

## Appointment Protocol for Federal Employees

Name \_\_\_\_\_

Street/PO \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phones \_\_\_\_\_ E-Mail \_\_\_\_\_

Date of Birth \_\_\_\_\_  Male  Female Social Security # \_\_\_\_\_

Employer/Agency when you were injured \_\_\_\_\_

If retained, Representative's Name/Firm \_\_\_\_\_

### **Federal Workers' Compensation (OWCP): Schedule Awards ❖ Causation Reports ❖ Treatment**

Schedule Award\*  Acceptance of Claim  Treatment ❖ Claim Status:  Claim Accepted  Claim Denied  Awaiting an OWCP Response  Claim Not Filed

OWCP# \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Body Parts Injured \_\_\_\_\_

Missed work?  Yes  No If Yes > Did OWCP pay you while off work?  Yes  No Are you going to buy back your sick leave / vacation?  Yes  No

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\* Schedule Award reports for surgery on nerves must wait until 1 year after surgery, i.e. Carpal Tunnel, Neck & Back surgery with arm or leg nerve symptoms

1. Complete a separate **Federal Employee Injury Claim Information** form for each OWCP claim.

2. Follow Order of Records. Send records and payment. We will contact you for an appointment.

No Fee for Accepted Claims. \$500 fee per Medical Rationale Causation report. If OWCP accepts the claim and pays Ellis Clinic we then refund your payment.

### **OPM/FERS Federal Medical Disability Retirement Report. Fee \$400**

List Significant Work & Non Work Injuries, Diseases, etc. that make it difficult to work. Examples: 1968 Football left knee surgery. 2001 OWCP left shoulder surgery. 2004 car accident > neck & back. 2005 heart attack. 2007 Rheumatoid Arthritis. An *Ellis Clinic Federal Employee OWCP Injury Claim Information* form not needed.

## Order of Records

Within each section put the most recent records on top. Send Only Copies - Records are destroyed.

1. **Typed Summary List of Records.** *No Summary List = No Appointment!* See example below.
  2. **Appointment Protocol for Federal Employees**
  3. **Federal Employee Injury Information** Use a separate form for each OWCP claim.
  4. **Department of Labor:** Decisions, Awards, correspondence.
  5. **Employer:** Usually not needed unless pertinent, i.e. work restrictions, job offers, harassment, threats of termination. Include your Job Description if filing a new Form CA-2 Occupational Disease, i.e. Carpal Tunnel Syndrome.
  6. **Medical Records:**  
 Within each section put the most recent records on top.  
 Put a tab or sheet of colored paper between each section.  
 Staple together the pages of each operation, test, physician record, etc  
 Send only pertinent records, i.e. for an operation only the Operative Report is needed and not all the hospital records.
- ❖ **Operations & Hospitalizations:** Operation Procedure, Doctor's name & medical degree, date.
  - ❖ **Tests:** MRI, X-Ray, EMG, etc. Lab tests not needed unless the results are related to your claim.
  - ❖ **Physician Records:** Office Notes, letters, forms, etc. A group of physicians can be stapled together.
  - ❖ **Non Physician Records:** Physical Therapy, Functional Capacity Exams, etc.

### Example of Summary List of Records

John Q. Doe OWCP Claim # 123456789 DOI: 1/2/2004

**Department of Labor Decisions:** 6/7/2009, 4/5/2006, 1/3/2005

**Employer:** Job Offer, 1/7/2006

**Operations:**

Left Shoulder Rotator Cuff Repair, Ima Cutter, MD, 7/7/2001

Right Knee Arthroscopic Medial Menisectomy, IMA Cutter, MD, 8/8/2002

**Tests:**

MRI Left Shoulder, 6/6/2001

EMG Nerve Conduction Study Upper Extremities, I.L. Needle, DO, 6/8/2001

**Physician Records:**

Marcus Welby, MD 12/2/2001 to 12/2/2001

ABC Ortho Group, IMA Cutter, MD. & Rita Snow, DO, 2/14/1996 to 7/8/2002

**Non Physician Records:**

Wellness Physical Therapy, 7/18/200 to 11/13/2001

**Records Help** Professional Record Review. PRR collates your records, types your Summary List and sends to Ellis Clinic.

PRR Fees: \$40 per inch of records plus S&H. *Professional Record Review*, 2002 Brenthaven Dr., Mt. Juliet, TN 37122.

