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Black Lung Medical Benefits:

Questions and Answers about the Federal Black Lung Program

U.S. Department of Labor | Office of Workers' Compensation Programs

Black Lung Medical Benefits:

Frequently Asked Questions about the Federal Black Lung Program

U.S. Department of Labor
Office of Workers' Compensation Programs
Division of Coal Mine Workers' Compensation
Revised September 2022

The following material gives you basic information about your medical benefits, but it is neither intended to cover every possible exception or special case, nor have the effect of law. Additionally, this information applies only if the Black Lung Disability Trust Fund is responsible for your medical benefits. If a private party, such as your employer or its insurance carrier, is responsible for your medical benefits, different procedures may apply. You may contact that private party directly or the District Office which handles your claim with questions about your medical benefits. STOP HEALTH CARE FRAUD. If you suspect any health care fraud, please call our toll-free number 1 800 347-2502.

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Introduction

Like all coal miners who qualify for the U.S. Department of Labor's Federal Black Lung Program, you are entitled to medical benefits to cover the reasonable cost of treatment, services or supplies for your pneumoconiosis and disability (your Black Lung condition). Spouses, family members, and survivors of coal miners are not entitled to medical benefits. You have the right to seek treatment from the medical provider (physicians, pharmacies, hospitals, etc.) of your choice. Most providers who are enrolled in the Federal Black Lung Program will bill the Federal Black Lung Program directly for you. But if the provider is not enrolled in the Federal Black Lung Program (or chooses not to bill directly), it will be necessary for you to pay for the services yourself then file with the Federal Black Lung Program on your own for reimbursement of these out-of-pocket payments.

The questions presented here are those most often asked by Black Lung Program beneficiaries about:

- The U.S. Department of Labor Black Lung Benefits Identification Card (medical treatment card);
- Medical benefits covered and non-covered services and,
- Reimbursement for medical care and associated travel.

While this material gives you basic information about your medical benefits, it is neither intended to cover every possible exception or special case, nor have the effect of law. Additionally, this information applies only if your medical benefits are being paid by the U.S. Department of Labor. If a private party, such as your employer or its insurance carrier, is responsible for your medical benefits, different procedures may apply. You may contact that private party directly or write or call the U.S. Department of Labor, Division of Coal Mine Workers' Compensation (DCMWC) District Office that handles your claim. For further information about special circumstances or individual cases, please write or call the District Office with which your claim is filed. You can reach the District Office by calling toll-free, on business days, 9:00 a.m.- 4:00 p.m. (ET): 1-800-347-2502.

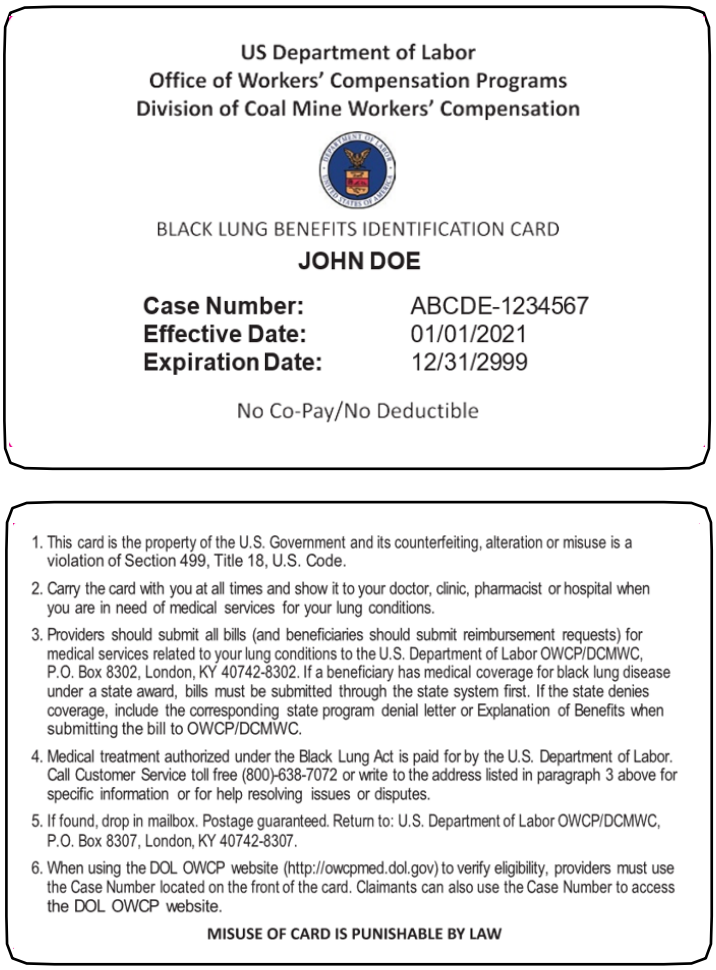
1 What does the Black Lung Benefits Identification Card look like?

The U.S. Department of Labor Black Lung Benefits Identification Card is white with a Department of Labor logo, and is imprinted with your name, case number, an effective date, and possibly an expiration date. The red-and-white cards issued are obsolete and should be destroyed. When medical providers bill the Federal Black Lung Program or when you submit reimbursement requests, your nine-digit Social Security number is your identification number. For privacy reasons, your Social Security number does not appear on your card. However, you will need to give your Social Security number to your medical treatment providers so they can bill correctly.

2 Is my personal information safe? What does my doctor need to know?

Your Social Security number and address are not printed on the card, and this is information only you will know and will need to give to your medical providers. There is a 12-digit alpha/numeric case number printed on the front of the card that is unique to you. The purpose of this number is to allow the medical providers to access our secure web site to get information about your eligibility for benefits and about bills they have filed.

