

U.S. DEPARTMENT OF LABOR

OFFICE OF WORKERS' COMP PROGRAMS  
PO BOX 8300 DISTRICT 6 JAC  
LONDON, KY 40742-8300  
Phone: (904) 366-0100

February 11, 2015

Date of Injury:  
Employee:

Dear

This is to notify you that your claim for recurrence of disability effective \_\_\_\_\_ has been  
ACCEPTED by this office

This acceptance was based on the following evidence:

- Medical report from \_\_\_\_\_ MD dated \_\_\_\_\_
- CA-3 which indicates that you were returned to your prior assignment at Woodstock

A list of all accepted conditions in your case is below:

<u>Diagnosed condition(s)</u>	<u>ICD-9 code(s)</u>
FRACTURE OF ANKLE FIBULAR AVULSION, CLOSED, LEFT	824.8

As a reminder, OWCP must approve in advance any surgery or procedure other than emergency surgery (that is, a procedure which must be performed right away to preserve life or the function of an organ or body part). You (or your medical provider) should contact OWCP for authorization at least 30 days before the intended date of the procedure. We will advise you of the information needed to determine whether OWCP can authorize the requested procedure. 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 physician, or other medical providers require direct contact with a customer service representative, you may call 1-844-493-1966, Monday – Friday, 8am – 8pm EST.

If you have any questions regarding your claim, you may contact the Office at the phone number and address listed above. Note that you can also view your case and compensation claim status, billing updates including reimbursements, coverage limitations, and other information on line via the Claimant Query System (CQS) at <http://owcp.dol.acs-inc.com>. General information can be obtained on the Department of Labor website at <http://www.dol.gov/owcp/dfec/index.htm>.

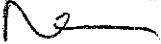
**Note** - You can submit documentation pertaining to your FECA case to the address at the top of this letter, OR you can electronically upload documents into your case using the Employees' Compensation Operations and Management Portal (ECOMP). You can access ECOMP from any

***If you have a disability (a substantially limiting physical or mental impairment), please contact our office/claims examiner for information about the kinds of help available, such as communication assistance (alternate formats or sign language interpretation), accommodations and modifications.***

File Number:  
REC ACCEPT (Disability)-D-RECU

internet browser at: <https://www.ecomp.dol.gov/> When you access the website, choose the "Upload Document" option You will be asked to provide your case number, last name, date of birth and date of injury to upload a document ECOMP will then provide you with a Tracking Number so that you can verify when OWCP has received your document. For more detailed information about this document submission feature, visit the ECOMP website and click "Help "

Sincerely,



Nancy Davis  
Claims Examiner

PAUL FELSER  
FELSER LAW FIRM, P.C  
7 EAST CONGRESS ST  
SUITE 400  
SAVANNAH, GA 31401