

Federal Employee Appointment Protocol

Federal Workers' Compensation &/or OPM/FERS Medical Disability

Mail your records. We will call you to set up an appointment.

Name _____

Address or PO Box _____

City _____ State _____ Zip _____

Contact Phone _____ E-Mail _____

Social Security # _____ Date of Birth _____ Male Female

Employer/Agency when you were injured _____

If retained, Representative/Firm _____

Federal Workers' Compensation (OWCP): Causation • Schedule Awards • Treatment

Fee: Accepted Claim: No Fee. Ellis Clinic is usually able to obtain pre-approval from OWCP.

Fee: Multiple Accepted Claims seen on same day: \$500 each additional claim. If OWCP pays Ellis Clinic, then we refund your payment.

Fee: Medical Rationale Causation report to start a claim or get a claim accepted: \$500 each claim. If OWCP pays Ellis Clinic, we refund payment.

Schedule Award Treatment Medical Rationale to Accept Claim → You need a typed or legible Employee Statement. Google Form CA-35 for instructions.

OWCP# _____ Date of Injury: _____

Body Parts Injured _____

Claim Status: Accepted Denied Not yet Filed. Did you miss work due to this claim? Yes No Did OWCP pay you while off work? Yes No

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

Schedule Award Treatment Medical Rationale to Accept Claim → You need a typed or legible Employee Statement. Google Form CA-35 for instructions.

OWCP# _____ Date of Injury: _____

Body Parts Injured _____

Claim Status: Accepted Denied Not yet Filed. Did you miss work due to this claim? Yes No Did OWCP pay you while off work? Yes No

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

Schedule Award Treatment Medical Rationale to Accept Claim → You need a typed or legible Employee Statement. Google Form CA-35 for instructions.

OWCP# _____ Date of Injury: _____

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Claim Status: Accepted Denied Not yet Filed. Did you miss work due to this claim? Yes No Did OWCP pay you while off work? Yes No

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

OPM/FERS Federal Medical Disability Retirement Report. Fee \$500

List Significant Work & Non Work Injuries and Disease Conditions that make it difficult to work.

Examples: 1968 left knee surgery, 2001 left shoulder surgery, 2004 car accident > neck & back, 2005 heart attack. 2007 Rheumatoid Arthritis.

(The *Ellis Clinic Federal Employee OWCP Injury Claim Information* form is NOT needed for an OPM/FERS report.)

Records Protocol: Federal Workers' Compensation (OWCP) &/or OPM/FERS

Send Only Copies! Records Are Destroyed and Are Not Returned.

If your records are acceptable Ellis Clinic will call you to set an appointment.

If your records are not acceptable we will call or write you what is needed.

Send only pertinent records, i.e. Only an Operative Report is needed and not all the hospital records.

ORDER of RECORDS

Place a sheet of colored paper between each of the below numbered sections. Print the name of the section.

Within each section put the most recent records on top.

Staple or clip together the pages of each operation, test, physician's records, etc.

1. **Federal Employee Appointment Protocol form on top.**
2. **Optional:** Your explanation letter to Ellis Clinic.
3. **Typed Summary List of Records.** Very important! The list is attached to your report. No List = No Appointment.
4. **Department of Labor Correspondence**
5. **Optional: Your Employing Agency's Correspondence.**
6. **Operations:** Date • Operation Report/Procedure • Doctor's name & medical degree. Examples:
 - 1/1/17, Right knee arthroscopy, Joe Bones, MD
 - 3/4/17, Right shoulder surgery, Joe Bones, MD
7. **Tests:** Date • Type of Test • Body Part. (Doctor's name not needed). Examples:
 - 1/1/18 MRI Cervical Spine
 - 1/1/18 EMG/NCS Upper Extremities
8. **Physician Records:** Reports • Office Notes • letters • work status forms. Examples:
 - 2/1/16 to 11/5/17, Joe Bones, MD
 - 3/15/14 to 1/5/16 ABC Clinic, Marcus Welby MD, Sam Jones DO
 - 3/3/14 Mercy Emergency Record
9. **Non Physician Records:** Physical Therapy • Functional Capacity Exam. Example:
 - 3/4/17 to 8/3/17 Wellness Physical Therapy

Fees for Federal Workers' Compensation (OWCP) & OPM/FERS:

\$500 Accepted Claim: No Fee. Ellis Clinic is usually able to obtain pre-approval from OWCP.

\$500 Each Additional Multiple Accepted Claims seen on same day: If OWCP pays Ellis Clinic, then we refund your payment.

\$500 Medical Rationale Causation to start a claim or get a denied claim accepted. If OWCP pays Ellis Clinic, we refund your payment.

\$500 OPM/FERS Federal Medical Disability report.

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

Payment deposited only if records are acceptable. Ellis Clinic will then call you for an appointment. No refunds for missed appointments

\$ _____ Federal Workers' Compensation (OWCP). Number of claims: _____

\$ _____ OPM/FERS report (\$500)

Date: _____

Full Name: _____

Card# _____ Expires ____/____ Security Code _____

Name on Card: _____

Card Address: _____

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

Federal Employee OWCP Injury Claim Information

Complete a separate form for each OWCP Injury Claim. This form is not needed for OPM/FERS.

Name _____

Address / PO Box _____

City _____ State _____ Zip _____

Contact Phone _____ E-Mail _____

Date of Birth _____ SSN _____ Male Female

Date of Injury _____ OWCP Claim # _____

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

Body Parts Injured _____

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

If retained, your Representative _____

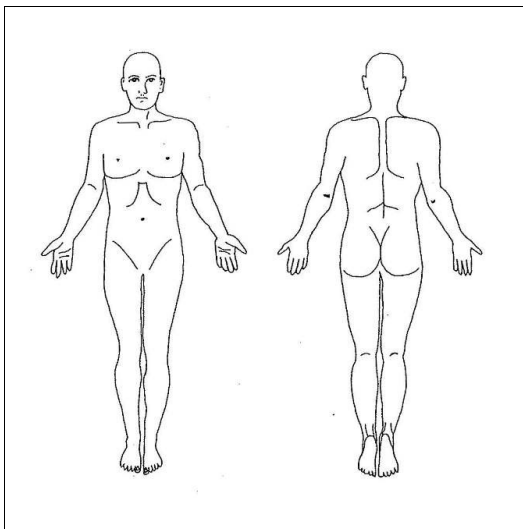
Briefly Describe What Caused this Injury, i.e. Slipped and fell on my back. My car was hit from the rear. A box fell on my left shoulder.

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

Temporarily Totally Disability (TTD): Did not miss work Missed Work TTD Payment: OWCP paid. Used sick leave/vacation Terminated Retired

Dates you missed work (TTD): _____

Circle Where You Still Have Pain or Problems from This Injury



MEDICAL HISTORY of OTHER SIGNIFICANT INJURIES, SURGERIES & DISEASES,

Examples: 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.

Medication Allergies: _____

Smoker: Never Yes Packs/Day _____ Age Started _____ Age Stopped _____

School: High School Degree GED
 College: Years in College or Degrees _____

Date this form completed: _____