Sample 1. Black Lung Benefits Identification Card



US Department of Labor
Office of Workers' Compensation Programs
Division of Coal Mine Workers' Compensation

BLACK LUNG BENEFITS IDENTIFICATION CARD

JOHN DOE

Case Number:	ABCDE-1234567
Effective Date:	01/01/2021
Expiration Date:	12/31/2999

No Co-Pay/No Deductible

1. This card is the property of the U.S. Government and its counterfeiting, alteration or misuse is a violation of Section 499, Title 18, U.S. Code.
2. Carry the card with you at all times and show it to your doctor, clinic, pharmacist or hospital when you are in need of medical services for your lung conditions.
3. Providers should submit all bills (and beneficiaries should submit reimbursement requests) for medical services related to your lung conditions to the U.S. Department of Labor OWCP/DCMWC, P.O. Box 8302, London, KY 40742-8302. If a beneficiary has medical coverage for black lung disease under a state award, bills must be submitted through the state system first. If the state denies coverage, include the corresponding state program denial letter or Explanation of Benefits when submitting the bill to OWCP/DCMWC.
4. Medical treatment authorized under the Black Lung Act is paid for by the U.S. Department of Labor. Call Customer Service toll free (800)-638-7072 or write to the address listed in paragraph 3 above for specific information or for help resolving issues or disputes.
5. If found, drop in mailbox. Postage guaranteed. Return to: U.S. Department of Labor OWCP/DCMWC, P.O. Box 8307, London, KY 40742-8307.
6. When using the DOL OWCP website (http://owcpmed.dol.gov) to verify eligibility, providers must use the Case Number located on the front of the card. Claimants can also use the Case Number to access the DOL OWCP website.

MISUSE OF CARD IS PUNISHABLE BY LAW

Your providers will probably want to photocopy both sides of the card for their records, because without the case number they will be unable to access the secure part of our web site.

3 When do I use my U.S. Department of Labor Black Lung Benefits Identification Card?

You should present your Black Lung card whenever you seek treatment for your lung condition. Showing a medical provider your card will identify you as a Federal Black Lung Program beneficiary, and will help the medical provider determine the proper way to bill for services.

4 I receive my Black Lung Benefits trhough the U.S. Department of Labor around the middle of each month, but I do not have a Black Lung Card. What should I do?

Write or call the DCMWC District Office that handles your claim. You can reach the District Office by calling toll-free, on business days, 9:00 a.m.- 4:00 p.m. (ET): 1-800-347-2502.

5 I was awarded Black Lung benefits by the Federal Black Lung Program. I also filed a claim with the state where I worked as a coal miner and was awarded benefits for Black Lung. Am I still entitled to medical coverage under the Federal Black Lung Program?

Expenses for the treatment of your Black Lung condition that are not covered by the state program may be covered by the Federal Black Lung Program. However, bills or reimbursement requests must first be submitted under the state program which awarded your benefits.

If your medical providers' bills or your own reimbursement requests are denied under your state award, send the bill or the reimbursement request and original receipts (as discussed in Question 18), along with a copy of the denial letter, to:

U.S. Department of Labor OWCP/DCMWC
P.O. BOX 8302
London, KY 40742-8302

If you have questions, please call the DCMWC District Office that handles your Federal Black Lung Program claim. You can reach the District Office by calling toll-free, on business days, 9:00 a.m.- 4:00 p.m. (ET): 1-800-347-2502.

6 I have been awarded Black Lung benefits under both the Federal Black Lung Program and a State Workers' Compensation Program. Should I have received a Black Lung card?

If you have been awarded benefits for your Black Lung condition under a State Workers' Compensation Program, you will receive an identification card from the Federal Black Lung Program. Expenses for the treatment of your black lung condition that are not covered by the state program may be covered by the Federal Black Lung Program. (See Question 5.)

7 What costs are covered under my Federal Black Lung Program medical benefits?

The cost of medical treatments and services (and associated travel) related to your Black Lung condition is covered under the Federal Black Lung Benefits Act. There are maximum limits on payments for medical treatment and services, but there are no deductibles or co-payments. Payment for travel is limited to reasonable costs.

The following is a list of services that MAY be covered when they are performed for the treatment of your Black Lung condition:

- Doctor's office calls, hospital visits, and consultations;
- Inpatient and outpatient hospital charges, including emergency room visits for ACUTE Black Lung related conditions, diagnostic laboratory testing and chest x-rays;
- Pulmonary Rehabilitation services for Black Lung related conditions;
- Vocational Rehabilitation services for the purpose of returning to gainful employment commensurate with the physical impairments of the miner;
- Federal Black Lung Program APPROVED prescription drugs, both brand name and generic;
- Ambulance services limited to transportation to the hospital for emergency ACUTE Black Lung related care; and,
- Travel to the doctor, hospital, clinic, or other medical facility for round trips of 200 miles or less.

The following items require special approval:

- Purchasing or renting home medical equipment, such as oxygen systems, requires a Certificate of Medical Necessity completed by the prescribing physician (See Question 10), if the cost is more than $300;
- Home health care visits for skilled nursing requires a Certificate of Medical Necessity completed by the prescribing physician; and,
- Overnight travel, related meals and lodging, and/or mileage that exceed 200 miles round trip require special approval from DCMWC.

8 What prescription drugs are covered?

Most drugs prescribed by your doctor for the treatment of your Black Lung condition will be covered (brand name or generic). However, there are some exceptions. In order to be sure a drug is covered, you or your pharmacist may call the medical bill processing agent toll-free at 1-866-664-5581. Your pharmacist will also be able to learn at once if a drug is covered if the bill is submitted by Point-of-Sale technology.

9 Do I need prior approval for oxygen, durable medical equipment or at-home skilled nursing services?

Yes. Whether you or a medical provider does the billing, your doctor must complete the U.S. Department of Labor Certificate of Medical Necessity, CM-893 (CMN), for oxygen, durable medical equipment, and at-home skilled nursing care.

The doctor should send the completed CMN form, with the results of the required medical tests to:

U.S. Department of Labor OWCP/DCMWC
General Correspondence
P.O. Box 8307
London, KY 40742-8307

The doctor can also upload the CMN form through the "Claimant Online Access Link (C.O.A.L) Portal: https://eclaimant.dol.gov/portal/?program_name=BL

CMNs for rental items must be re- approved periodically (a prescription for oxygen concentrator, for example). All CMNs must have the Physician's signature. Your treating physician's signature is the ONLY signature acceptable on the CMN. You, your physician, and the medical provider (if enrolled in the Federal Black Lung Program) will be notified if the CMN has been approved or denied.

