

RECEIVED MAR 08 2016

U.S. DEPARTMENT OF LABOR

OFFICE OF WORKERS' COMP PROGRAMS  
PO BOX 8300 DISTRICT 12 DEN  
LONDON, KY 40742-8300  
Phone: (303) 202-2500

March 04, 2016

Date of Injury:  
Employee:

Dear Mr.

This is to notify you that your claim for recurrence of disability effective 08/08/2015 has been ACCEPTED by this office.

This acceptance was based on the following evidence: Agency withdrawal of modified duty.

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

<u>Diagnosed condition(s)</u>	<u>ICD code(s)</u>
GENERALIZED ANXIETY DISORDER	ICD09 30002

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 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

*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.*

March 04, 2016

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

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,

Marye K. Cronin  
Claims Examiner

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