the employee cannot perform any type of work, please send us a prognosis of when return to work may be possible in either a limited or full capacity.

Third, obtain payment for your professional services:

If you are not enrolled as a medical provider under the Federal Employees Compensation Act, your office can enroll through <http://owcp.dol.acs-inc.com>. Click on provider enrollment in the center of the page. It is essential to be enrolled as a provider before you can receive payment. It is only necessary to enroll as a provider one time, not for each case.

The injured employee will receive a claim number very soon. It is essential that you know the claim number from your patient and that the number is handwritten at the top of **EVERY** page of the bills you submit. All bills must be submitted on a 1500 form. Note also that the injury is or will be assigned an “accepted condition” with ICD-9 code and the services you bill for must follow the accepted treatment suites for the condition.

Mail all bills to:

U.S. Department of Labor, Office of Workers Compensation, P.O. Box 8300, London KY 40742-8300.

Phone contact is 866-335-8319 or 850-558-1818

Please note:

Surgery, apart from emergency surgery, must have specific prior approval. Do not schedule surgery until you have obtained approval from the Department of Labor. Requests for authorization of surgery should be faxed to 800-215-4901, again with the claim number written at the top of every page. MRIs and physical therapy no longer require specific approval from the Department of Labor.

Thank you for your teamwork as we endeavor to return this employee to productivity.

Sincerely,

(Name)

Compensation Specialist, phone number