10 Where can my doctor get a Certificate of Medical Necessity (CMN)?

Your doctor may call the Federal Black Lung Program, toll-free, Mon.-Fri., 8:00 a.m.-8:00 p.m. (ET): 1-800-638-7072. The form is also available for downloading and printing from our website, https://www.dol.gov/agencies/owcp/dcmwc/regs/compliance/blforms

11 What costs are NOT covered by my Federal Black Lung Program medical benefits?

The following are among the costs NOT covered under the Federal Black Lung Program:

- Treatment of medical problems NOT related to your Black Lung condition—for example, arthritis, diabetes, and most heart conditions;
- Medical treatment for your spouse or other family members;
- Dental or eye care, and X-rays other than chest X-rays;
- Nurse's aide (non-skilled nursing care) services in the home;
- Home health aides
- Medicine that you can buy without a doctor's prescription;
- Medicine for problems other than your Black Lung condition;
- Personal services in the hospital, such as TV or telephone;
- Rental or purchase of an Intermittent Positive Pressure Breathing (IPPB) machine for home use;
- Travel to and from your drugstore;
- Residence costs (room and board) for nursing homes or skilled nursing facilities; and,
- Home medical equipment not authorized for coverage under the Federal Black Lung Program.

12 What is the best way to get my medical bills paid?

WHENEVER POSSIBLE, have your doctor, hospital, pharmacy and other medical providers bill the Federal Black Lung Program directly for the services that are directly related to your black lung condition. If they are enrolled in the Federal Black Lung Program as providers, the Federal Black Lung Program will pay them directly. ALWAYS show your Black Lung Benefits Identification Card when seeking treatment.

13 How can a medical provider get enrollment and billing information from the Federal Black Lung Program?

Medical providers not already participating in the Federal Black Lung Program may apply for enrollment at any time. Those having questions about enrollment or billing may call the Federal Black Lung Program, toll-free, Mon.-Fri., 8:00 a.m.-8:00 p.m. (ET): 1-800-638-7072. They may also apply online at https://owcpmed.dol.gov/

14 Where should medical providers send Black Lung related bills?

Federal Black Lung Program medical treatment hard-copy bills should be sent to the following address:

U.S. Department of Labor OWCP/DCMWC
P.O. BOX 8302
London, KY 40742-8302

Providers can also submit medical treatment bills via Electronic Data Interchange (EDI) which is an electronic communication system, for which the provider can select a company (such as; drchrono and/or emdeon) to electronically exchange the medical treatment bill documents and upload the documents to the WCMBP System for processing.

15 Does the medical provider need special Department of Labor billing forms?

NO. The doctor, clinic, laboratory, ambulance and nursing service can bill using the standard OWCP-1500 form.

The pharmacy can bill using the standard OWCP-1500 form. They may also bill directly through Point-of-Sale for most drugs.

The hospital can bill using the UB-04 form for all inpatient charges and outpatient charges for emergency room, chemotherapy and ambulatory surgical care.

16 What if the medical provider wants to bill Medcare, UMWA, or other insurance carriers instead of the Black Lung Program?

Other insurance carriers should NOT be billed first for treatment of your Black Lung condition, because Federal Black Lung Program medical benefits represent primary coverage for beneficiaries (unless there is a Black Lung award under a state program. See Question 5). Medicare and many other insurance carriers have a "workers' compensation exclusion clause." This means that they will not pay for treatment of occupational disease, like Black Lung disease, if a patient has medical coverage under a workers' compensation program or the Federal Black Lung Program.

17 The U.S. Department of Labor has notified me that the coal company has agreed to pay for medical treatment form my Black Lung. How is this handled?

The coal company or its insurance carrier will provide you with information about how you can receive treatment for your lung conditions. They will provide you with proof of coverage, and will coordinate with your medical providers regarding submission and reimbursement of medical bills. You should also receive the name and contact information for the person who can assist with decisions related to treatment or medical bills, and whom you can contact for a replacement card/proof of coverage.

18 What if I have to pay the medial provider? How do I get reimbursed by the Federal Black Lung Proram?

Present your Black Lung Benefits Identification Card to the medical provider whenever you seek treatment for your lung condition. A medical provider may bill directly, if already enrolled in the Federal Black Lung Program.

If you must pay for the medical services out-of-pocket then you may request reimbursement by completing the U.S. Department of Labor Medical Reimbursement Form, OWCP-915, as shown in Sample 2. Up to eight visits or services can be listed on this form. However, each line used MUST be filled in COMPLETELY. Therefore, statements such as "see attached" or "see attached receipts" are NOT acceptable, when used in any of the boxes on the form.

Send the completed Medical Reimbursement Form with your itemized paid statements or detailed receipts, securely attached, to:

U.S. Department of Labor OWCP/DCMWC
P.O. BOX 8302
London, KY 40742-8302

Your detailed receipts or itemized statements MUST include the following information:

- Your full name
- Name and address of the medical provider
- Signature of the medical provider
- Description of medical service performed
- Date of service
- Primary diagnosis or condition treated
- Charge for each individual service and
- Total amount you paid.

Receipts and statements must be marked "patient paid" or "paid by patient" to show specifically who paid the charges. "Paid" or "paid in full" are NOT acceptable.

Payments made for Medical Services/Pharmacy services via CHECK:
A copy of the front and back of your canceled check may serve as proof of payment ONLY when accompanied by an itemized statement or copy of the doctor's ledger record. (See Sample 3.)

Payments made for Medical Services/Pharmacy Services via CREDIT CARD:
If payment was made via Credit Card, a copy of the Credit Card receipt must be submitted and accompanied by the itemized statement and a copy of the doctor's ledger record.

19 How do I get reimbursed for prescription drugs?

To obtain reimbursement, fill out a Medical Reimbursement Form, OWCP-915, as shown in Sample 4. Up to nine individual prescription drugs may be listed on this form. However, each line used MUST be filled in COMPLETELY. Therefore, statements such as "see attached" or "see attached receipts" are NOT acceptable when used in any of the boxes on the form.

