

U.S. DEPARTMENT OF LABOR Employment Standards Administration Office of Worker's Compensation Program (OWCP)		REQUEST FOR EXAMINATION AND/OR TREATMENT	
PART A — AUTHORIZATION			
1. NAME AND ADDRESS OF THE MEDICAL FACILITY OR PHYSICIAN AUTHORIZED TO PROVIDE THE MEDICAL SERVICE Sheldon L. Contract, M.D. 123 Oak Street, N.W. Washington, D. C. 20526			
2. EMPLOYEE'S NAME (Last, first, middle) DOE, John James		3. DATE OF INJURY (mo, day, year) 10/29/82	4. OCCUPATION Desk Officer
5. DESCRIPTION OF INJURY OR DISEASE Employee tripped over electrical cord which was in middle of floor, fell on right arm and broke bone in that arm.			
6 YOU ARE AUTHORIZED TO PROVIDE MEDICAL CARE FOR THE EMPLOYEE SUBJECT TO THE FOLLOWING CONDITIONS <input checked="" type="checkbox"/> A- FURNISH OFFICE AND/OR HOSPITAL TREATMENT AS NECESSARY FOR THE EFFECTS OF THIS INJURY. ANY SURGERY, OTHER THAN EMERGENCY, MUST HAVE PRIOR OWCP APPROVAL <input type="checkbox"/> B- THERE IS DOUBT WHETHER THE EMPLOYEE'S CONDITION IS CAUSED BY AN INJURY SUSTAINED IN THE PERFORMANCE OF DUTY OR IS OTHERWISE RELATED TO HIS EMPLOYMENT, YOU ARE AUTHORIZED TO EXAMINE THE EMPLOYEE, USING INDICATED NON-SURGICAL DIAGNOSTIC STUDIES, AND PROMPTLY ADVISE THE UNDER- SIGNED WHETHER YOU BELIEVE THE CONDITION IS DUE TO THE ALLEGED INJURY OR TO ANY CIRCUMSTANCE OF THE EMPLOYMENT. PENDING FURTHER ADVICE, YOU MAY PROVIDE NECESSARY CONSERVATIVE TREATMENT IF YOU BELIEVE THE CONDITION MAY BE DUE TO THE INJURY OR TO THE EMPLOYMENT,			
7. IF A DISEASE OR ILLNESS IS INVOLVED, OWCP APPROVAL FOR ISSUING AUTHORIZATION UNDER ITEM 6B ABOVE, WAS OBTAINED FROM <div style="text-align: center;">(Name of OWCP official)</div>			
8. SIGNATURE OF AUTHORIZING OFFICIAL (Sign all copies-) David Alexander		9. TITLE Chief of Operations	
10. LOCAL EMPLOYING AGENCY TELEPHONE NUMBER 423-1234		11. DATE (mo., day, year) 10/29/82	
12. SEND ONE COPY OF YOUR REPORT TO (Fill in address) U. S. DEPARTMENT OF LABOR Employment Standards Administration Office of Workers' Compensation Programs		13. NAME AND ADDRESS OF EMPLOYEES PLACE OF EMPLOYMENT, Dept or Agency Peace Corps Bureau of Agency- Africa Operations Local Address 806 Connecticut Avenue,N.W. (including; Zip Code) Washington, D. C. 20526	

INSTRUCTIONS TO AUTHORIZING OFFICIAL FOR COMPLETION OF PART A

SELECTION OF PHYSICIAN

- A Federal employee injured by accident while in the performance of duty has the right to select a physician of his/her choice to provide necessary treatment. The supervisor shall immediately authorize examination and appropriate medical care by use of Form CA-16 issued to either a United States medical officer/hospital or any duly qualified physician/hospital of the employee's choice

Generally, 25 miles from the place of injury, employing agency, or the employee's home is a reasonable distance to travel for medical care; however, other pertinent factors must also be considered.

FEDERAL MEDICAL FACILITIES

- U. S. medical facilities include Public Health Service, Military, or VA hospitals. Federal health service facilities (health units) established under 5 USC 7901 are not U. S. medical facilities as used herein.

DEFINITION OF INJURY

- The term "injury" includes damage to or destruction of medical braces, artificial limbs and other prosthetic devices. Eyeglasses and hearing aids are included only if the damages were incidental to a personal injury which requires medical services.

DEFINITION OF PHYSICIAN

- The term "physician" includes doctors of medicine (MD), surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors and osteopathic practitioners within the scope of their practice as defined by State law.

PRIOR ARRANGEMENTS

- The physician or medical facility to which employee is being referred, shall be contacted by the supervisor to confirm availability before authorization is issued

ILLNESS OR DISEASE

- Treatment for illness or disease shall not be authorized unless approval is first obtained from the OWCP.

FORM COMPLETION

- Part A shall be completed in full by the authorizing official. Check Box A or B of item 6, whichever is appropriate. In case of illness or disease only Box B may be checked.

Show the address of proper OWCP Office in item 12. Send original and one copy of the CA-16 to the medical officer or physician. If issued for illness or disease, a copy must also be sent to the OWCP.

ADDITIONAL INFORMATION

- See 20 CFR 1 and/or Chapter 810, Federal Personnel Manual (FPM).

Information For Physician - See Reverse Side

TOTAL

U.S. GOVERNMENT PRINTING OFFICE: 1978 O-255-580

ATTACHMENT A

MS 682

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INFORMATION FOR PHYSICIAN

YOUR AUTHORIZATION

- Please read Part A of Form CA-16. You are authorized to examine and provide treatment for the injury or disease described in item 5, subject to the conditions in item 6.

USE OF CONSULTANTS AND HOSPITALS

- You may use consultants, laboratories and local hospitals, if needed. Use semi-private accommodations unless a private room is medically necessary. If hospitalized, necessary ancillary treatment may be provided.

REPORTS

- After examination, complete items 14 through 38 Part B) and promptly send your report to the address listed in item 12 of Part A. If additional space is needed or a narrative report is made, attach it to the form. If the employee sustained a traumatic injury and is disabled for work, reports on Form CA-17 "Duty Status Report" will be required during the first 45 days of disability. The "Duty Status Report" will be requested by the employing agency. If disability continues beyond 45 days, monthly reports on OWCP forms or by physician's narrative should be submitted. Reports from all consultants are also required. Delay in submitting medical reports may delay payment of compensation.

RELEASE OF RECORDS

- Injury reports are the official records of OWCP. They shall not be released to anyone nor may any other use be made of them without the approval of OWCP.

FEEES

- OWCP does not have a specific fee schedule. Local usual and customary rates are acceptable. Payment for chiropractic services is limited to charges for physical examinations, related laboratory tests, X-rays to diagnose a subluxation of the spine and treatment consisting of manipulation of the spine to correct a subluxation demonstrated by X-ray. Submit itemized bill by completing item 39 of Part B, or on your bill-head stationery. Bills for any further treatment may be submitted with your progress reports.

ADDITIONAL INFORMATION

- Contact OWCP office shown in item 12 of Part A.

Please Remove These Instructions Before Submitting Your Report.

Washington, D.C. 20402 (per 10 copies)

Stock No. 029-016-00025-9

Catalog Number L 7. FORM CA16