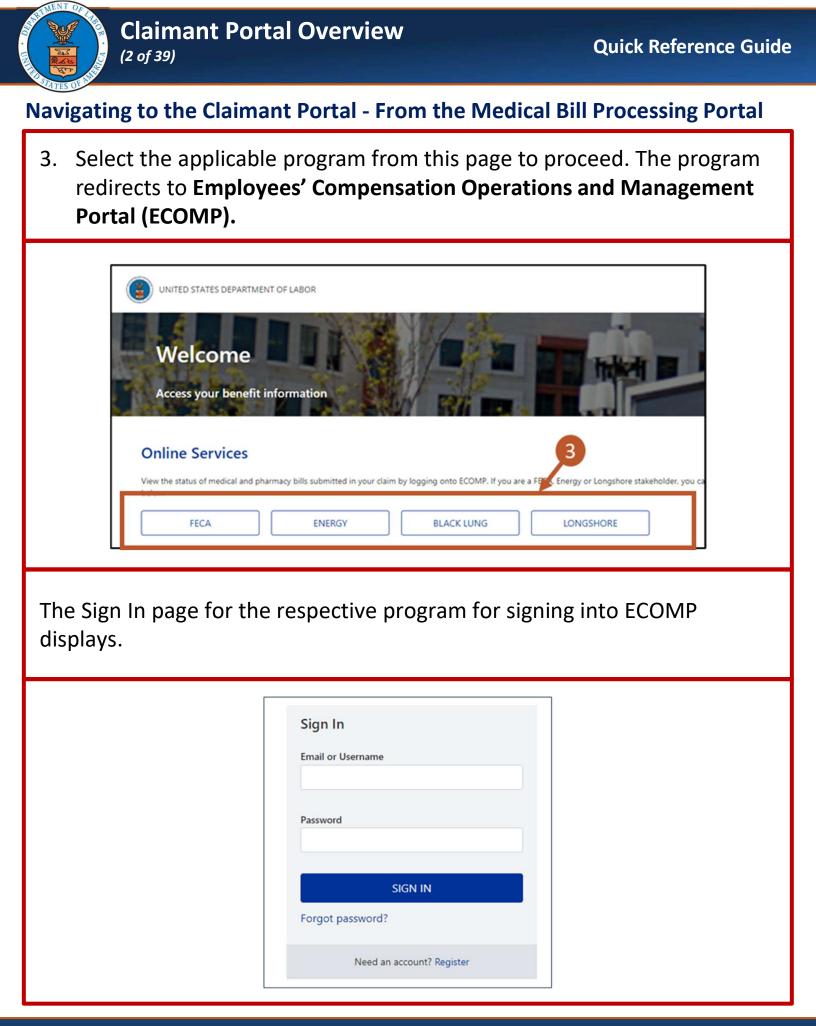
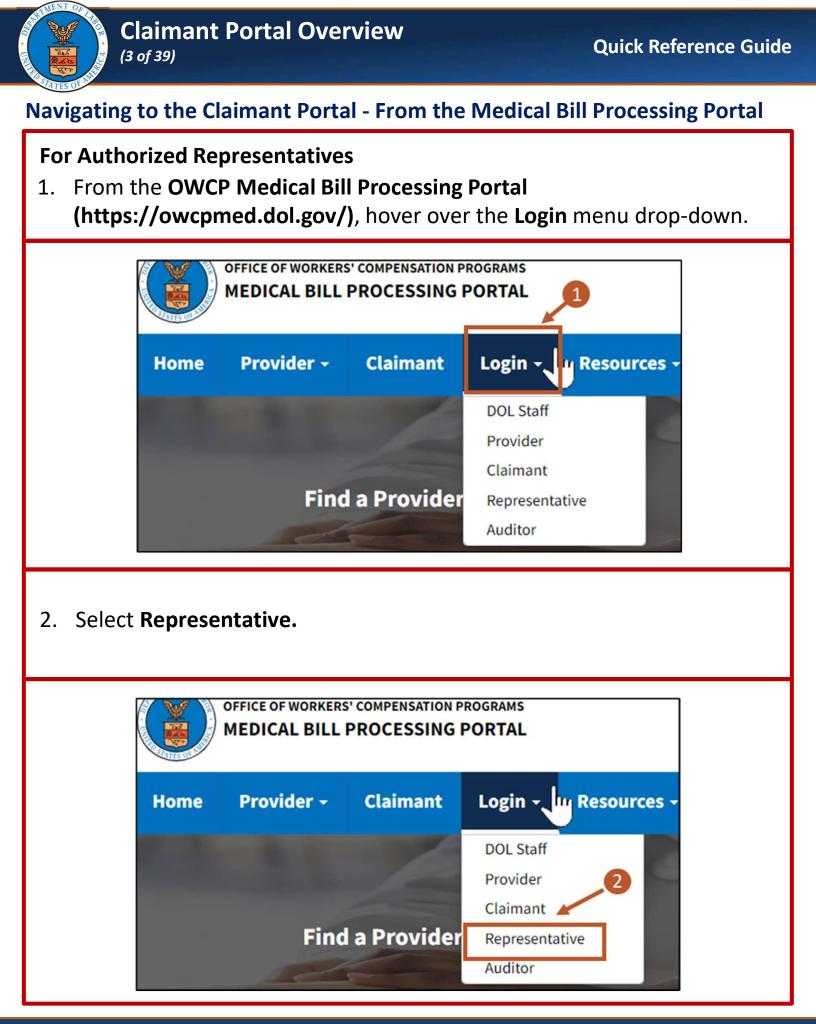
