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U.S. DEPARTMENT OF LABOR

OFFICE OF WORKERS' COMP PROGRAMS
PO BOX 8300 DISTRICT 9 CLE
LONDON, KY 40742-8300
Phone: (216) 902-5600

June 27, 2019

Date of Injury:
Employee:

Dear

This is to notify you that your claim has been accepted for:

Diagnosed conditions and ICD-10 codes:

Lumbar Spondylosis, M47.816
Lumbar Disc Herniation at L4-L5, M51.26

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.

You may submit bills for treatment received outside of the United States for this injury to the address below:

U. S. DEPARTMENT OF LABOR
OFFICE OF WORKERS' COMPENSATION
1240 E. 9TH STREET ROOM 851
ATTN: DAVID WOODS
DO NOT OPEN IN MAILROOM
CLEVELAND, OH 44199

In lieu of mailing the bills, you may instead fax foreign medical bills to 216-902-5601. You may also upload overseas bills only through the ECOMP portal, <https://www.ecomp.dol.gov/>

Direct deposit to U. S. banks is available if SF-1 199 is submitted with each OWCP-915. To request reimbursement of bills you paid yourself, submit an OWCP-915 to the address above, making sure to provide proof of payment and corresponding medical evidence. Form OWCP-915 is available on the following website; <http://www.dol.gov/owcp/dfec/regs/compliance/forms.htm>.

If you would like the Office to pay the provider directly, please submit an OWCP-915 to the address above along with the unpaid bills and clearly indicate the provider name and the address to where

If you have a disability and are in need of communication assistance (such as alternate formats or sign language interpretation), accommodation(s) and/or modification(s), please contact OWCP.

the payment should be sent. A separate OWCP-915 is required for each provider. The Office is able to deposit funds into foreign banks if the name and address of the financial institution and complete account information including SWIFT/IBAN Codes are submitted.

Please be advised that we cannot reimburse or pay bills from Military Hospitals. We have been advised by the Department of Defense (DoD) that a DoD Medical Treatment Facility (MTF) should not bill the Department of Labor or the injured employee for medical care received at their facility for a work-related injury. This is because the DoD receives funding to cover these costs.

You are not entitled to continuation of pay (COP) for this injury. A separate formal decision will be issued that fully addresses this matter. If your injury results in lost time from work, you may claim compensation using Form CA-7.

For additional information, please see enclosure.

If you return to the United States, please notify this office at 216-902-5600 immediately.

If you have any questions regarding your claim you may contact the Office at the above address. Automated information regarding compensation payments is available 24 hours a day by phoning 1-866-OWCP IVR (1-866-692-7487).

Sincerely,

Claims Examiner

Enclosure: NOW THAT YOUR CLAIM HAS BEEN ACCEPTED

PAUL FELSER
7393 HODGSON MEMORIAL DRIVE
SUITE 102
SAVANNAH, GA 31406