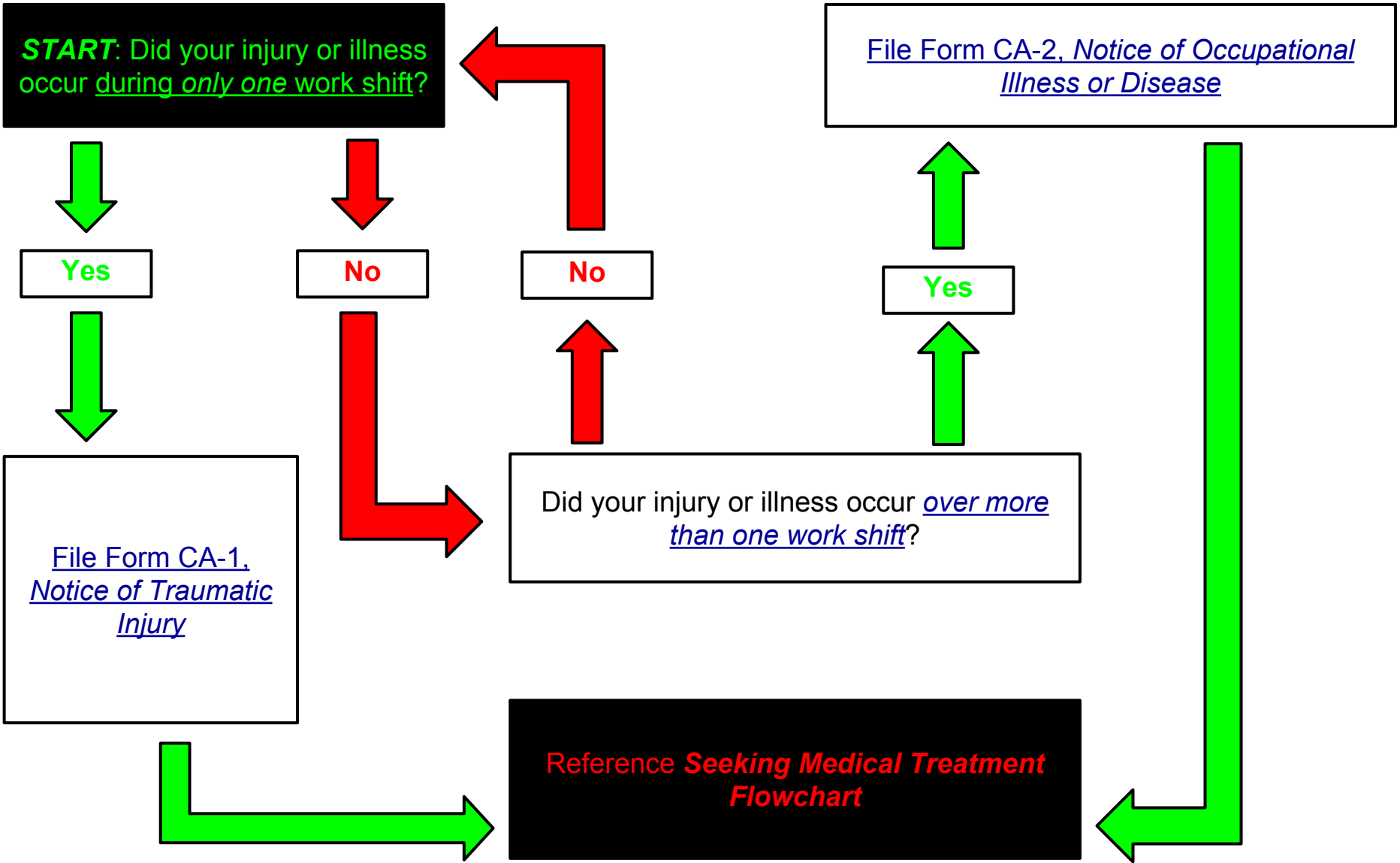


FORM	TITLE	USE	EMPLOYEE TIMELINE	AGENCY TIMELINE
CA-1	Notice of Traumatic Injury and Claim for Continuation of Pay / Compensation	Traumatic injury, occurs within one work shift	Within 30 days of injury to get COP; within 3 years for eligibility	Submit to OWCP within 10 days of receipt from employee
CA-2	Notice of Occupational Illness / Disease and Claim for Compensation	long-term or chronic illness or disease	3 years from date first aware of nexus to employment	Submit to OWCP within 10 days of receipt from employee
CA-2a	Notice Employee's Recurrence of Disability and Claim for Pay/ Compensation	After returning to work, the employee needs to stop work due to injury / illness	As soon as possible*	Submit to OWCP within 10 days of receipt from employee
CA-7	Claim for Compensation	Request compensation for wage loss (not COP)	In traumatic injury cases, submit 10 days before end of COP; otherwise, as soon as pay stops (tied to pay periods)	Submit to OWCP within 5 days of receipt from employee
CA-7a	Time Analysis	Claiming intermittent compensation, partial days, or repurchase of leave	Submit 10 days before end of COP; otherwise, as soon as pay stops (tied to pay periods)	Submit to OWCP within 5 days of receipt from employee
CA-7b	Leave Buy Back	Claiming repurchase of accrued leave used due to injury / illness*	Submit 10 days before end of COP; otherwise, as soon as pay stops (tied to pay periods)	Submit to OWCP within 5 days of receipt from employee
CA-16	Authorization for Examination and/or Treatment	Guarantees payment of medical care after a traumatic injury	Obtain ASAP, within 4 hours; NLT 7 days from DOI; MD submits to OWCP	Issue within 4 hours of injury; 48 hours if verbal authorization given
CA-20	Attending Physician's Report	Provides medical support for claim	Submit to OWCP ASAP following examination(s)	N/A
CA-35 a-h	Occupational Disease Checklist	Provides medical support for specific conditions	Upon completion , should be submitted directly to OWCP	N/A
OWCP 915	Claim for Medical Reimbursement	Claim reimbursement for out of pocket expenses (co-pay, medication, DMEs)	Date of service +12 months*	N/A
OWCP 95	Medical Travel Refund Request	Claim for reimbursable travel r/t treatment	12 months from date of service	N/A
