

**U.S. Department of Labor**

Office of Workers' Compensation Programs  
Division of Energy Employees Occupational  
Illness Compensation  
Washington, D.C. 20210



RELEASE - TRANSMISSION OF REVISED MATERIAL TO BE  
INCORPORATED INTO THE FEDERAL (EEOICPA) PROCEDURE MANUAL:  
CHAPTER 2-0800, DEVELOPING AND WEIGHING MEDICAL EVIDENCE.

EEOICPA TRANSMITTAL NO. 15-02

April 2015

EXPLANATION OF MATERIAL TRANSMITTED:

This material is issued as procedural guidance to update, revise and replace the EEOICPA Procedure Manual (PM) Chapter 2-0800, Developing and Weighing Medical Evidence. This material removes Exhibit 4 from Chapter 2-0800 and replaces it with a new letter that clarifies who may attend a second opinion appointment.

*Rachel P. Leiton*

Rachel P. Leiton  
Director, Division of  
Energy Employees Occupational Illness Compensation

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FILING INSTRUCTIONS:

File this transmittal behind EEOICPA Transmittal 15-01 in the front of the Federal (EEOICPA) Procedure Manual.

Distribution: List No. 3: All DEEOIC Employees  
List No. 6: Regional Directors, District  
Directors, Assistant District Directors,  
National Office Staff, and Resource Center  
Staff.

## Sample Letter to Claimant Regarding Second Opinion/Referee Physician

DEEOIC Case ID:

[Case ID #]

Employee Name:

[Employee Name]

[Claimant Name]

[Street Address]

[City, State, Zip]

Dear [Mr/Ms Claimant]:

This letter is in reference to your claim under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA).

Under our regulations, the Division of Energy Employees Occupational Illness Compensation (DEEOIC) has the authority to refer an employee for a physical examination by a second opinion physician when it considers such a referral to be reasonably necessary.

Because it considers such a referral to be reasonably necessary for the proper adjudication of your claim, DEEOIC has arranged for you to be examined by a second opinion physician. Please review the attached letter for the time, date, and location of your scheduled appointment. DEEOIC will pay the out-of-pocket costs you incur in connection with the examination or any diagnostic testing. Travel costs to attend the examination are reimbursable upon submission of Form OWCP-957 (Attached).

DEEOIC recommends that you call the physician's office ahead of time to confirm your appointment. Providing the physician with your name, case ID #, and contact information, when you call, will help ensure that the process works as smoothly as possible.

Rescheduling the appointment is strongly discouraged and you should only do so in emergencies. Altering an appointment schedule can hinder our ability to take substantive action on your claim and promptly deliver services to you. If you are unavoidably prevented from keeping your appointment, you must immediately call your assigned claims examiner at the district office at [Your Phone #]. DEEOIC will evaluate any request to reschedule your appointment to determine whether you have submitted proof of one or more legitimate reasons to change the appointment.

If you do not attend the scheduled appointment, or cannot establish good cause for your failure to appear, DEEOIC will suspend claim adjudication and administratively close your claim. Reopening of the claim record will not occur until you agree to and attend a DEEOIC scheduled medical examination.

DEEOIC strongly encourages physicians to limit persons in attendance during the actual examination to one or two individuals. This would include a family member or designated authorized representative, and/or a health care professional, such as a RN/LPN, or CNA/HHA who is currently providing care to the patient. Ultimately, it is the examining physician's decision as to who can be present during the examination.

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***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.***

Should someone accompanying you disrupt the scheduled medical examination, DEEOIC will reschedule the exam with a different qualified physician. You will not be entitled to have that individual accompany you during the subsequent examination unless DEEOIC determines that exceptional circumstances exist.

We appreciate your cooperation in this matter. If you have any questions regarding the scheduled examination, please contact me at the address listed above or call **Your Phone #**

Sincerely,

**(YOUR NAME)**

Enc: OWCP-957  
Copy of Authorization Letter