Send the completed Medical Reimbursement Form, along with the original pharmacy receipts, securely attached, to:

U.S. Department of Labor OWCP/DCMWC
P.O. BOX 8302
London, KY 40742-8302

Acceptable receipts: A pharmacy bag or sticker, a computerized printout, or an itemized listing on the pharmacy's letterhead.

These receipts MUST include:

- Full Name, address, and Social Security Number
- Name of the prescribing doctor
- Name and address of the pharmacy
- Prescription number
- Amount prescribed - mg/ml or cc and total ml or cc per bottle for liquid medication, and/or mg per tablet and total number of tablets per prescription
- Date purchased
- Name of each drug
- 11-digit National Drug Code (NDC) number for the prescribed medication
- Charge actually paid for each drug less any discount (for example, senior citizen, coupon, etc.); a
- A statement, marked "patient paid" or "paid by patient," showing specifically who paid the charges. "Paid" or "paid in full" are NOT acceptable.

(See Sample 5.)
NOTE: If you send an itemized computerized printout, it MUST include all of the information already listed, as well as the Pharmacists original signature, or a facsimile (stamp) of the pharmacist signature. (See Sample 6.)

Your own itemized listing or cash register receipt is NOT considered proof of payment.

Payments made for Medical Services/Pharmacy services via CHECK:
A copy of the front and back of your canceled check may serve as proof of payment ONLY when accompanied by an itemized statement or copy of the pharmacist's ledger record.

Payments made for Medical Services/Pharmacy Services via CREDIT CARD:
If payment was made via Credit Card, a copy of the Credit Card receipt must be submitted and accompanied by the itemized statement and a copy of the doctor's ledger record.

If you need help obtaining or completing forms for the reimbursement of prescription drugs, please call toll-free, Mon.-Fri., 8:00 a.m.-8:00 p.m.,(ET) 1-800-638-7072.

20 Can I be reimbursed for the cost of travel to get medical treatment related to my Black Lung?

Mileage costs for most travel to obtain medical treatment for your lung condition may be reimbursed. To get reimbursement, you must

complete a Medical Travel Refund Request, OWCP-957, as shown in Sample 7. You may submit up to three trips on each form. However, you MUST have the MEDICAL PROVIDER, or an authorized representative, complete and SIGN block "H" for each visit.

Mail the completed Medical Travel Refund Request to:

U.S. Department of Labor OWCP/DCMWC
P.O. BOX 8302
London, KY 40742-8302

NOTE: Overnight travel, related meals and lodging, and/or mileage that exceeds 200 miles round trip requires special prior approval from the DCMWC District Office. You can reach the District Office by calling toll-free, on business days, 9:00a.m.-4:00p.m. (ET): 1-800-347-2502.

Travel to a pharmacy to pick up prescriptions is NOT covered.
Sample 7. Medical Travel Refund Request, OWCP-957.

21 How much time will my reimbursement request take to be processed?

Reimbursement requests which are submitted correctly will be processed by the Federal Black Lung Program within 28 days after it is received.

22 Will I be notified if the Reimbursement requests I send in are going to be paid?

You will be notified by mail if your reimbursement requests will be paid or denied, through a form called a Remittance Voucher, as shown in Samples 8.a. and 8.b. This statement will contain the following information:

- The date of service.
- The amount of your reimbursement request.
- The amount you will be paid.
- A Remittance Voucher number at the top of the form. (This number will also appear on your check, if you receive a payment, so you can match payments with your reimbursement requests.); and,
- A "Message Code" which will explain why you were not paid for any portion of the reimbursement request.
- You will NOT receive a Remittance Voucher if your medical provider bills the Federal Black Lung Program directly.

23 What will happen if I have not submitted my reimbursement request forms or receipts correctly? Will I still receive a Remittance Voucher?

Any reimbursement request forms and receipts that need correction or additional information will be returned to you along with a letter explaining what is wrong or missing. It is very important that you correct and mail back these forms and receipts as soon as possible. You cannot be paid by the Federal Black Lung Program until you submit all forms and receipts properly. All corrected reimbursement forms and receipts should be mailed to:

U.S. Department of Labor OWCP/DCMWC
P.O. BOX 8302
London, KY 40742-8302

If you need help correcting reimbursement requests which have been returned, you may call toll-free, Mon.-Fri., 8:00 a.m.-8:00 p.m. (ET): 1-800-638-7072.

24 Will a check come with the Remittance Voucher (RV)?

No, the check is always mailed separately. Checks are issued by the U.S. Treasury Department. The RV is sent from the Office of Workers' Compensations Program (OWCP), Workers' Compensation Medical Bill Process (WCMBP) contractors facility where your reimbursement requests are processed. The RV will usually arrive shortly after your check.

Please remember to allow enough time (10 to 14 days) for both the check and the RV to arrive before making inquiries. If you have questions about your RV, or if you fail to receive either a check or an RV, or if your payment is incorrect and requires an adjustment, you may call toll-free, Mon.-Fri., 8:00 a.m.-8:00 p.m. (ET): 1-800-638-7072.

25 Whom should I notify if my mailing address changes

Any changes in your mailing address should be reported to the DCMWC District Office that handles your claim. You can reach the District Office by calling toll-free, on business days, 9:00 a.m.- 4:00 p.m. (ET): 1-800-347-2502.

28 Should I keep copies of the bills that I send to the Federal Black Lung Program?

YES, if possible. Keeping a copy will give you a record of the reimbursement requests and receipts you have submitted.

27 Can I see my medical bills on the Web Portal?

Yes. Black Lung has a secure website. Enter: https://owcpmed.dol.gov in your browser. Click “Login" and then click "Claimant”. You will be redirected to log into ECOMP.

28 How are my payments and/or reimbursements disbursed?

The OWCP/DCWMC Program has the capability to continue to make disbursements via check as referenced in question 24. The OWCP/DCMWC Program also has the capability of disbursing payments/ reimbursements electronically. You have two options for which you can receive your reimbursements electronically:

1. Have your payment sent directly to your bank account or other financial institution, or

2. Elect to receive a Direct Express Card, which you can use to receive cash and make purchases. All payments made to you will be added to the amount available on your card.

