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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
Division of Coal Mine Workers' Compensation (DCMWC)

The following material provides basic information about your medical benefits, but it neither covers every possible exception or special care, nor has the effect of law. Additionally, this information applies only if the Black Lung Disability Trust Fund is responsible for your medical benefits, including while your claim is in interim status. 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 that 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 covered 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, and other providers) of your choice. Most providers who are enrolled in the Federal Black Lung Program will bill the Federal Black Lung Program directly for you. 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 your out-of-pocket payments.

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

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

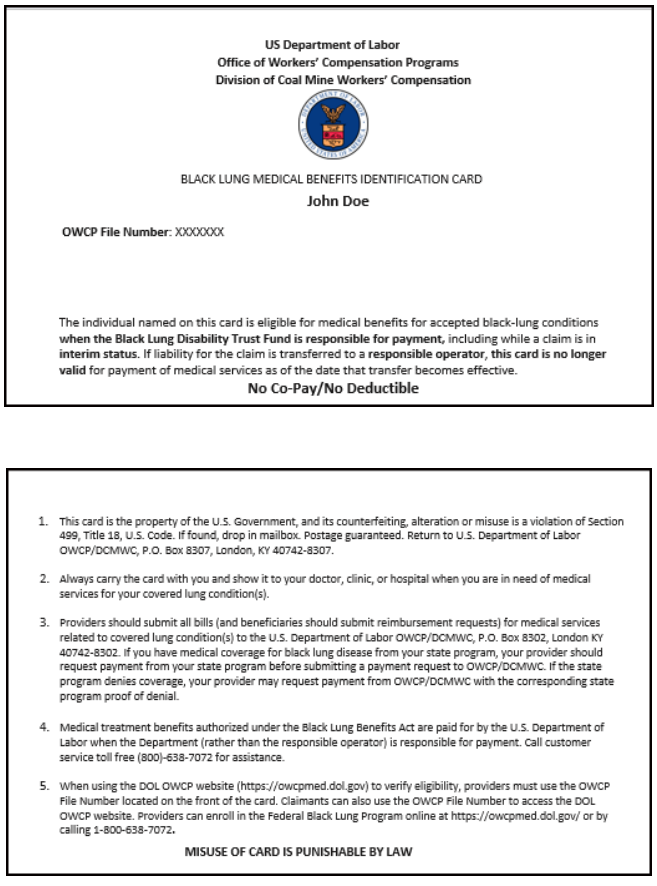
For questions about your specific case or if you have an issue not covered in the FAQ, please contact the DCMWC District Office that handles your claim. You can reach them toll-free at **1-800-347-2502** from **9:00 a.m. to 4:00 p.m. Eastern Time** on business days.

Medical Benefit FAQs:

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

The U.S. Department of Labor Black Lung Medical Benefits Identification Card is white with a Department of Labor logo. It is imprinted with your name, OWCP file number, and effective date.

Your OWCP file number is your identification number when medical providers bill the Federal Black Lung Program or when you submit reimbursement requests. You will need to provide your OWCP file number to your medical treatment providers so they can bill correctly. See Figure 1 below.



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

BLACK LUNG MEDICAL BENEFITS IDENTIFICATION CARD

John Doe

OWCP File Number: XXXXXXX

The individual named on this card is eligible for medical benefits for accepted black-lung conditions **when the Black Lung Disability Trust Fund is responsible for payment,** including while a claim is in **interim status**. If liability for the claim is transferred to a **responsible operator**, **this card is no longer valid** for payment of medical services as of the date that transfer becomes effective.

