



OWCP Appointment Protocol

Federal Workers' Compensation Injury Claim Information



Mail: Protocol, Records, Summary List & Payment. Ellis Clinic Then Contacts You.

Separate Form for Each Claim

OWCP Claim# (Pending) _____ **Date of Injury:** _____

Type of Claim: Form CA-1 Acute Injury Form CA-2 Occupational Disease Form CA-2a Recurrence of Accepted Claim

Claim Status: Accepted Denied Not Yet Filed

Requesting: Treatment Schedule Award Medical Rationale to Accept Claim Missed Work TTD Payments Adding Conditions to a Claim
Forms CA-2, CA-2a & Upgrades require an Employee Statement. It helps if done before your appointment or Ellis Clinic will assist you at appointment. Info Handouts www.EllisClinic.com

Employer for this claim: _____ Year Went to Work for Employer: _____

Missed Work • TTD Temporary Total Disability: Yes No • TTD Payments: OWCP paid Used Sick Leave/&/or Vacation Terminated Retired

Dates Missed Work (OK to approximate): _____

Body Parts Injured: _____

Briefly Describe What Caused Injury or Condition: _____

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

FULL Name: _____

Mailing Address: _____

City / State / Zip _____

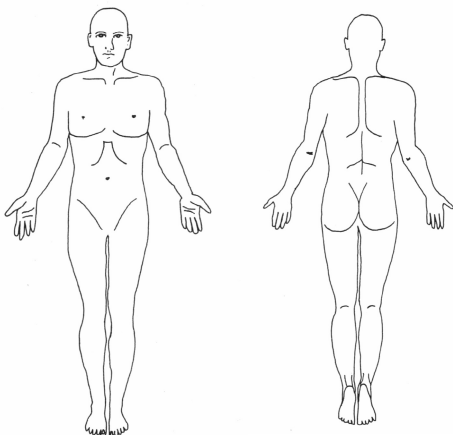
Contact Phone/s: _____

E-Mail _____

SSN: _____ **Date of Birth:** _____ Male Female

Your Representative: None _____

**Circle Where You Still Have Pain
&/or Problems from This Claim**



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

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

Medication Allergies: _____

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

Other Appointments → www.EllisClinic.com and Click Appointments
FERS Federal Employee Retirement System • VA Disability • Social Security
Personal Injury • State Work Compensation, etc.

Is this your first visit to Ellis Clinic? Yes No.

OWCP ORDER of RECORDS

Submit records in the below order. Most recent on top. *Only Copies - Records Are Shredded!*
 Send only pertinent records, i.e. Operative Reports but not the entire hospital chart.

1. **This OWCP Appointment Protocol** with Credit Card Payment or Check.
2. **You and your representative correspondence to** Ellis Clinic.
3. **Summary List of Records** (typed). Important! List is attached to your medical opinion report.
 Accepted Claim: Ellis Clinic types your Summary List. Unaccepted Claim: You can type your list or request Ellis Clinic for your list (\$50/inch).
4. **Department of Labor / OWCP:** Decisions, Award, District Medical Advisor and Second Opinion Physician Reports.
5. **Employer:** Form CA-16, Correspondence about your OWCP claim or job offers.
6. **Your OWCP: Forms CA-1, CA-2, CA-2a.** Form CA-2 claims need an Employee Statement.
7. **Operations:** Surgeries, Epidural injections, Dorsal Column Stimulators, etc. Hospital: Usually just the Discharge Summary.
8. **Tests:** MRI, X-Rays, EMG/NCS, etc.
9. **Physician Records:** Office Progress Notes, Letters and Reports.
10. **Non Physician Records:** Physical Therapy, Functional Capacity Tests etc.

Example of a Summary List

Records: John Doe OWCP#123456789 DOI 1/15/16

1. Department of Labor / OWCP:
 - a. 6/2/20 Acceptance
 - b. 2/12/20 John W. Ellis, M.D. Medical Rationale report.
 - c. 1/15/20 OWCP Denial - Lack of Medical Rationale by a physician.
2. Employer:
 - a. Official Job Description
 - b. 7/3/20 Job Offer
3. Employee:
 - a. 1/15/19 Form CA-1. Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation
4. Operations:
 - a. 9/17/19 Back Surgery, Ima Cutter, M.D.
 - b. 2/4/19 Right Knee arthroscopy, Joe Bones, D.O.
5. Tests:
 - a. 5/3/19 MRI Lumbar Spine
 - b. 2/1/19 MRI Right Knee.
6. Physician & Hospital Records:
 - a. 1/17/19 - 2/3/21 Joe Bones, D.O.
 - b. 1/15/19 - 2/28/19 ABC Clinic: Ima Cutter, M.D. and others.

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

Accepted Claim: NO FEE If Ellis Clinic is able to obtain OWCP pre-authorization.

Not Yet Accepted Claim: \$500*

Summary List of Records Accepted Claim: NO FEE. Ellis Clinic will prepare your Summary List.

Summary List of Records Not Accepted Claim: Free if you type your Summary List

\$50/inch Records* If Ellis Clinic prepares your Summary List

***When OWCP Accepts Your Claim:** Simply use Form CA-915 Claimant Medical Reimbursement Form. Keep Your Receipts & Co-Pays.

PAYMENT for OWCP Claim #: _____ **DOI:** _____

Total Payment \$ _____ \$500 Not Accepted Claim **PLUS** Summary List by Ellis Clinic. Records _____ Inches x \$50/inch = \$ _____

Date: _____ Check Enclosed • Card Type: Am Express Discover MasterCard VISA Other _____

Patient Name: _____

Card# _____ Expires _____ / _____ Security Code _____

Name on Card: _____

Card Address: _____ Zip: _____

Mail this Protocol (pages 1&2), Records and Payment to Ellis Clinic. Ellis Clinic will then contact you for an appointment.