29 What are the time limitations for requesting payment or reimbursement for covered medical or pharmacy service?

OWCP will pay providers and reimburse employees promptly for all bills received on an approved form and in a timely manner. However, no bill will be paid for expenses incurred if the bill is submitted more than one year beyond the end of the calendar year in which the expense was incurred or the service or supply was provided, or more than one year beyond the end of the calendar year in which the claim was first accepted as compensable by OWCP, whichever is later.

Sample 2. Medical Reimbursement Form, OWCP-915 (Doctor Visit)

Claim for Medical Reimbursement

U. S. Department of Labor
Office of Workers' Compensation Programs

Provide all information requested below. **DO NOT FILL IN SHADED AREAS.** Read the attached information in order to ensure the submission of all required documentation. Maintain a copy of all documentation for your records.

OMB No. 1240-0007
Expires: 05/31/2024

PERSONAL INFORMATION

Name

Smith,	John	A
Last	First	M.I.

OWCP File Number
DO XXX-XX-1234 LM C
Case ID: **ABCDE-2018150**

Address

1234 Main St

Street/P.O. Box/Apt. No.

Tunnelsport	PA	16660
City	State	Zip Code

Telephone Number
(000) 123-4567

FOR DOL USE ONLY

PROVIDER INFORMATION

Name of Doctor's Office, Hospital, Pharmacy or Medical Supply Company where expense was incurred. (A separate OWCP-915 must be filed for each provider) Enter medical provider's name here

Description of Change (Medical appointment, name of prescription drug, description of medical product/supply)	Date of Service (MM,DD,YYYY)		Amount Paid by Claimant	Have you included Proof of Payment for each item?	
	From	To		YES	NO
Office Visit	02/01/2022	02/01/2022	$65.00	✓	☐
Office Visit	02/07/2022	02/07/2022	$65.00	✓	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Total Reimbursement
$130.00

I certify that the information above is correct and that the reimbursement requested is for expenses paid by me for the treatment of my covered condition. I am aware that any person who knowingly makes any false statement or misrepresentation to obtain reimbursement from OWCP is subject to civil penalties and/or criminal prosecution.

I authorize any provider named above to release information to the US Department of Labor, OWCP if necessary for the proper adjudication of this claim.

Signature *John A. Smith* Date *02/07/2022*

OWCP-915 (Rev. 12-07)

Sample 3. Proof of Payment for Doctor Visit

PROOF OF PAYMENT

INSURANCE COPY-ATTACH THIS STATEMENT TO YOUR CLAIM FORM	☐ Cash ☐ Check	Charges	Payment	Adj.	Current Balance
			Credits		

DIAGNOSIS	Patient Name	Date of Service
	Patient Address	
	SSN	

DESCRIPTION-TYPE OF SERVICE

Office Visits	Code	Fee
New Patient		
100 Brief	90000	____
102 Intermediate	90060	____
103 Extended	90017	____
Established Patient		
110 Brief	90040	____
112 Intermediate	90060	____
113 Extended	90070	____

Office Procedures	Code	Fee
120 Laryngoscopy	31525	____
130 Intercostal Injection	64421	____
210 Spirometry Other	94010	____
Holter Monitor		
260 Recording	93275	____
262 Scanning	93276	____
264 Interpretation	93277	____

Injection	Code	Fee
300 Pneumovax	90732	____
305 Inj. Decadron ____ mg IM	90890	____
Flu Shot	90742	____

TOTAL PAID ☐

JOHN C. WAZAB, M.D.
TUNNELSPORT MEDICAL CENTER
101 NORTH MAIN STREET
TUNNELSPORT, PA 16600

- Your full name
- Your address
- Your Social Security Number
- Name and address of Medical Provider
- Signature of Medical Provider
- Diagnosis or Condition Treated
- Date of Service
- Description of Service Performed
- Charges for each Type of Service
- Total amount you paid
- A statement showing specifically who paid the charges (PATIENT PAID or
- PAID BY PATIENT). "PAID" or "PAID IN FULL" are not acceptable.

If you need help getting or completing this form, please call toll-free, Mon.- Fri., 8:00 a.m.-8:00 p.m. (ET): 1-800-638-7072.

Sample 4. Medical Reimbursement Form, OWCP-915 (Prescription Drugs)

Claim for Medical Reimbursement

U. S. Department of Labor
Office of Workers' Compensation Programs

Provide all information requested below. **DO NOT FILL IN SHADED AREAS.** Read the attached information in order to ensure the submission of all required documentation. Maintain a copy of all documentation for your records.

OMB No. 1240-0007
Expires: 05/31/2024

PERSONAL INFORMATION

Name

Smith,	John	A
Last	First	M.I.

OWCP File Number
DO XXX-XX-1234 LM C
Case ID: ABCDE-2018150

Address

1234 Main St
Street/P.O. Box/Apt. No.

Telephone Number
(000) 123-4567

FOR DOL USE ONLY

Tunnelsport	PA	16660
City	State	Zip Code

PROVIDER INFORMATION

Name of Doctor's Office, Hospital, Pharmacy or Medical Supply Company where expense was incurred. (A separate OWCP-915 must be filed for each provider) Enter medical provider's name here

Description of Change (Medical appointment, name of prescription drug, description of medical product/supply)	Date of Service (MM,DD,YYYY)		Amount Paid by Claimant	Have you included Proof of Payment for each item?	
	From	To		YES	NO
Tetracycline NDC 00182-0112-01	02/01/2022	02/01/2022	$85.00	✓	☐
Theodur NDC 00085-0487-01	02/01/2022	02/01/2022	$45.00	✓	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Total Reimbursement
$130.00

I certify that the information above is correct and that the reimbursement requested is for expenses paid by me for the treatment of my covered condition. I am aware that any person who knowingly makes any false statement or misrepresentation to obtain reimbursement from OWCP is subject to civil penalties and/or criminal prosecution.

I authorize any provider named above to release information to the US Department of Labor, OWCP if necessary for the proper adjudication of this claim.