OWCP-1500 (HCFA-1500)	Health Insurance Claim Form	Standard billing form	Physician submits; DOS +12 months*	N/A



# Filing a Workers' Compensation Claim Flowchart

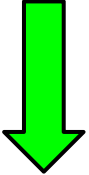


# Seeking Medical Treatment Flowchart

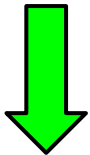
**START:** Did you file [Form CA-1, Notice of Traumatic Injury?](#)



Yes



Within 7 days of your date of injury?



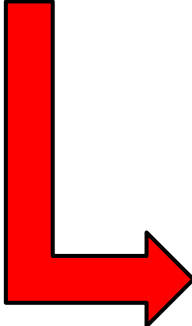
Yes



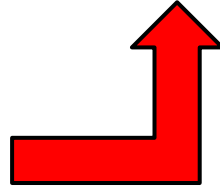
Obtain Form CA-16, *Authorization for Examination and Treatment*, from your supervisor



No



No



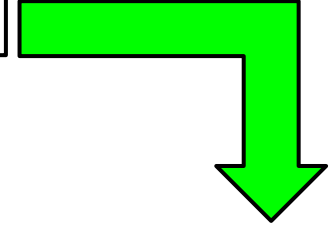
Select a physician from the [FECA Provider Search Tool](#)



Seek treatment



Submit all medical documentation to OWCP via [ECOMP](#)



Reference [Claiming Compensation and/or Reimbursement Flowchart](#)

# Claiming Compensation and/or Reimbursement Flowchart

**START:** Did you miss work due to disability or treatment?



Yes



Did you file a CA-1, Notice of Traumatic Injury, and within 30 days of your injury?



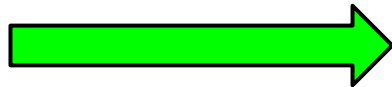
Yes



Is the absence within 45 days of date of injury?



Yes



Do you have "out of pocket" medical expenses (e.g. co-pays)?



Yes



File Form OWCP-915, Claim for Medical Reimbursement



Travel expenses/mileage?



Yes



File Form OWCP 957, Claim for Medical Travel Refund Request



Reference **Returning to Work Flowchart**



No



File Form CA-7, Claim for Compensation



No



No



Request Continuation of Pay (COP) from your supervisor



No



No



# Returning to Work Flowchart

**START:** Are you currently able to work?



Yes



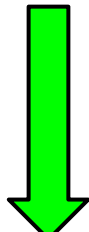
Do you have work restrictions?



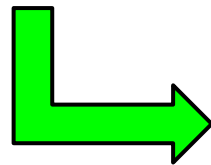
No



Return to work immediately



Yes



Does the job offer contain all the required information?



Yes



Did you receive a written job offer?



Provide a copy of Form CA-17, Duty Status Report, from your physician, to your supervisor

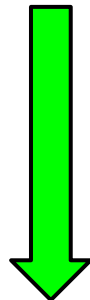
No



No

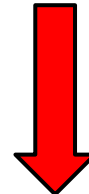


Yes

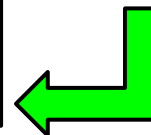


Return to work immediately

No



Ask for revised job offer



Reference *Claiming Compensation and/or Reimbursement Flowchart*