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. If found, drop in mailbox. Postage guaranteed. Return to U.S. Department of Labor OWCP/DCMWC, P.O. Box 8307, London, KY 40742-8307.
2. Always carry the card with you and show it to your doctor, clinic, or hospital when you are in need of medical services for your covered lung condition(s).
3. Providers should submit all bills (and beneficiaries should submit reimbursement requests) for medical services related to covered lung condition(s) to the U.S. Department of Labor OWCP/DCMWC, P.O. Box 8302, London KY 40742-8302. If you have medical coverage for black lung disease from your state program, your provider should request payment from your state program before submitting a payment request to OWCP/DCMWC. If the state program denies coverage, your provider may request payment from OWCP/DCMWC with the corresponding state program proof of denial.
4. Medical treatment benefits authorized under the Black Lung Benefits Act are paid for by the U.S. Department of Labor when the Department (rather than the responsible operator) is responsible for payment. Call customer service toll free (800)-638-7072 for assistance.
5. When using the DOL OWCP website (https://owcpmed.dol.gov) to verify eligibility, providers must use the OWCP File Number located on the front of the card. Claimants can also use the OWCP File Number to access the DOL OWCP website. Providers can enroll in the Federal Black Lung Program online at https://owcpmed.dol.gov/ or by calling 1-800-638-7072.

MISUSE OF CARD IS PUNISHABLE BY LAW

Figure 1. Black Lung Benefits Identification Card.

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; this information is known only to you and may need to be provided to your medical providers. The 12-digit alphanumeric OWCP file number printed on the front of the card is unique to you. This number allows medical providers to access our secure website to obtain information about your eligibility for benefits and the bills they have submitted. Your providers will likely want to photocopy the front and back of the card for their records, as they cannot access the secure website without the OWCP file number.

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

You should present your Black Lung Medical Benefits Identification Card whenever you seek treatment for your covered black lung condition. Your card will identify you as a Federal Black Lung Program beneficiary and help the medical provider determine the proper way to bill for services.

Note: The Federal Black Lung Program uses a separate pharmacy benefits identification card for prescription medications. See Question 18 for additional information.

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

Please call the DCMWC District Office that handles your claim toll-free at **1-800-347-2502** from **9:00 a.m. to 4:00 p.m. Eastern Time** on business days. If you prefer, you can also write to the District Office at the following address:

U.S. Department of Labor
OWCP/DCMWC

P.O. Box 8307
London, KY 40742-8307

5 – I was awarded Black Lung benefits by the Federal Black Lung Program. I also filed a claim with the state workers' compensation program where I worked as a coal miner and was awarded benefits for my black lung condition. Am I still entitled to medical coverage under the Federal Black Lung Program?

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

If your medical providers' or your own reimbursement requests are denied under your state program for black lung benefits, send the bill or reimbursement request and original receipts **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 claim toll-free at **1-800-347-2502** from **9:00 a.m. to 4:00 p.m. Eastern Time** on business days.

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 Medical Benefits Identification Card?

If you have been awarded benefits for your black lung condition under a state workers' compensation program, you will receive Black Lung Medical Benefits 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 costs of medical treatments and services (and associated travel) that are directly related to your covered black lung condition are paid for under the Federal Black Lung Benefits Act. Only care for your covered black lung condition is eligible for payment. While there are maximum payment limits for medical treatment and services, there are no deductibles or co-payments. Reimbursement for travel is limited to reasonable costs.

The following services may be covered when they are performed for the treatment of your covered 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 to support a return to gainful employment consistent with the miner's physical limitations.
- Federal Black Lung Program approved prescription drugs.

- Ambulance services limited to transportation to the hospital for emergency acute black lung related care.

  The following items require special approval:

- Overnight travel, related meals and lodging, and mileage exceeding 100 miles one-way or 200 miles round-trip.
- Purchasing or renting home medical equipment, such as oxygen systems, requires a Certificate of Medical Necessity completed by the prescribing doctor (see Question 8) if the cost exceeds $300.
- Home health care visits for skilled nursing care require a Certificate of Medical Necessity completed by the prescribing doctor.

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

Yes, prior approval is required. The prescribing doctor must complete the Certificate of Medical Necessity (CMN) (Form CM-893), for oxygen, durable medical equipment, and at-home skilled nursing care.