Signature *John A. Smith* Date 02/07/2022

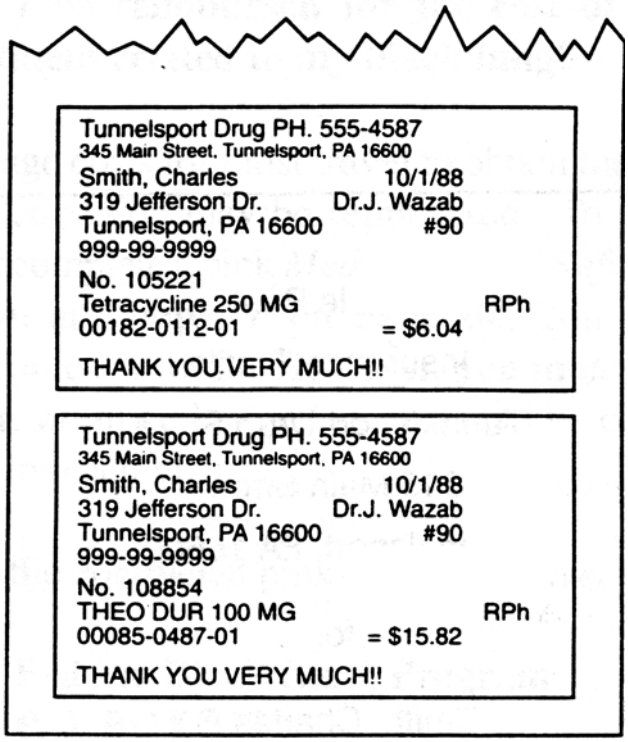
OWCP-915 (Rev. 12-07)

Sample 5. Pharmacy Bill Receipt

Prescription Drugs

Receipts can be the pharmacy bag or sticker, a computerized printout, or an itemized listing on the pharmacy's letterhead. These receipts must include:

- Your full name, address, and social security number
- Name of the prescribing doctor
- Name and address of the pharmacy
- Prescription number
- Amount prescribed-mg/ml or cc and total ml or cc per bottle for liquid medication, and/or mg per tablet and total number of tablets per prescription
- Date purchased
- Name of each drug
- 11-digit National Drug Code (NDC) number for the prescribed medication
- Charge actually paid for each drug less any discount (e.g., senior citizen or coupon)
- A statement showing specifically who paid the charges (PATIENT PAID or PAID BY PATIENT). "PAID" or "PAID IN FULL" are not acceptable.



Tunnelsport Drug PH. 555-4587
345 Main Street, Tunnelsport, PA 16600
Smith, Charles 10/1/88
319 Jefferson Dr. Dr.J. Wazab
Tunnelsport, PA 16600 #90
999-99-9999
No. 105221
Tetracycline 250 MG RPh
00182-0112-01 = $6.04
THANK YOU VERY MUCH!!

Tunnelsport Drug PH. 555-4587
345 Main Street, Tunnelsport, PA 16600
Smith, Charles 10/1/88
319 Jefferson Dr. Dr.J. Wazab
Tunnelsport, PA 16600 #90
999-99-9999
No. 108854
THEO DUR 100 MG RPh
00085-0487-01 = $15.82
THANK YOU VERY MUCH!!

Sample 6. Proof of Payment: Computerized Printout Pharmacy Receipt

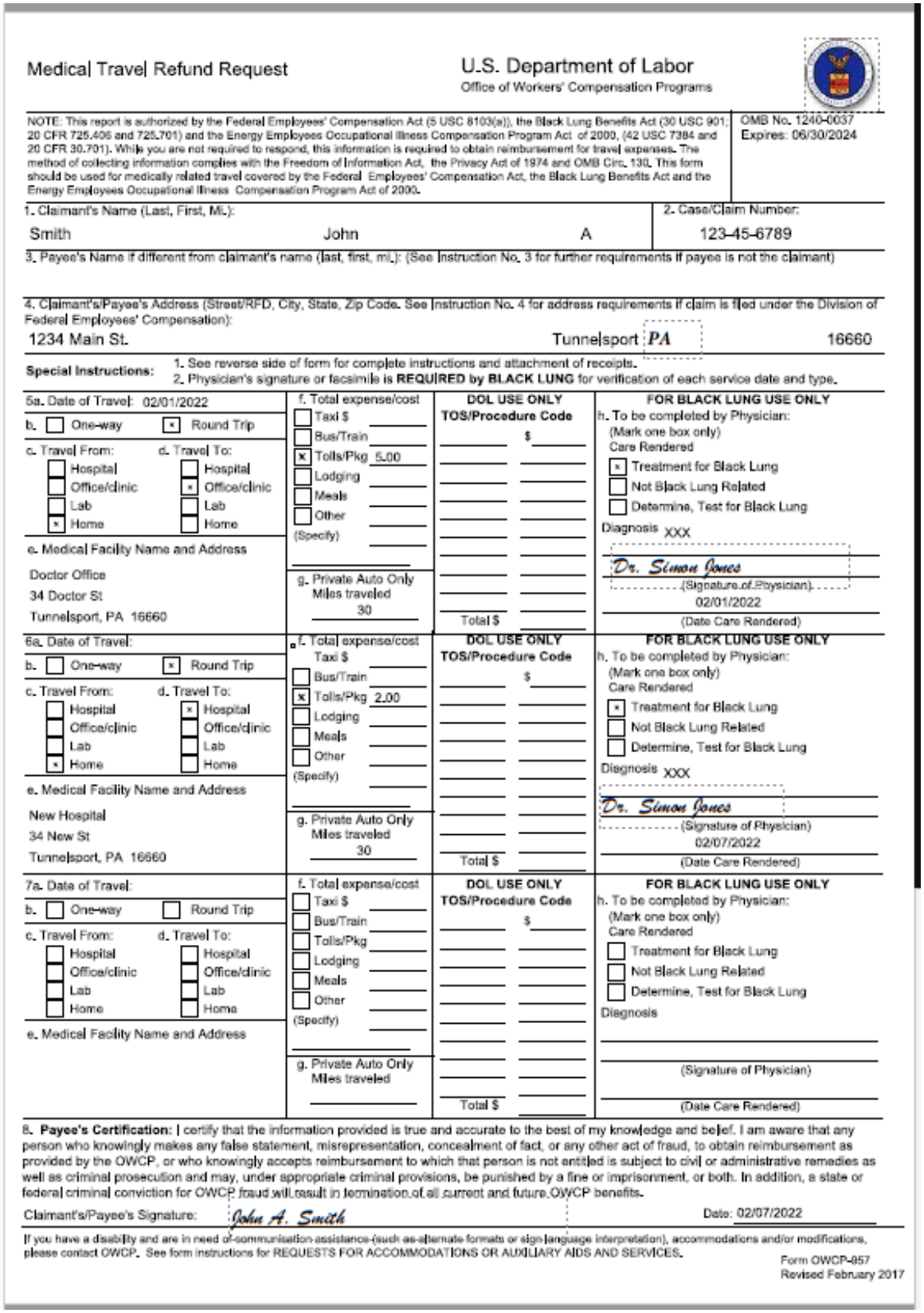
Profile Print
Insurance Profile
Tunnelsport Drug Store
345 Main Street
Tunnelsport, PA 16600

