

## WHAT TO DO WHEN INJURED AT WORK

The Federal Employees' Compensation Act (FECA) (5 U.S.C. 8101 et seq.) is administered by the Office of Workers' Compensation (OWCP) of the U.S. Department of Labor (DOL). It provides compensation benefits to civilian employees of the United States for disability due to personal injury sustained while in the performance of duty or to employment-related disease. The FECA also provides for the payment of benefits to dependents if the injury or disease causes the employee's death. Benefits cannot be paid if the injury or death is caused by the willful misconduct of the employee or by the employee's intention to bring about his or her injury or death or that of another, or if intoxication (by alcohol or drugs) is the cause of the injury or death.

### **SUBMITTING CLAIM**

**Report Every Injury** to your supervisor, safety office and the personnel office. No injuries are too small to report. **Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation** is used to report a traumatic injury, which is an injury that has occurred within one tour of your regular duty. The CA-1 form should be filed within 30 days of the injury to receive continuation of pay (COP). COP is an extension of your regular pay for up to 45 calendar days of wage loss due to disability and/or medical treatment. Once your 45 days of COP has ended and you're still disabled to work due to a medical report from your physician, you can continue to claim compensation. If your disability extends beyond the 45<sup>th</sup> day, complete a CA-7 by the 40<sup>th</sup> day of COP and send to:

CHRA, SWDCPAC  
Attn: Catherine W. Rhodes  
819 Taylor Street, Room 2A14  
Fort Worth, TX 76102

**Form CA-2, Notice of Occupational Disease and Claim for Compensation**, is used to report an occupational disease, which is an injury or illness that has developed over a period greater than one tour of official duty (COP). COP is not authorized for an occupational disease/illness injury.

### **OBTAINING MEDICAL TREATMENT**

If you sustained an injury that requires medical attention you have the right to choose your treating physician. Your supervisor may complete a Form CA-16, "Authorization for Examination and/or Treatment when you need to see a physician. In an emergency, where there is not time to complete the form, the supervisor or CPAC Injury Compensation Program Administrator may authorize medical treatment by phone. The Form CA-16 may be issued within 48 hours. Retroactive issuance of Form CA-16 is not allowed under any circumstance. For each type of claim, you are responsible for submitting, or arranging for submittal of a medical report from the treating physician for every medical service provided to you resulting from the job-related injury. A CA-16 is

not authorized for an Occupational Illness/Disease injury. Your physician should request authorization of medical and surgical procedures through the Affiliated Computer Services (ACS) web portal at <http://owcp.dol.acs-inc.com> or fax their requests to 800-215-4901 if they do not have internet access. The template can be found on the ACS website.

### **MEDICAL BILL PAYMENTS**

Your provider has the option of sending bills for injury-related treatment or services electronically, or in paper form. Providers that elect to submit bills electronically must enroll as a Department of Labor (DOL) provider at the website above. OWCP will pay appropriate charges for medical treatment if your case is approved and the treatment was necessary for the job-related injury. You are not responsible for paying the difference between the maximum charges made by the provider for bills for a traumatic injury. For payment of reimbursement you must submit proof of payment, along with Form OWCP-915, Claimant Medical Reimbursement Form. All forms are available at DOL website [www.dol.gov](http://www.dol.gov)

However, you are responsible for payment of medical bills resulting for an occupational disease or illness claim until the claim is accepted by DOL. Submit medical documentation to:

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

Reference your claim number on each page of the medical bills.

To check the status of medicals bills and authorization the provider would need to contact Affiliated Contract Services at 1-866-335-8319.

If you have any questions, please contact Catherine Rhodes @ 817-886-1190.