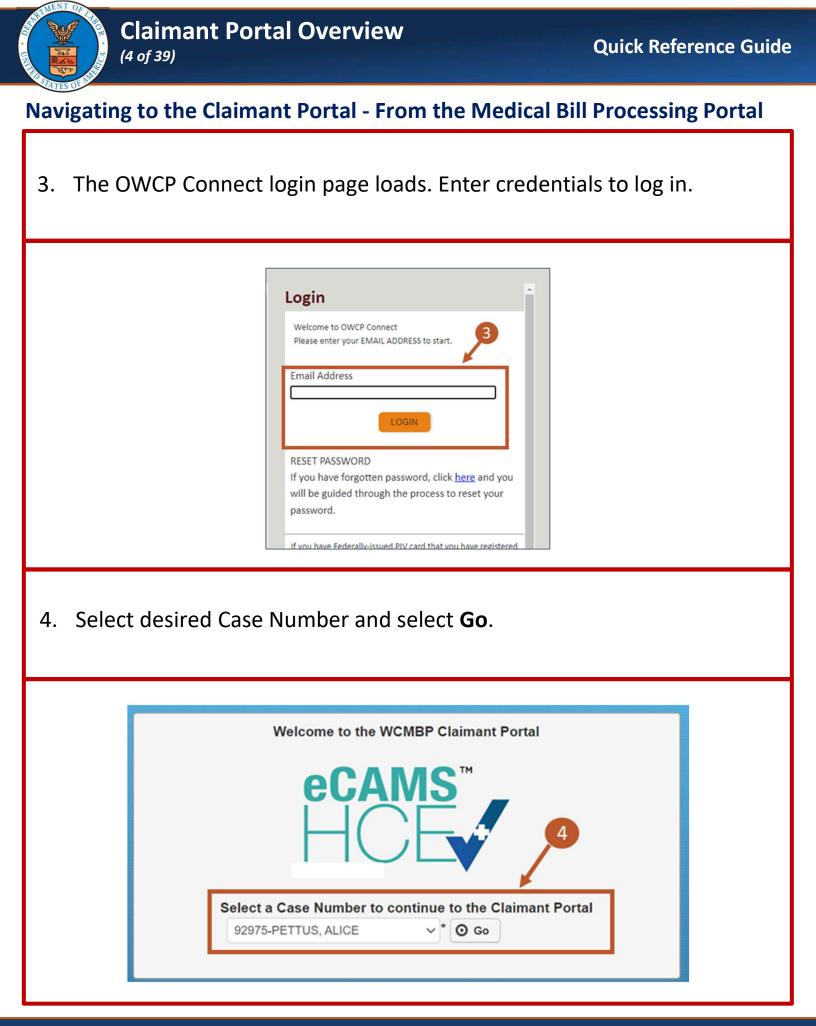