for

Smith, Charles P.
319 Jefferson Dr.
Tunnelsport, PA 16600
999-99-9999

		DATE	QTY	PRICE	RPH
RX# 105221	Tetracycline 250 MG TABS Doctor: J. Wazab 00182-0112-01	10/1/88	90	6.04	ED
RX# 108854	Theo dur 100 MG TABS Doctor: J. Wazab 00085-0487-01	10/1/88	100	15.82	ED

Sample 7. Medical Travel Refund Request, OWCP-957



Medical Travel Refund Request

U.S. Department of Labor
Office of Workers' Compensation Programs

NOTE: This report is authorized by the Federal Employees' Compensation Act (5 USC 8103(a)), the Black Lung Benefits Act (30 USC 901; 20 CFR 725.406 and 725.701) and the Energy Employees Occupational Illness Compensation Program Act of 2000, (42 USC 7384 and 20 CFR 30.701). While you are not required to respond, this information is required to obtain reimbursement for travel expenses. The method of collecting information complies with the Freedom of Information Act, the Privacy Act of 1974 and OMB Circ. 130. This form should be used for medically related travel covered by the Federal Employees' Compensation Act, the Black Lung Benefits Act and the Energy Employees Occupational Illness Compensation Program Act of 2000.

OMB No. 1240-0037
Expires: 06/30/2024

1. Claimant's Name (Last, First, MI.): Smith John A

2. Case/Claim Number: 123-45-6789

3. Payee's Name if different from claimant's name (last, first, mi.): (See Instruction No. 3 for further requirements if payee is not the claimant)

4. Claimant's/Payee's Address (Street/RFD, City, State, Zip Code. See Instruction No. 4 for address requirements if claim is filed under the Division of Federal Employees' Compensation):
1234 Main St. Tunnelsport PA 16660

Special Instructions: 1. See reverse side of form for complete instructions and attachment of receipts.
2. Physician's signature or facsimile is **REQUIRED by BLACK LUNG** for verification of each service date and type.

5a. Date of Travel: 02/01/2022
b. ☐ One-way ☒ Round Trip
c. Travel From: ☐ Hospital ☐ Office/clinic ☐ Lab ☒ Home
d. Travel To: ☐ Hospital ☒ Office/clinic ☐ Lab ☐ Home
e. Medical Facility Name and Address
Doctor Office
34 Doctor St
Tunnelsport, PA 16660
f. Total expense/cost
☐ Taxi $
☐ Bus/Train
☒ Tolls/Pkg 5.00
☐ Lodging
☐ Meals
☐ Other
(Specify)
g. Private Auto Only Miles traveled: 30
DOL USE ONLY TOS/Procedure Code $ Total $
FOR BLACK LUNG USE ONLY
h. To be completed by Physician: (Mark one box only)
Care Rendered
☒ Treatment for Black Lung
☐ Not Black Lung Related
☐ Determine, Test for Black Lung
Diagnosis XXX
Dr. Simon Jones (Signature of Physician)
02/01/2022 (Date Care Rendered)

6a. Date of Travel:
b. ☐ One-way ☒ Round Trip
c. Travel From: ☐ Hospital ☐ Office/clinic ☐ Lab ☒ Home
d. Travel To: ☒ Hospital ☐ Office/clinic ☐ Lab ☐ Home
e. Medical Facility Name and Address
New Hospital
34 New St
Tunnelsport, PA 16660
f. Total expense/cost
Taxi $
☐ Bus/Train
☒ Tolls/Pkg 2.00
☐ Lodging
☐ Meals
☐ Other
(Specify)
g. Private Auto Only Miles traveled: 30
DOL USE ONLY TOS/Procedure Code $ Total $
FOR BLACK LUNG USE ONLY
h. To be completed by Physician: (Mark one box only)
Care Rendered
☒ Treatment for Black Lung
☐ Not Black Lung Related
☐ Determine, Test for Black Lung
Diagnosis XXX
Dr. Simon Jones (Signature of Physician)
02/07/2022 (Date Care Rendered)

7a. Date of Travel:
b. ☐ One-way ☐ Round Trip
c. Travel From: ☐ Hospital ☐ Office/clinic ☐ Lab ☐ Home
d. Travel To: ☐ Hospital ☐ Office/clinic ☐ Lab ☐ Home
e. Medical Facility Name and Address
f. Total expense/cost
☐ Taxi $
☐ Bus/Train
☐ Tolls/Pkg
☐ Lodging
☐ Meals
☐ Other
(Specify)
g. Private Auto Only Miles traveled
DOL USE ONLY TOS/Procedure Code $ Total $
FOR BLACK LUNG USE ONLY
h. To be completed by Physician: (Mark one box only)
Care Rendered
☐ Treatment for Black Lung
☐ Not Black Lung Related
☐ Determine, Test for Black Lung
Diagnosis
(Signature of Physician)
(Date Care Rendered)

