

the claim for strains to the right shoulder, wrist and hand and deformity of the right hand. Appellant received appropriate wage-loss compensation.

On January 15, 2002 appellant requested reimbursement for pharmaceutical and other medical expenses incurred from May 1, 1997 through August 30, 1999. The amount requested totaled \$16,355.58. Appellant, however, did not submit any documentation with his request for reimbursement. On January 24, 2002 the Office requested that appellant submit the appropriate documentation for the claimed medical expenses. Appellant responded on March 25, 2002 claiming that he had previously submitted the original documents and the billing information was no longer available from the pharmacist. On August 25, 2003 the Office received documentation from two pharmacies detailing expenses appellant incurred in January and February 1997, May to December 1997, February to October 1998 and January through August 1999.

On March 3, 2004 the Office advised appellant that it had recently spoken with his pharmacist, Maurice Gold, who stated that appellant's private insurance carrier had already paid for the medications appellant was currently seeking for reimbursement. Mr. Gold further indicated that appellant was only responsible for the copayment. The Office informed appellant that he could not seek reimbursement for the same expenses from both his private insurance carrier and the Office. Additionally, the Office stated that it would not reimburse him for the full cost of the prescriptions and in order to claim his actual out-of-pocket expenses, appellant would have to provide proof of payment. The Office also advised appellant to have his private insurance company submit a carrier reimbursement claim.

Appellant responded on March 6, 2004 indicating that he had personally paid for his prescription drugs over the years and he had not authorized any pharmacist to bill a private insurance company for treatment of his work-related injuries. He further stated that the request to resubmit documentation was unacceptable.

In a letter dated March 2, 2004, appellant's pharmacist, Mr. Gold, stated that appellant always requested two sets of receipts and profiles. One set was to show copay only and the other was to show total price. Appellant reportedly told Mr. Gold he needed one set for one insurance company and the second set for another company.

By decision dated June 15, 2004, the Office denied appellant's request for reimbursement of medical expenses incurred in 1997, 1998 and 1999. The Office noted that it advised appellant on March 3, 2004 to resubmit his claim for only his actual out-of-pocket expenses and provide proof of payment. Appellant did not submit the requested information and therefore the Office denied his request.

LEGAL PRECEDENT

An employee is entitled to receive all medical services, appliances or supplies which a qualified physician prescribes or recommends and which the Office considers necessary to treat a work-related injury.² While the Office is obligated to pay for treatment of employment-related

² 5 U.S.C. § 8103(a); 20 C.F.R. § 10.310(a) (1999); see *Lisa DeLindsay*, 51 ECAB 634, 635 (2000).

conditions, appellant has the burden of establishing that the expenditure is incurred for treatment of the effects of an employment-related injury or condition.³ To be entitled to reimbursement of medical expenses by the Office, appellant must establish a causal relationship between the expenditure and the treatment by submitting rationalized medical evidence supporting such a connection and demonstrating that the treatment is necessary and reasonable.⁴

The regulation provide that a claimant is responsible for submitting the necessary documentation in support of a request for reimbursement of medical expenses incurred.⁵ 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 the Office, whichever is later.⁶

ANALYSIS

The Office learned that appellant's private insurance carrier had already paid at least some portion of the claimed \$16,355.58 in medical expenses. Although appellant claimed to have personally paid for his prescription drugs and denied having authorized any pharmacist to bill a private insurance company for treatment of his work-related injuries, his pharmacist, Mr. Gold, was unequivocal in his assertion that appellant had only been responsible for a copayment and had requested multiple copies of his prescription expenses in order to provide at least one copy to his insurance company. Based on the information Mr. Gold provided, the Office properly declined to reimburse appellant for the entire \$16,355.58 claimed. The Office advised appellant to submit a request for his out-of-pocket expenses and provide proof of payment, but appellant refused to comply. Appellant is responsible for providing the necessary documentation and in the present case he failed to satisfy his obligation.⁷ Without the requisite information, the Office properly declined to reimburse appellant for any portion of his claimed medical expenses.

CONCLUSION

The Board finds that the Office properly denied appellant's request for reimbursement for pharmaceutical expenses he allegedly incurred in 1997, 1998 and 1999.

³ *Dale E. Jones*, 48 ECAB 648, 649 (1997).

⁴ *Cathy B. Millin*, 51 ECAB 331, 333 (2000); *id.*

⁵ 20 C.F.R. § 10.802(a)(b) (1999).

⁶ 20 C.F.R. § 10.803 (1999).

⁷ *Supra* note 5.

ORDER

IT IS HEREBY ORDERED THAT the June 15, 2004 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: February 10, 2005
Washington, DC

Colleen Duffy Kiko
Member

David S. Gerson
Alternate Member

A. Peter Kanjorski
Alternate Member