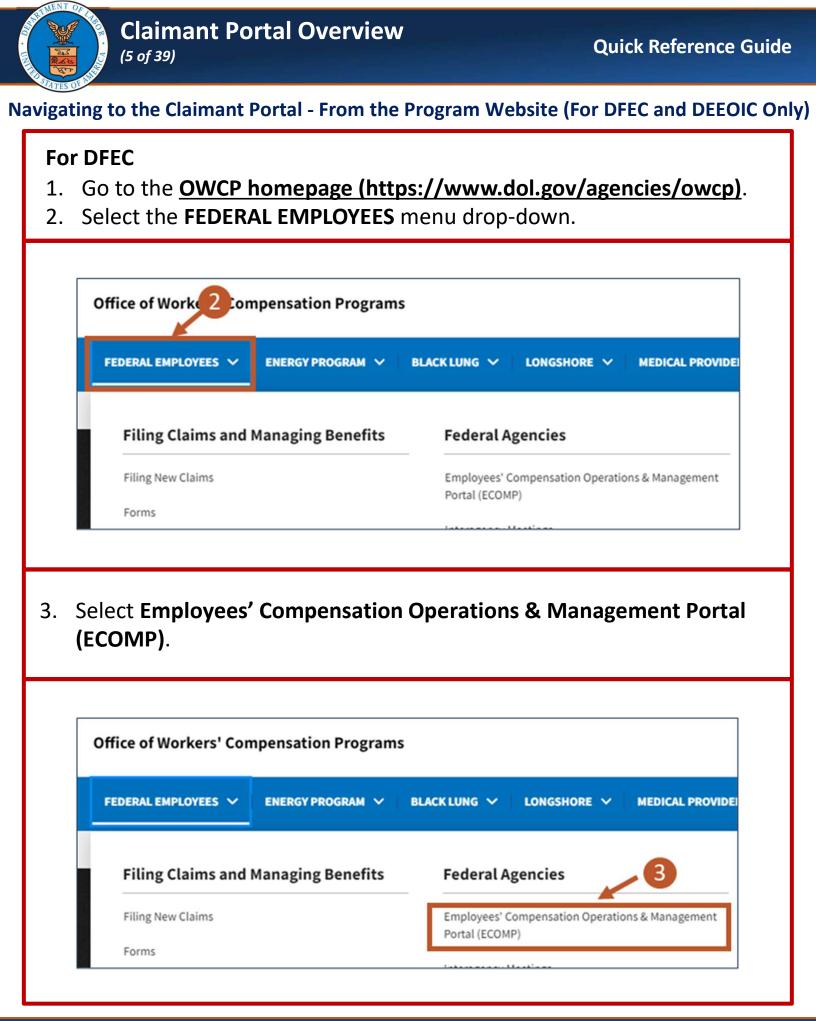
8/30/2024

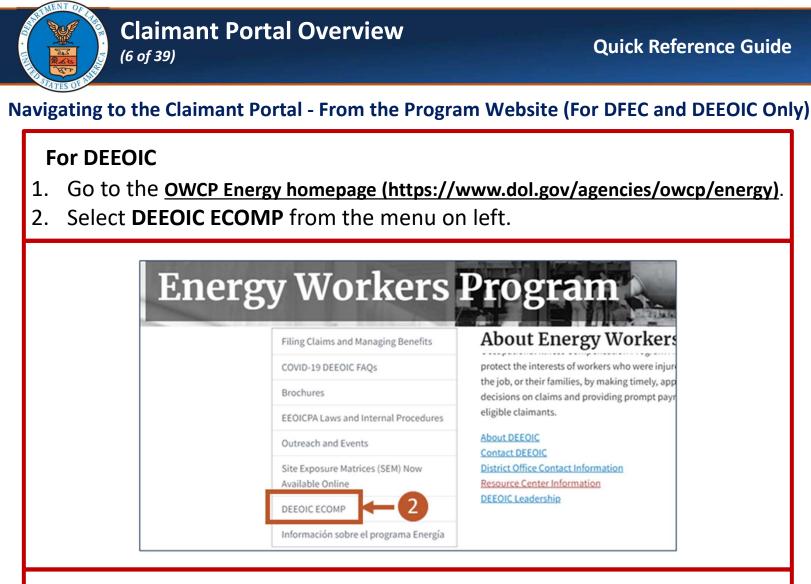




8/30/2024







 Claimants can log into ECOMP using Claimant ECOMP Access button. Authorized Representatives can log into ECOMP using Authorized Representative ECOMP Access button.

Clair	<u>iants:</u>
To ac	cess or register for ECOMP, please click below.
	Claimant ECOMP Access
	time users will need to register for access. Your privacy is a top priority. Email verification and identity verification will be required
prior	to accessing your benefit information. If you need to register for an ECOMP account, please visit our registration page.
For a	ssistance with ECOMP passwords, please use the password reset option.
For a	dditional support, please direct your ECOMP questions to Support@ecomp.dol.gov.
For s	ep-by-step instructions on how to review and download case files in ECOMP, please review our step-by-step guide.
