

File Number:
CA-1008 OD-D-ACC

U.S. DEPARTMENT OF LABOR

OFFICE OF WORKERS' COMP PROGRAMS
PO BOX 8300 DISTRICT 13 SFC
LONDON, KY 40742-8300
Phone: (415) 625-7500

August 13, 2010

Date of Injury:
Employee:

Dear Mr. _____ :

This is to notify you that your claim for an occupational disease has been accepted for the following condition(s):

<u>Diagnosed condition(s)</u>	<u>ICD-9 code(s)</u>
RESPIRATORY CONDITIONS DUE TO OTHER SPECIFIED EXTERNAL AGENTS	5088
BRONCHITIS, NOT SPECIFIED AS ACUTE OR CHRONIC	490
EXTRINSIC ASTHMA	4930

Please advise all medical providers who are treating you for this injury of the accepted ICD-9 code(s). Accurate coding facilitates timely bill processing.

If the current accepted condition(s) need to be revised or additional complications related to the current accepted condition(s) need to be added, your physician should explain in writing, with medical rationale, the relationship between any additional condition and the work injury or the current accepted condition(s) noted above.

If you lose time from work due to your work related condition, you may claim compensation using Form CA-7.

Please refer to the attachment entitled "Now That Your Claim Has Been Accepted" for important information pertaining to how to contact us, medical authorizations, payment of bills, and returning to work.

Sincerely,



Brad Mayberry
Senior Claims Examiner

Enclosure: NOW THAT YOUR CLAIM HAS BEEN ACCEPTED

NOW THAT YOUR CLAIM HAS BEEN ACCEPTED

CONTACT INFORMATION

General Information - Information can be obtained on the Department of Labor website at <http://www.dol.gov> under the Office of Workers' Compensation, Division of Federal Employees' Compensation. You may directly access the Division of Federal Employees' Compensation portion of the web site at <http://www.dol.gov/owcp/dfec/index.htm>.

Claimant Query System (CQS) – You can view your case and compensation claim status, billing updates including reimbursements, coverage limitations, and other information online at <http://owcp.dol.acs-inc.com>.

Medical Authorizations and Billing Inquiries – All medical providers should contact our medical authorization and bill processing contractor (ACS) for all authorizations and billing questions. Automated information is available 24 hours per day at 1-866-335-8319 or online at <http://owcp.dol.acs-inc.com>. The medical authorization fax line is 1-800-215-4901. If you, your doctor, or other medical providers require direct contact with a customer service representative, you may call 1-850-558-1818, Monday – Friday, 8am – 8pm EST (this is a toll call).

Compensation Payments - Automated information regarding compensation payments is available 24 hours per day by phoning 1-866-OWCP IVR (1-866-692-7487).

Questions about your claim - If you have any questions regarding your claim, you may contact the Office at the phone number and address listed on the front page of this letter. If you write to us, please put your case file number on each page.

Forms - Most of the billing and claim forms described below are available at:
<http://www.dol.gov/owcp/dfec/regs/compliance/forms.htm>.

Change of Address - If your contact information changes, mailing address or telephone number, notify us promptly in writing over your signature. We cannot accept these changes over the telephone.

Attorneys and Authorized Representatives - You do not need the services of an attorney or representative to claim benefits under the FECA. However, you may obtain such services if you wish to do so, at your own expense. Before we can release information to, or discuss your case with any representative, including a family member, we will need a statement signed by you, stating that you designated someone to represent you in your OWCP claim. The contact information for that party is also required.