The provider should send the completed CMN form, along with any required medical documentation to:

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

The provider can also upload the CMN form through the "Claimant Online Access Link" (C.O.A.L.) Portal: https://coalmine.dol.gov/

CMNs for rental items must be reauthorized periodically (such as a prescription for an oxygen concentrator). All CMNs must include the doctor's signature. Notification of CMN approval or denial will be provided to you, your doctor, and the medical provider.

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

Your doctor may call the Federal Black Lung Program, toll free at **1-800-347-2502** from **9:00 a.m. to 4:00 p.m. Eastern Time** on business days. The form is also available to download and print from the Federal Black Lung Program website:
https://www.dol.gov/agencies/owcp/dcmwc/regs/compliance/blforms

10 – 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 covered black lung condition – for example, arthritis or 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.
- 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.
- Durable medical equipment that is not authorized for coverage under the Federal Black Lung Program.

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

Whenever possible, have your doctor, hospital, and other medical providers bill the Federal Black Lung Program for the services that are related to your covered 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 Medical Benefits Identification Card when seeking treatment.

12 – 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 with questions about enrollment or billing may call the Federal Black Lung Program, toll-free at **1-800-638-7072** from **8:00 a.m. to 8:00 p.m. Eastern Time** on business days. They may also apply online at: https://owcpmed.dol.gov/

13 – Where should medical providers send Federal Black Lung Program 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 may also submit medical treatment bills through Electronic Data Interchange (EDI), an electronic communication system that allows providers to select a company (such as drchrono and/or emdeon) to electronically exchange medical treatment bill documents and upload them to the Workers' Compensation Medical Bill Processing (WCMBP) system for processing.

14 – What forms should a provider use to submit a bill?

Medical providers must submit bills using the OWCP-1500, which is the required billing form for the Federal Black Lung Program. This includes doctors, clinics, laboratories, ambulance services, and nursing services.

Hospitals may submit their bills using Form UB-04 for all inpatient services and outpatient services.

15 – What if the medical provider wants to bill Medicare, the United Mine Workers of America, or insurance carriers instead of the Federal Black Lung Program?

Other insurance carriers should not be billed first for treatment of your covered 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 workers' compensation program. See Question 5). Medicare and many insurance carriers have a "workers' compensation exclusion clause." This means they will not pay for treatments of occupational disease, such as black lung disease, if the patient has medical coverage under a workers' compensation program or the Federal Black Lung Program.

16 – The Department of Labor has notified me that the coal company has agreed to pay for medical treatment for my black lung condition. How is this handled?

The coal company or its insurance carrier will provide you with information about how to receive treatment for your covered black lung condition. They will give you proof of coverage and will coordinate with your medical providers regarding submission and reimbursement of medical bills. If you have questions, please call the DCMWC District Office that handles your claim toll-free at **1-800-347-2502** from **9:00 a.m. to 4:00 p.m. Eastern Time** on business days.

17 – What if I pay the medical provider for my care? How do I get reimbursed by the Federal Black Lung Program?

Present your Black Lung Medical Benefits Identification Card to the medical provider whenever you seek treatment for your covered black lung condition. Medical providers may bill directly if they are enrolled in the Federal Black Lung Program. If you pay for the medical services out-of-pocket, you can request reimbursement by completing the U.S. Department of Labor Medical Reimbursement Form, OWCP-915, as shown in Figure 2. Up to eight visits or services can be listed on this form.

Please note that 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

Enter the following information on the OWCP-915 form, as shown in Figure 2.

- Your full name.
- Your address.
- In the OWCP File Number field, enter your DCMWC Case ID.
- Under Provider Information, enter the name and address(es) of Medical Provider/Facility, and the Diagnosis or Condition Treated.
- Date of Service.
- Description of Charge (Medical appointment or description of medical product/supply).
- Charges for each Type of Service.

- Total amount you paid.

If you need help getting or completing this form, please call toll-free at **1-800-638-7072** from **8:00 a.m. to 8:00 p.m. Eastern Time** on business days.