Auth	orized Representatives:
To ac	cess or register for ECOMP, please click below.
	Authorized Representative ECOMP Access
First	time users will need to register for access. Your privacy is a top priority. Email verification and identity verification will be required
prior	to accessing your benefit information. If you need to register for an ECOMP account, please visit our registration page.
	ssistance with ECOMP passwords, please use the password reset option.



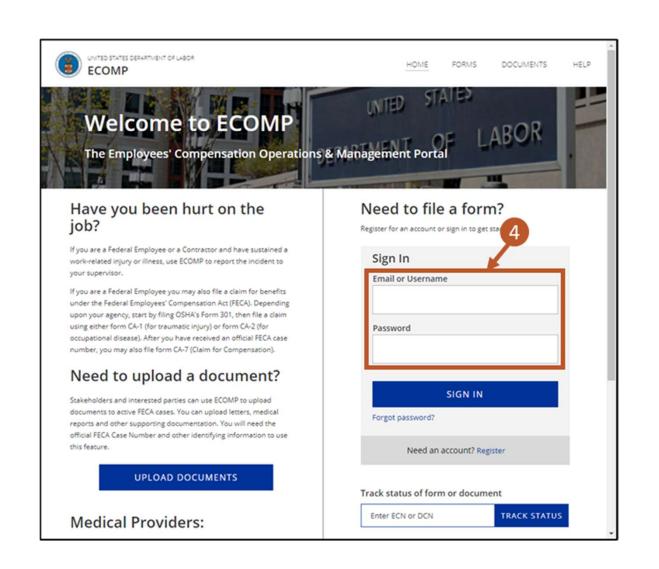
Claimant Portal Overview (7 of 39)

Employees' Compensation Operations and Management Portal (ECOMP)

The ECOMP sign in page loads.

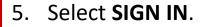
Note: This screen may look different for different programs

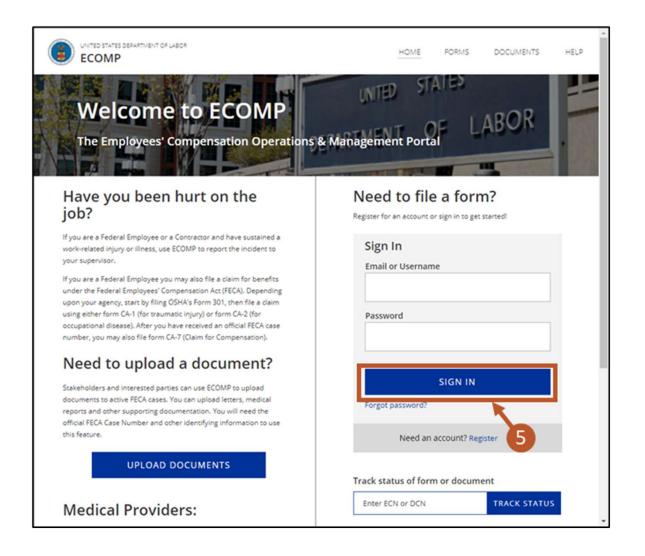
4. Sign in on this page using an **Email or Username** and corresponding **Password**.





