

7. How do I get my medical expenses paid?

Your physician should submit billings and medical reports to the following address:

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

If a CA-16 was issued, medical bills will be paid for a period of 60 days from the date the CA-16 was issued, even if the case has not yet been accepted by the DOL OWCP.

The AFPC IC Office does not receive bills that your physician submits, nor does AFPC IC play a role in the payment of bills submitted in your case. Should you experience any difficulty with payment of medical bills, for assistance, contact the DOL OWCP and/or ACS, the company that provides bill payment service to the DOL OWCP. The phone number for ACS is 1-850-558-1818. You may also check the status of your billing also on line at: <http://owcp.dol.acs-inc.com>.

8. How can I check the status of my claim? Go online to: <http://owcp.dol.acs-inc.com>, click on FECA claimant link at top left, follow the instructions. After entering your case # information, click "submit". At the next screen click on the Claimant Query System (CQS) link on the left. Enter you claim # again to see your claim status. This site is designed to provide injured workers with 24-hour access to their case file status, accepted conditions, address of record, compensation claim status, compensation payments, dates, and periods covered. The CQS also provides specific information on medical billings, reimbursement requests, eligibility and authorization inquiries.

You may also contact the DOL OWCP. A listing of the DOL OWCP District Offices and their contact information is available on line at: <http://www.dol.gov/owcp/contacts/fecacont.htm>.

9. What are my options if DOL denies my claim? Every formal decision issued by DOL OWCP has appeal rights that are included in their written correspondence to you. Therefore, it is im-

portant that you carefully read and follow the instructions that are provided. Please note that the time allowed to file your appeal is strictly enforced by the DOL OWCP, therefore it is imperative that you adhere to the specified timeframe when exercising your right to appeal.

10. How do I contact the AFPC Injury Compensation Office? Contact the AFPC IC Office through the TFSC at 1-800-525-0102. Listen carefully to the menu and press "2" for civilian employees. You will hear two tones (and several seconds of silence) while your call is being transferred to a Customer Service Representative. Press "4" for "All Other Inquiries."

11. Where can I find additional information pertaining to Injury (Workers') Compensation? You can access information at the DOL OWCP website: <http://www.dol.gov/owcp/dfec/> or for AFPC IC go to <https://mypers.af.mil> and do search on injury compensation. You may also contact DOL OWCP at 303-202-2500 or by FAX 303-236-9063.

12. If I am separated from service due to my medical condition and placed on the periodic rolls (receiving compensation from OWCP), and become fully recovered from my medical condition, what are my rights? Restoration Rights:

<http://cfr.vlex.com/vid/353-301-restoration-rights-19602042>

For additional worker's compensation information go to the DPC Sharepoint website:

<https://org.eis.afmc.af.mil/sites/OOALCDP/DPCE/DPC/EB/Forms/AllItems.aspx?View>

Then click on to "Workers Compensation"

Air Force Personnel Center

Office of Worker's Compensation Program (OWCP) Information



**INJURY COMPENSATION
AFPC/DPIEPC
550 C Street West Ste 57 M/S 667
Randolph AFB, TX 78150**

November 2013

Employee's Responsibility

The employee's responsibilities will be to:

- Immediately report any job-related injury to their supervisor.
- Along with supervisor, complete the Form CA-1, Notice Traumatic Injury or CA-2, Notice of Occupational Disease. These forms can be obtained at the Department of Labor's website, <http://webapps.dol.gov/libraryforms>. Type in the search engine box either CA-1 or CA-2.
- Carefully read the instructions for these forms. Complete injury claim form (CA-1/CA-2) electronically with your supervisor and print, sign and give original to supervisor.
- For urgent traumatic injuries only, if emergency medical care is needed, request a CA-16, Authorization for Medical Treatment form from the dispensary, supervisor or call AFPC Injury Compensation (IC) Office. Employee chooses whether to use base Medical Treatment Facility (MTF) or see private physician.
- Provide medical documentation to your supervisor to email, fax or mail directly to AFPC IC :

EMAIL: injury.compensation@us.af.mil

MAIL:
AFPC/DPIEPC Injury Compensation
550 C STREET WEST, STE 57 MS/667
RANDOLPH AFB, TX 78150-4759

PHONE: 800-525-0102
FAX: (210) 565-2952

INJURY COMPENSATION FAQs

1. How do I seek medical treatment for my work related injury? You should seek and obtain the medical treatment that you need right away. You may choose your own private physician to treat you for your injury. If the MTF at your installation provides treatment for civilians with on-the-job injuries you may choose to be treated at the MTF. Ask your supervisor if the MTF at your installation offers this service.

2. How long do I have to file an injury claim? The CA-1 should be filed within 30 days of the date of injury to receive continuation of pay (COP) for a traumatic injury. The CA-2 should be filed 30 days from the awareness of the occupational illness. Any claim which is not submitted within 3 years may be barred by time limitations. The employer/supervisor has 10 working days to submit a claim to DOL from the time it is received from the employee.

3. What happens after I file a CA-1 or CA-2 with my supervisor? The CA-1 or CA-2 will be completed electronically and submitted immediately through the Electronic Data Interchange (EDI) system, by your supervisor. Once the form is submitted through the EDI system, it should be printed and signed by both the supervisor and injured employee. The signed electronic printout and all injury related documentation should be immediately forwarded to AFPC IC Office by email or fax.

The CA-1 or CA-2 will then be forwarded to the Department of Labor Office of Workers' Compensation (DOL OWCP). The DOL OWCP has final authority for accepting or denying injury compensation claims. The DOL OWCP will consider all written factual and medical evidence submitted and will then notify you in writing of their decision. If your claim is accepted, you will be entitled to benefits under the Federal Employees' Compensation Act (FECA). If your claim is denied, you will be notified of your appeal rights (see question #8 for additional information).

4. How do I obtain my claim number? The DOL will assign a claim number within 24-48 hours after receipt of the CA-1 or CA-2. The AFPC IC Office will notify your supervisor of the assigned claim number. Your supervisor should provide you the claim number immediately. However, soon thereafter you will receive by mail additional information about your injury claim from both AFPC IC and the DOL of Workers' Compensation.

The claim number will generally be available within 3-5 work days from the date your claim was electronically submitted through the EDI system. You may also contact the AFPC IC Office through the Total Force Service Center (TFSC) at 1-800-525-0102. Listen carefully to the menu and press "2" for civilian employees. You will hear two tones (and several seconds of silence) while your call is being transferred to a Customer Service Representative. Press "4" for "All Other Inquiries."

5. How do I claim compensation for the wages lost due to my injury? Once your case has been accepted by the DOL OWCP, to file for wage loss compensation you will need to complete the first page of Form CA-7, Claim for Compensation. You can obtain this form from your supervisor, or from the following website: <http://webapps.dol.gov/libraryforms>. Type in the search engine box CA-7. Read the instructions for this form carefully. Once completed, give the CA-7, Claim for Compensation, to your supervisor. Sign and do not date the form. The CA-7 form should be completed every 2 weeks, immediately after the end of the pay period in which you missed time from work due to the work injury.

6. What happen if an employee decides to use their own sick or annual leave due to their worker's compensation injury/illness? The employee can file a request for Leave Buy Back by using the CA-7, Claim for Compensation. The request must be submitted within 1 year of using the leave or 1 year from the date the case was accepted by DOL (whichever is later).