Tel: (615) 618-7661 [professionalreview@hotmail.com](mailto:professionalreview@hotmail.com) • [www.professionalrecordreview.vpweb.com](http://www.professionalrecordreview.vpweb.com) Ellis Clinic receives no monies from PRR.

**Ellis Clinic Fee:** No Fee for Accepted Claims if Ellis Clinic can obtain pre-approval from OWCP.

\$500 fee per Medical Rationale Causation report.

If OWCP accepts your claim • You inform us • We bill OWCP • If OWCP pays Ellis Clinic then we then refund your payment.

Payment Method  Check payable to Ellis Clinic, PC  MasterCard  Visa (No Am Express or Discover)

Payment will be deposited only if your records are acceptable. Ellis Clinic will then call you for an appointment.

Date: \_\_\_\_\_ Total \$ \_\_\_\_\_ for \_\_\_\_\_ Number of Causation Reports

Card# \_\_\_\_\_ Expires \_\_\_\_/\_\_\_\_ Security Code \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Address: \_\_\_\_\_

Physician ethics do not allow contingency fees. There are no refunds if Ellis Clinic does not opine that a claim is work related.

## Federal Employee Injury Information • Use a Separate form for each OWCP injury claim

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_  Male  Female

Address/City/State/Zip \_\_\_\_\_

Phones \_\_\_\_\_ E-Mail \_\_\_\_\_

Date of This Injury \_\_\_\_\_ OWCP Claim # \_\_\_\_\_  # Not Yet Assigned

Claim Status:  Accepted  Denied  Pending Type of Claim Form:  CA-1 Acute Injury  CA-2 Occupational Injury  CA-2a Recurrence  Not Sure

Work Status:  Working for same employer  Working for new employer  Off work due to this injury  Terminated  Retired  Other

Employer/Agency when injured \_\_\_\_\_ When did you go to work for this employer? \_\_\_\_\_

If retained, your Representative \_\_\_\_\_

**Briefly Describe What Caused this Injury**, i.e. Slipped and fell on my back. My car was hit from the rear. A box fell on my left shoulder.

\_\_\_\_\_  
 More on back

**Where Do You Continue to Hurt?** \_\_\_\_\_  More on back

**Briefly List Your Treatment**, i.e. 1. Mercy ER, X-Rays, 2. Jane Smith DO, medications, 3. John Jones MD, Back Surgery 11/2016, 4. physical therapy

\_\_\_\_\_  
 More on back

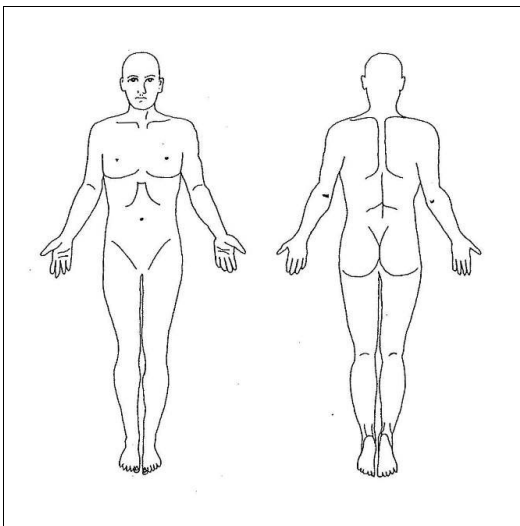
**Did You Miss Work Due to this Injury?**  Yes  No Did you receive OWCP/COP payments?  Yes  No  I used my sick leave &/or vacation time.

**Missed Work Dates**, i.e. 3 weeks left knee surgery on 11/2/16 \_\_\_\_\_

**MEDICAL HISTORY of SIGNIFICANT INJURIES, SURGERIES & DISEASES**, i.e. 1983 football left knee surgery. 2005 State Work Comp Back surgery. 2010 Diabetes. 2012 OWCP right knee surgery. 2013 rear end car accident, neck pain. 2014 OWCP carpal tunnel syndrome, no surgery. 2015 Heart attack, stents.

\_\_\_\_\_  
 More on back

### Circle Where You Still Have Pain or Problems



### MEDICATION ALLERGIES:

\_\_\_\_\_  
 More on back

**SMOKER:**  Never  Yes Packs/Day \_\_\_\_\_ Age Started \_\_\_\_\_ Age Stopped \_\_\_\_\_

**SCHOOL:**  High School Degree  GED  
 College Years in College or Degrees \_\_\_\_\_

Date form completed: \_\_\_\_\_  Patient  Not by Patient