Reset Print

Transportation Authorization Request

U.S. Department of Labor
Office of Workers' Compensation Programs
Division of Energy Employees Occupational
Illness Compensation

Note: Please read the instructions carefully before completing this authorization request. Complete all applicable fields. All requests with supporting documentation must either be faxed to 1-800-882-6147 or be submitted through the Web Bill Processing Portal (https://owcpmed.dol.gov). Please include the Claimant Case ID on all pages. Incomplete requests cannot be processed and will be returned.	OMB Control No: 1240-0060 Expiration Date: 07/31/2027

PART A: Requestor Information

A1. Date Requested:	
A2. Requested By:	A3. Phone Number

PART B: Claimant Information

B1. Claimant's Case ID:	B2. Date of Birth:
B3. First Name:	B4. Last Name:

PART C: Provider Information

C1. OWCP Provider ID:	C2. Tax ID (SSN/FEIN):
C3. Name:	C4. Fax Number:

C5. Providing care for a family member?: ☐ Yes ☐ No

C6. If Yes, please provide relationship to the claimant:

PART D: Transportation Information

D1. Transportation From:	D2. Transportation To:

D3.

From Date	To Date	Transportation Code	Estimated Total Charge

D4. Remarks:

PART E: Supporting Documents

All supporting documents must be attached to the request. Failure to include supporting documentation may result in a delay in processing or denial. See instructions for required documents. Please ensure to include claimant's case ID on each page.

Instructions

Part A: Requestor Information		
A1.	Type or print date on which this template is being completed	Required
A2.	Type or print name of the person requesting an authorization	Required
A3.	Type or print phone number of the person requesting an authorization	

Part B: Claimant Information		
B1.	Type or print claimant's case ID	Required
B2.	Type or print claimant's date of birth (mm/dd/yyyy)	Required
B3.	Type or print claimant's first name	Required
B4.	Type or print claimant's last name	Required

Part C: Provider Information		
C1.	Type or print service rendering provider's OWCP ID	Required
C2.	Type or print provider's Tax ID (SSN or FEIN)	Required
C3.	Type or print provider's name	Required
C4.	Type or print fax number. If entered, this fax number will be used for communication related to this authorization request. Leave it blank if fax number was provided during provider enrollment.	
C5.	Select an option if providing care for a family member • Yes • No	Required
C6.	Type or print relationship to the claimant	Required if *Yes* is selected in field C5

Part D: Transportation Information		
D1.	Select origin of transportation from following options: • Home • Hospital • Lab • Office/Clinic • Pharmacy • Work	Required
D2.	Select destination of transportation from following options: • Home • Hospital • Lab • Office/Clinic • Pharmacy • Work	Required
D3.	Service lines	
	Type or print beginning date of the service	Required
	Type or print end date of the service	Required

	Select transportation code from the following options: • A0100 - Taxi • A0110 - Bus, intra- or interstate carrier • A0120 - Mini-Bus, mountain area transports, and other transports • A0130 - Wheelchair Van	Required
	Type or print total estimated charges	Required
D4.	Type or print additional notes or remarks, if any	

Part E: Supporting Documentation		
	Transportation invoice and supporting transportation documentation	

PRIVACY ACT STATEMENT

The Privacy Act of 1974, as amended (5 U.S.C. 552a) authorizes OWCP to ask you for information needed in the administration of the EEOICPA program. Authority to collect information is in 42 USC 7384d, 20 CFR 30.1 et seq. and E.O. 13179. The information we obtain is used to decide if the services and supplies being billed for are covered by the program and to insure that proper payment is made. There are no penalties for failure to supply information; however, failure to furnish information regarding the medical service(s) at issue will prevent payment of the bill. Failure to supply the claim number or CPT codes will delay payment or may result in rejection of the authorization request because of incomplete information.

We are authorized to request a taxpayer identification number (TIN) or Social Security Number (SSN) under the Debt Collection Improvement Act of 1996, 31 U.S.C. 7701(c)(1), which mandates us to require persons who are doing business with a Federal agency to furnish a TIN or SSN. The SSN or TIN, and other information maintained by us may be used for identification, to support debt collection efforts carried on by the Federal government, and for other purposes required or authorized by law. Additional disclosures are made through routine uses for information contained in systems of records. *See* Department of Labor system DOL/OWCP-11 published in the Federal Register, Vol. 81, page 25868, April 29, 2016, or as updated and republished.

You should be aware that P.L. 100-503, the "Computer Matching and Privacy Protection Act of 1988," permits the government to verify information by way of computer matches.

PUBLIC BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1240-0060. There are no penalties for failure to supply information; however, failure to furnish information regarding the medical service(s) requested will prevent payment of the bill. We estimate that it will take an average of ten minutes to complete this collection of information, including time for reviewing instructions, abstracting information from the patient's records and entering the data onto the form. This time is based on familiarity with standardized coding structures. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Department of Labor, Office of Workers' Compensation Programs, Division of Energy Employees Occupational Illness Compensation, Room C3321, 200 Constitution Avenue NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THIS OFFICE**.