



Appointment Protocol OWCP
Federal Workers' Compensation Injury Claim Information



Complete a Separate Form for Each OWCP Claim

Mail: Page 1 • Page 2 • Payment • Summary List & Records. Ellis Clinic will then contact you for an appointment.

OWCP Claim# _____ Not Yet Filed **Date of Injury:** _____

Body Parts Injured: _____

Type of Claim Form: CA-1 Acute Injury CA-2 Occupational Disease CA-2a Recurrence **Claim Status:** Accepted Denied Not Yet Filed

Employer
When injured _____ **When did you go to work for this employer?** _____

Requesting: Schedule Award Treatment Medical Rationale to Accept Claim. CA-2 Claims Require an Employee Statement. Google "Form CA-35"

First • Middle • Last Name _____

Full Mailing _____

Address: _____

Contact Phone/s: _____ E-Mail _____

SSN _____ Date of Birth: _____ Male Female

Your Representative: None. _____

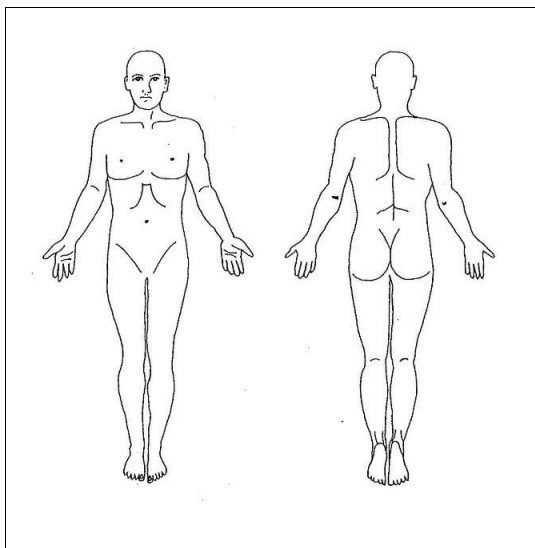
Briefly Describe What Caused this Injury: _____

Briefly List Treatment, i.e. Mercy ER> X-Rays, Jane Smith DO> Medications, John Jones MD> Back Surgery on 11/2016, Physical Therapy

Temporary Total Disability (TTD): Did Not Miss Work Missed Work **TTD Payment:** OWCP paid Used Sick Leave/vacation Terminated Retired

Dates you missed work due to this injury: _____

Circle Where You Still Have Pain or Problems from This Injury



MEDICAL HISTORY of other Significant Injuries, Surgeries & Diseases or OWCP Claims

Examples: 1983 left knee surgery, 2005 State Work Comp Back surgery, 2010 Diabetes, 2012 OWCP right knee surgery. 2013 Car accident, neck pain.

Medication Allergies: _____

Veteran? No Yes VA Disability? No Yes: Total Percent: _____ %

Other Appointments available: www.EllisClinic.com > Click Appointments

FERS Federal Employee Retirement System • VA Disability
Social Security • Personal Injury • State Work Compensation

Is this your first visit to Ellis Clinic? Yes No. I last came about _____ years ago.

Fees: OWCP Federal Workers' Compensation Exams and Expert Medical Opinion Reports:

No Fee for an OWCP Accepted Claim ♦ If Ellis Clinic is able to obtain OWCP to authorization.

\$ _____ \$500 per OWCP Additional claims seen on same day. # _____ Claims.

\$ _____ \$50/Inch for Ellis Clinic to Collate Records and make your Summary List
1 Inch = \$50, 1½ inches = \$100, 2½ inches = \$150, etc.
Records must be collated as per the Order of Records below.

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

Date: _____

Card# _____ Expires _____ / _____ Security Code _____

Name on Card: _____ Signature: _____

Card Address: _____ Zip: _____

RECORDS PROTOCOL for Each OWCP Claim.

Send Only Copies • Records are shredded and are not returned..

Only pertinent records needed, i.e. Only an Operative Report is needed - not every hospital page.

ORDER of RECORDS See Page 2 for Instructions for Order of Records and Summary List on Page 2.

- ★ **Page 1:** Appointment Protocol
- ★ **Page 2:** This Page of Fees • Payment and Order of Records
- ★ **Optional Employee &/or Representative** letter to Ellis Clinic about your claim.
- ★ **Summary List of Records:** Important! It will be attached to your report. See Example on Page 3.

Below Medical Record Sections:

- ♦ Insert a sheet of colored paper or tab at the beginning of each section. Print the Section #.
- ♦ Within each section put the most recent records on top.
- ♦ Staple individual Decisions, Surgeries, Tests and each physician's records.

1. **Department of Labor / OWCP Correspondence.** Decisions, Acceptance, Schedule Awards, etc.
2. **Employer Correspondence.** Optional. Only if pertinent to your claim
3. **Employee.** Injury Claim form: CA-1, CA-2, CA-3, Employee Statement
 - ♦ Form CA-2 Occupational Disease Claims Require: 1. Typed Employee Statement and 2. Official Job Description
 - ♦ For Employee Statement instructions Google "Form CA-35". Get Job Description from your supervisor or Google.
4. **Operations:** Surgeries, Epidural injections, Dorsal Column Stimulators, etc.
5. **Tests:** MRI, EMG/NCS, X-Rays, etc.
6. **Physician & Hospital Records:** For Hospital usually just the Discharge Summary will be enough.
7. **Non Physician Records:** Physical Therapy, Functional Capacity Exam, etc.

Mail: Page 1 • Page 2 • Payment • Summary List & Records to Ellis Clinic.
Ellis Clinic will then contact you for an appointment.

Example of a Summary List of Records

OWCP Federal Workers' Compensation

Your Summary List is very important. It will be added to your report.

Make a Separate Summary List for each OWCP Claim

Ellis Clinic will make your Summary List for \$50 per Inch

Records must be collated as per the Order of Records on Page 2.

Medical Records John W. Doe

OWCP# 123456789, DOI: 2/14/15

1. Department of Labor:
 - a. 6/2/16 Acceptance
 - b. 3/13/15 Denial
2. Employer:
 - a. Official Job Description (Only needed for a Form CA-2 Occupational Disease Claim)
 - b. 5/5/18 Job Offer (Only needed if TTD Temporary Total Disability is an Issue)
3. Employee:
 - a. 2/14/15 Form CA-1
4. Operations:
 - a. 2/4/18 Right Knee arthroscopy, Joe Bones, D.O.
 - b. 6/17/17 Back Surgery, Ima Cutter, M.D.
5. Tests:
 - a. 6/6/18 EMG/NCS Bilateral Lower Extremities.
 - b. 8/3/16 MRI Lumbar Spine
 - c. 7/1/15 MRI Right Knee.
6. Physician & Hospital Records:
 - a. 11/1/18 - 6/7/17 Joe Bones, D.O.
 - b. 7/5/18 - 3/15/14 ABC Clinic: Ima Cutter, M.D. and others.
 - c. 6/20/17 Mercy Hospital: Discharge Summary
 - d. 6/17/17 Mercy Hospital: History & Physical
7. Non Physician Records:
 - a. 5/3/18 - 3/6/18 Wellness Physical Therapy