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

- Your full name and address.
- Your OWCP File Number (DCMWC Case ID).
- Name and address of the medical provider.
- Signature of the medical provider.
- Primary diagnosis code/condition treated.
- Date of service.
- Description of medical service performed.
- Charge for each individual service.
- 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 via Check:

If payment was made 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 Figure 3.)

Payments made for Medical Services via Credit Card:

If payment was made via credit card, a copy of the credit card receipt must be submitted accompanied by the itemized statement and a copy of the doctor's invoice.

Claim for Medical Reimbursement

Reset Print

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: 07/31/2027

PERSONAL INFORMATION

Name

Last First M.I.

OWCP File Number

Address

Street/P.O. Box/Apt No.

City State Zip Code

Telephone Number

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)

Description of Charge (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
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
			Total Reimbursement		

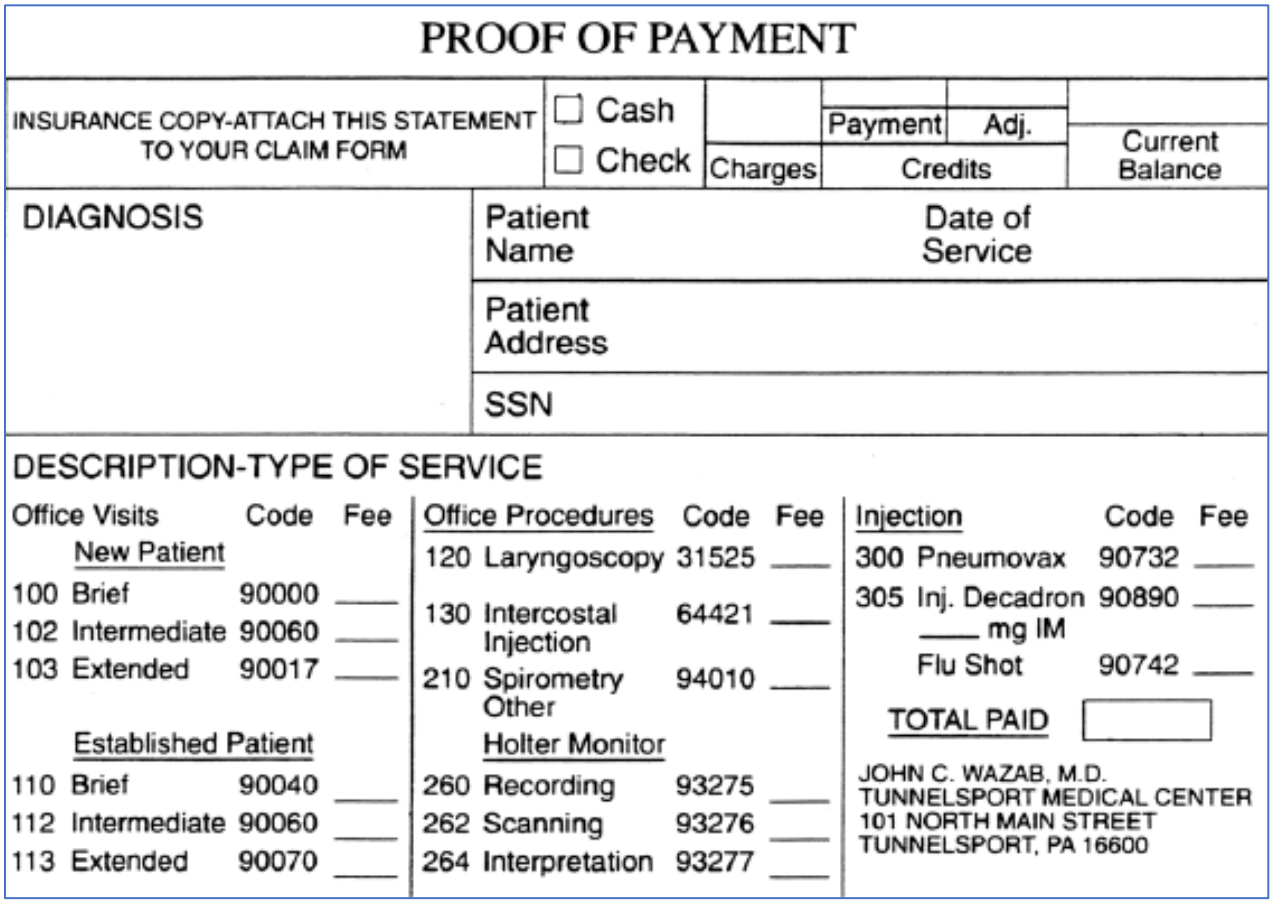
I certify that the information above is correct and that the reimbursement requested is for expenses paid by me for the treatment of my covered condition. I am aware that any person who knowingly makes any false statement or misrepresentation to obtain reimbursement from OWCP is subject to civil penalties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

