

## Medical Billing Card

Federal Workers' Compensation Medical Billing Information	
<b>*Attention*</b>	
This individual is covered under Federal Employees Compensation Act (FECA) for their work-related injury	
<ul style="list-style-type: none"> <li>• Bills should be submitted electronically through the <b>Medical Bill Processing Portal</b> (see below)</li> <li>• A <b>Federal Workers' Compensation Claim</b> for injury is/will be filed and claim # provided by employee</li> <li>• Department of Labor / OWCP uses the medical contractor, <b>CNSI</b>, to pay medical bills</li> <li>• This card is provided for informational purposes only, it is not a guarantee of payment</li> </ul>	
<b>Submit Medical Bills / Documentation / Correspondence To:</b>	
<b>Medical Bill Processing Portal:</b>	<a href="https://owcpmed.dol.gov">https://owcpmed.dol.gov</a>
<b>Pharmacy Inquiries:</b>	<a href="https://owcprx.dol.gov">https://owcprx.dol.gov</a>
<b>Phone</b>	<b>Fax</b>
<b>Medical:</b> (844) 493-1966 <b>Pharmacy:</b> (866) 664-5581	<b>Prior Authorization:</b> (800) 215-4901 <b>Provider Enrollment:</b> (888) 444-5335
<i>Updated: 05/29/2020</i>	

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<b>Mailing Addresses for Department of Labor, OWCP/DFEC:</b>		
<b>General Correspondence</b> PO Box 34090 San Antonio, TX 78265-4090	<b>General Bills</b> PO Box 34450 San Antonio, TX 78265-4450	<b>Provider Enrollment</b> PO Box 34690 San Antonio, TX 78265-4690
<b>Provider Checklist:</b>		
<input type="checkbox"/> Provider is enrolled in Medical Bill Processing Portal with Provider Number <input type="checkbox"/> Treating Physician is a " <b>Doctor</b> " as defined by FECA <input type="checkbox"/> FECA 9-digit claim # & Provider # on medical bills and documentation included <input type="checkbox"/> Bills submitted using the accepted condition / <b>ICD9 / ICD10</b> <input type="checkbox"/> All medical documentation submitted to Department of Labor <input type="checkbox"/> Prior Authorization requested (as needed) <input type="checkbox"/> Provided Work Restricts / Light Duty Letter		
<b>Employer Contact Information:</b> (For general claim inquiries)		
<i>National Guard Federal Workers Compensation Specialist</i>		
<b>Name:</b> <u>Mr. Lee M. Rettmann</u>	<b>Phone:</b> <u>(608) 242-3718</u>	
<b>Email:</b> <u>Lee.M.Rettmann.civ@mail.mil</u>		
<i>(Back side of card)</i>		