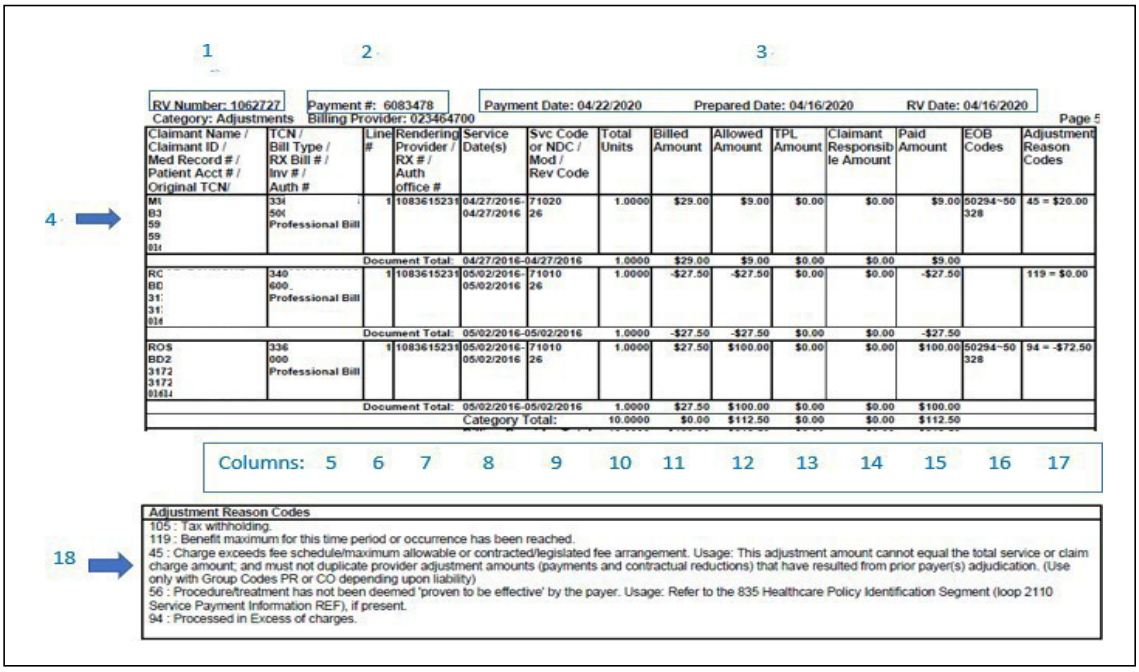
8. **Payee's Certification:** I certify that the information provided is true and accurate to the best of my knowledge and belief. I am aware that any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud, to obtain reimbursement as provided by the OWCP, or who knowingly accepts reimbursement to which that person is not entitled is subject to civil or administrative remedies as well as criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment, or both. In addition, a state or federal criminal conviction for OWCP fraud will result in termination of all current and future OWCP benefits.

Claimant's/Payee's Signature: John A. Smith Date: 02/07/2022

If you have a disability and are in need of communication assistance (such as alternate formats or sign language interpretation), accommodations and/or modifications, please contact OWCP. See form instructions for REQUESTS FOR ACCOMMODATIONS OR AUXILIARY AIDS AND SERVICES.

Form OWCP-957
Revised February 2017

Sample 8.a. Remittance Voucher (Front of Form)



1 2 3

RV Number: 1062727 | Payment #: 6083478 | Payment Date: 04/22/2020 | Prepared Date: 04/16/2020 | RV Date: 04/16/2020

Category: Adjustments | Billing Provider: 023464700 | Page 5

Claimant Name / Claimant ID / Med Record # / Patient Acct # / Original TCN/	TCN / Bill Type / RX Bill # / Inv # / Auth #	Line #	Rendering Provider / RX # / Auth office #	Service Date(s)	Svc Code or NDC / Mod / Rev Code	Total Units	Billed Amount	Allowed Amount	TPL Amount	Claimant Responsible Amount	Paid Amount	EOB Codes	Adjustment Reason Codes
MI BJ 59 59 014	33 50 Professional Bill	1	1083615231	04/27/2016- 04/27/2016	71020 26	1.0000	$29.00	$9.00	$0.00	$0.00	$9.00	50294~50 328	45 = $20.00
Document Total:				04/27/2016-04/27/2016		1.0000	$29.00	$9.00	$0.00	$0.00	$9.00		
RC BD 31 31 014	340 600 Professional Bill	1	1083615231	05/02/2016- 05/02/2016	71010 26	1.0000	-$27.50	-$27.50	$0.00	$0.00	-$27.50		119 = $0.00
Document Total:				05/02/2016-05/02/2016		1.0000	-$27.50	-$27.50	$0.00	$0.00	-$27.50		
ROS BD2 3172 3172 01414	336 000 Professional Bill	1	1083615231	05/02/2016- 05/02/2016	71010 26	1.0000	$27.50	$100.00	$0.00	$0.00	$100.00	50294~50 328	94 = -$72.50
Document Total:				05/02/2016-05/02/2016		1.0000	$27.50	$100.00	$0.00	$0.00	$100.00		
Category Total:						10.0000	$0.00	$112.50	$0.00	$0.00	$112.50		

4

Columns: 5 6 7 8 9 10 11 12 13 14 15 16 17

Adjustment Reason Codes

105 : Tax withholding.
119 : Benefit maximum for this time period or occurrence has been reached.
45 : Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)
56 : Procedure/treatment has not been deemed 'proven to be effective' by the payer. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
94 : Processed in Excess of charges.

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Sample 8.b. Remittance Advice Instructions

1. Each Remittance Voucher (RV) created has its own unique number and it will appear on any checks sent by DOL.
2. When you receive a check, this reference number will be printed on it. This will help you match the check to the RV.
3. Shows the date of payment and when the RV was prepared and issued.
4. Displays the claimants name, claimant ID, medical record ID, patient account # and the original TCN (if bill was adjusted) for the bill.

Columns

5. Displays the current TCN, type of bill, and authorization number applied to the bill.
6. List the individual line numbers from your bill.
7. Does not apply to claimants' RVs.
8. The date services were rendered to you.
9. The procedure code that represents what services are being rendered.
10. Units billed.
11. Line item billed amounts.
12. Allowed amount.
13. Third Party Liability amount if present on the bill.
14. Claimant Responsibility- claimants do not have out of pocket expenses, unless there was an overpayment.
15. The amount paid to the claimant.
16. Explanation of Benefits reason codes, representing errors/denials on the bill.
17. Adjustment reason codes- representing any adjustments that were made to the bill
18. Explanation of any reason codes reported on bill.

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