OWCP-915 (Rev. 12-25)

Figure 2. OWCP-915 Claim for Medical Reimbursement – 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	94010	____
Other		
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

Figure 3. Proof of Payment for Doctor Visit

18 – How do I obtain prescription drugs through the Federal Black Lung Program?

Prescription drug benefits for the Federal Black Lung Program are administered through Optum, which maintains a nationwide network of over 50,000 retail, mail-order, and specialty pharmacies. **A separate Optum issued pharmacy benefits card must be used for all prescription drug services.** For questions about pharmacy benefits, pharmacy locations, or card use, you may contact Optum toll-free at 1-855-924-4688. Additional information about your prescription drug benefits is available on the DCMWC ECOMP portal: https://dcmwc.dol.gov.

19 – Can I be reimbursed for the cost of travel to get medical treatment related to my covered black lung condition?

Mileage costs for most travel to obtain medical treatment for your covered black lung condition may be reimbursed. To request reimbursement, you must complete a Medical Travel Refund Request, OWCP-957B, as shown in Figure 4. You may submit up to two trips on each submitted form. However, you must also have the medical provider, or an authorized representative, complete and sign the "CARE RENDERED" section for each visit.

Mail the complete 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 that include mileage that exceeds 100 miles one-way or 200 miles round-trip require special prior approval from the DCMWC District Office. Please call the DCMWC District Office that handles your claim toll-free at **1-800-347-2502** from **9:00 a.m. to 4:00 p.m. Eastern Time** on business days.

Medical Travel Refund Request – Expenses

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: 11/30/2026

1. Claimant Name (Last, First, M.I.):

2. Case/Claim Number:

3. Payee Name if different from claimant's name (Last, First, M.I.):

4. Claimant/Payee Phone No.:

5. Claimant/Payee Address (House #, Street or RR, City, State, Zip Code):

6. Claimant/Payee Email:

7. Payee relationship to Claimant:

8. Reason Payee other than Claimant is requesting reimbursement:

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

9. CLAIMANT'S TRAVEL EXPENSE REIMBURSEMENT REQUEST

For Black Lung Use Only

Date:

From:

To:

☐ One-way
☐ Round trip

☐ Hospital
☐ Medical Appt.
☐ Therapy/Rehab
☐ Pharmacy
☐ Med. Supply
☐ Other

Total miles traveled (Private auto only):

Other travel expenses:
(Attach receipts for each listed expense)

☐ Train
☐ Bus
☐ Pkg/Tolls
☐ Taxi
☐ Lodging
☐ Meals
☐ Other

Specify "Other" expenses:

DOL USE ONLY

TOS/Procedure Code

---------- $ ----------

Total $ ----------

CARE RENDERED

To be completed by Physician:
(Mark one box only)

☐ Treatment for Black Lung
☐ Not Black Lung Related
☐ Determination Testing for Black Lung

Diagnosis

Signature of Physician

Date Care Rendered

Date:

From:

To:

☐ One-way
☐ Round trip

☐ Hospital
☐ Medical Appt.
☐ Therapy/Rehab
☐ Pharmacy
☐ Med. Supply
☐ Other

Total miles traveled (Private auto only):

Other travel expenses:
(Attach receipts for each listed expense)

☐ Train
☐ Bus
☐ Pkg/Tolls
☐ Taxi
☐ Lodging
☐ Meals
☐ Other

Specify "Other" expenses:

DOL USE ONLY

TOS/Procedure Code

---------- $ ----------

Total $ ----------

CARE RENDERED

To be completed by Physician:
(Mark one box only)

☐ Treatment for Black Lung
☐ Not Black Lung Related
☐ Determination Testing for Black Lung

Diagnosis

Signature of Physician

Date Care Rendered

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.

