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| **Federal Workers’ Compensation**  **Medical Billing Information** | | | | |
| **The individual you are treating is a federal employee.**  **A Federal Workers’ Compensation Claim for injury is/will be filed and claim # provided by the employee.** | | | | |
| * Bills should be submitted electronically through the **Medical Bill Processing Portal** (see below) * Client Network Services Inc (CNSI) is the medical authorization and bill processing company for OWCP * The employing agency offers *light duty* * This card is provided for informational purposes only, it is not a guarantee of payment | | | | |
| **Submit Medical Bills / Documentation / Correspondence To:** | | | | |
|  | | | | |
| **Medical Bill Processing Portal:** | | <https://owcpmed.dol.gov> | | |
| **Pharmacy Inquiries:** | | <https://owcprx.dol.gov> | | |
|  | | | | |
| **Phone** | | **Fax** | | |
| **Medical**: | (844) 493-1966 | **Prior Authorization:** | (800) 215-4901 | |
| **Pharmacy:** | (866) 664-5581 | **Provider Enrollment**: | (888) 444-5335 | |
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| **Federal Workers’ Compensation**  **Medical Billing Information** | | | | | | | | | |
| **Mailing Addresses for Department of Labor, OWCP/DFEC:** | | | | | | | | | |
| **General Correspondence**  **OWCP/DFEC**  PO Box 8311  London, KY 40742-8311 | | | | **Medical Bills**  **OWCP/DFEC**  PO Box 8300  London, KY 40742-8300 | | **Provider Enrollment**  PO Box 8312  London, KY 40742-8312 | | | |
| **Provider Checklist:** | | | | | | | | | |
|  |  | | Provider is enrolled in Medical Bill Processing Portal with Provider Number | | | | | | |
|  |  | | Treating Physician is a “**Doctor**” as defined by FECA | | | | | | |
|  |  | | FECA 9-digit claim # & Provider # on medical bills and documentation included | | | | | | |
|  |  | | Bills submitted using the accepted condition ( **ICD9** / **ICD10)** | | | | | | |
|  |  | | All medical documentation must be submitted to Department of Labor/OWCP | | | | | | |
|  |  | | Prior Authorization requested (as needed) | | | | | | |
|  |  | | Provided Work Restrictions / Light Duty Letter | | | | | | |
| **Employer Contact Information:** (For general claim inquiries) | | | | | | | | | |
| *National Guard Federal Workers Compensation Specialist* (ICPA) | | | | | | | | | |
| **Name:** | |  | | | **Phone:** | |  | |  |
| **Email:** | |  | | | | | | |  |
| Updated 8/13/2020 | | | | | | | |  | |