

Injured Carrier Checklist

Name of Carrier

Date of Injury

Was the Injury caused by a specific event
(If yes complete CA-1 follow instructions below) Yes _____

No

Step 1 – Report Injury

Immediately report Injury to Supervisor

Name of Supervisor and date reported

Request the following forms:

CA-1 (Report of Injury must be supplied immediately) _____

A CA-16 signed by management (Authorization for Treatment
must be supplied within 4 hours) _____

CA-17 (Duty Status Report must be supplied immediately
w/ left side completed) _____

Step 2 - Paperwork

Fill out CA-1 yourself (if immediate medical attention is not needed) _____

Request COP or S/L (if COP is requested the first 3 days must be
sick or annual leave) **IF YOU REQUEST & DONT GET PAID**
COP CONTACT YOUR STEWARD - FILE A GRIEVANCE!!!!!! _____

Sign & and give completed CA-1 to Supervisor and get receipt
on page 4 of CA-1 _____

Step 3 – Seek Medical Attention

Bring CA-16 & CA-17 with you to your medical appointment _____

If you are seen by a PA (physician's assistant or CNP (Nurse
Practitioner) all medical reports must be countersigned by MD _____

Have your medical provider complete right side of CA-17 _____

Initial Medical Report must be provided within 10 days _____

Follow the restrictions of your Doctor

Step 4 – Dealing with OWCP

Receive Claim number from OWCP within 21 days
(if not contact the Branch or Regional Office) _____

OWCP Request's for more information – You have 30 days to submit
the information requested. _____

Acceptance letter – When your case is accepted, the letter will
identify those conditions that are accepted along with proper
coding (payment for other conditions may be denied) _____

Denial Letter – Contact the Branch or Regional Office to discuss your
appeal rights as some options have different time limits _____