10. Claimant's/Payee's Signature: Date:

Form OWCP-957 Part B
November 2023

Figure 4. OWCP-957B Medical Travel Refund Request

20 – How long will it take for my reimbursement request to be processed?

Reimbursement requests which are submitted correctly will be processed by the Federal Black Lung Program within 28 days of receipt.

21 – Will the Federal Black Lung Program notify me about the status of my reimbursement requests?

The Federal Black Lung Program will send you a form called a Remittance Voucher to inform you whether your reimbursement requests will be paid or denied. Examples of this document can be found in Figure 5 and Figure 6. 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.
- A "Message Code" which will explain why you were not paid for any portion of the reimbursement request.

Note: You will not receive a Remittance Voucher if your medical provider bills the Federal Black Lung Program directly.

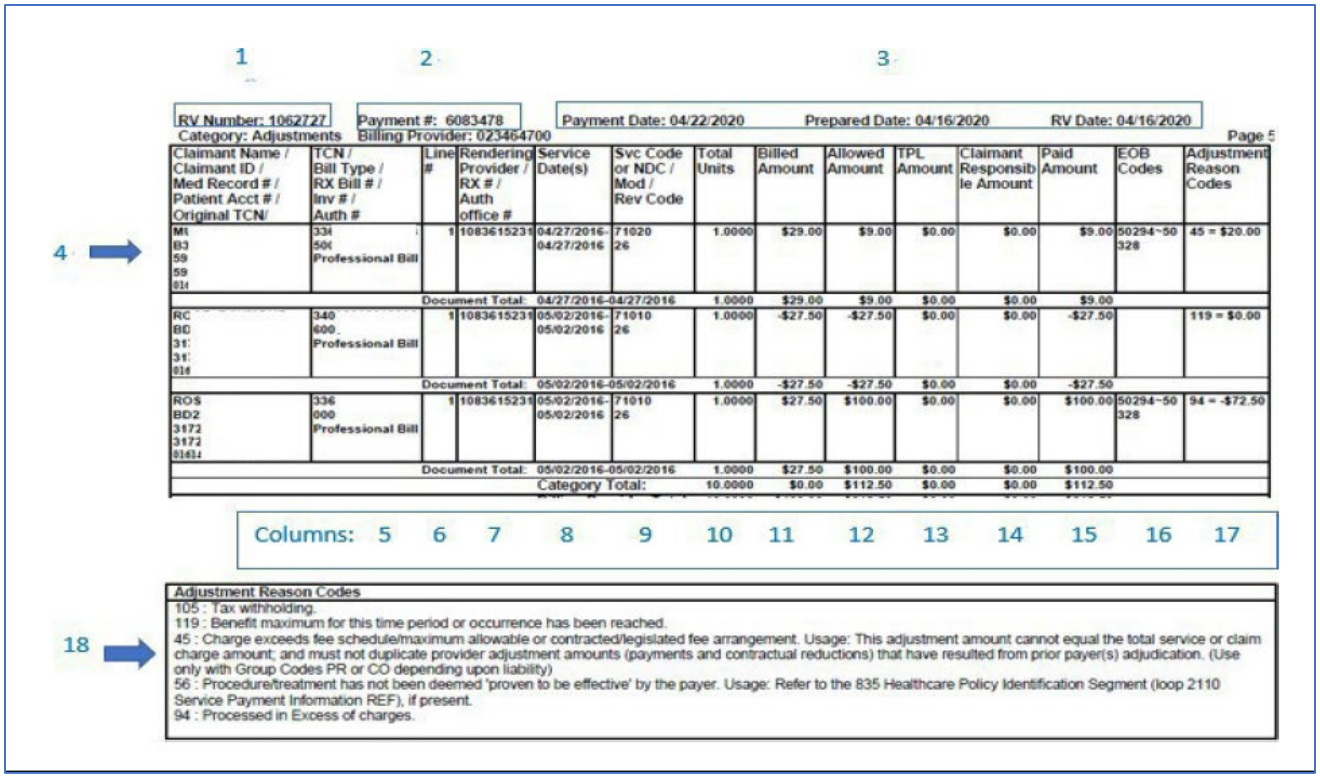


Figure 5. Remittance Voucher

1. Each Remittance Voucher (RV) created has its own unique number and it will appear on any payment sent by DOL.
2. When you receive a payment, this reference number will be printed on it. This will help you match the payment to the RV.
3. Shows the date of the payment and when the RV was prepared and issued.
4. Displays the claimant's 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 the claimant's RV
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.

Figure 6. Remittance Voucher - Instructions

22 – What happens if I make a mistake when submitting my reimbursement request or receipts? Will I still receive a Remittance Voucher?

Any reimbursement request forms and receipts that require 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. The Federal Black Lung Program cannot issue payment until all forms and receipts are submitted 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 that have been returned, you may call toll-free at **1-800-638-7072** from **8:00 a.m. to 8:00 p.m. Eastern Time** on business days.

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

Due to Executive Order 14247, the Federal Black Lung Program must use electronic payment methods to issue all benefit payments and transitioned all forms of payment to electronic delivery by October 1, 2025. You must enroll in Electronic Funds Transfer (EFT) to receive payment.

To enroll in EFT, complete the Direct Deposit form that was mailed to you, then submit it electronically via the C.O.A.L. Portal at https://coalmine.dol.gov or mail it to our Central Mail Room at:

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

If you do not have the form, please call the DCMWC District Office that handles your claim toll-free at **1-800-347-2502** from **9:00 a.m. to 4:00 p.m. Eastern Time** on business days.

Payments are issued by the U.S. Treasury Department. The RV is sent from the Office of Workers' Compensation Programs (OWCP) medical billing contractor's facility where your reimbursement requests are processed. The RV usually arrives shortly after your payment. Please remember to allow enough time (10 to 14 days) for both the payment 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 at **1-800-638-7072** from **8:00 a.m. to 8:00 p.m. Eastern Time** on business days.

If you are receiving reimbursement via EFT, and your direct deposit account has already been set up, you can expect your payment to be deposited to your account within 28 days of submission. Payments are posted every Wednesday, except for holidays.

24 – Whom should I notify if my mailing address changes?

Please promptly notify the DCMWC District Office that handles your claim of any changes to your mailing address. Please call toll free at **1-800-347-2502** from **9:00 a.m. to 4:00 p.m. Eastern Time** on business days. Or you can use the Online Contact Form available in the C.O.A.L. Mine Portal to report the change: https://coalmine.dol.gov.

25 - 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.

26 – Can I see my medical bills on the Web Portal?

Yes. The Federal Black Lung Program 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.

27 – How are my payments and/or reimbursements disbursed?

The Federal Black Lung Program is required to issue payments/reimbursements electronically. You must enroll in EFT to receive reimbursement directly to your bank account or other financial institution.

28 - What are the time limits for requesting payment or reimbursement for covered medical services?

You must send your medical bills and reimbursement forms on time. The Federal Black Lung Program can only pay bills that are sent in before the deadline.

You have one year to send in a bill. This one-year period is counted from the end of the calendar year when:

- you received the medical service, or
- your claim was first approved by OWCP,

whichever one of those dates is later.

If you send a bill after the one-year deadline, the Federal Black Lung Program cannot pay for it, even if the treatment was for your covered black lung condition.


DEPARTMENT OF LABOR
UNITED STATES OF AMERICA