Employees' Compensation Operations and Management Portal (ECOMP)





	Claima (9 of 39)	ant Portal Ove	erview	Quick Reference Guide
Emplo	yees' Com	pensation Ope	rations and Managemo	ent Portal (ECOMP)
	•	_	uthentication to sign ir count, select the Regist	
	6	Account Security An account security code is required to complete your login. Pre Send Code via enail to ever Send code via text message to phone number ending in Si To receive a security code, phone numbers must be capable gan access to your account. StND Intel Message Terms and Conditions	ail.com	
7. F	rom the E	COMP dashboai	nshboard displays. rd, select the Case Nun Case Review page.	n ber . The program
	Cases (14)	Draft Forms (0) Action Require	d (0)	
	ECN/Case Number Case Number 132390178 ECN 118861	Date of Injury 12/01/2018 12/22/2018	Agency 0008-X5 OFFICE OF ECOMP TESTING 0008-XX OFFICE OF ECOMP TESTING	Status Error submitting form to OFEC Pending review by Supv

ECN/Case Number	\$ Date of Injury	Agency	\$ Status	÷
Case Number 132390178	12/01/2018	0000-X5 OFFICE OF ECOMP TESTING	Error submitting form to DFEC	
ECN 118861	12/12/2018	0000-XX OFFICE OF ECOMP TESTING	Pending review by Supv	
ECN 118833	7 018	0000-XX OFFICE OF ECOMP TESTING	Pending review by Supv	
ECN 118832	2018	0000-XX OFFICE OF ECOMP TESTING	Pending review by Supv	
ECN 119395	01/09/2019	0000-XX OFFICE OF ECOMP TESTING	Pending final review by AR	
Case Number 254001567	03/01/2019	0000-X5 OFFICE OF ECOMP TESTING	Received by DFEC	
ECN 119217	03/04/2019	0000-XX OFFICE OF ECOMP TESTING	Pending final review by AR	



Navigating to Claimant Portal from ECOMP

Note: The top of the **Case Review** page contains high-level case information, which includes information about the case, claimant, and status. There is also a **Bill Pay Inquiry** link included that leads to the Claimant Portal.

CASE 550038643					<u>Exit Case</u>
Current Case Status:	1116-FB - DEPARTMENT OF LABOR, DIVISION OF FEDE AM - 02/26/2021 - Accepted - Medical Payments Only MC - 02/26/2021 - Medical Benefits Only ICD10 - G5601 - Carpal tunnel syndrome, right upper	RAL EMPLOYEES' COMPENSATION (DFEC) - DFEC-DALLAS	Name: Master: SSN:	KOBI L MCDADE	Pharmacy Benefits Bill Pay Inquiry Find a Pharmacy View More +
	-	quiry link. The Claimant List page.	Portal o	opens to t	the
	ct the Bill Pay Ind mant Bill Inquiry		Portal o	opens to I	the
	-		Portal o	opens to 1	the Exit Case
Clair CASE 550038643 Agency: Adjudication Status: Current Case Status:	nant Bill Inquiry	List page.	Portal c	KOBI L MCDADE	



Navigating to Claimant Portal from ECOMP

Note: The **Claimant Bill Inquiry List** page in the Claimant Portal lists bills and provides details of the listed bills.

9. To view the bills, select a **TCN** link.

E	CAMS ICE								
ט	Q CLIENTPORTAL	PORT/	M.	Profile:	Client Portal -			Q Extern	al Links 😧 Help
>	Claimant Bill Inquiry Lit	st							
CI	lose					Data of D	int.		
	Case Number:					Date of B	arth:		^
•	Claimant Bill Inc	uiry List							
ib	ter By :	~			And		~		And
	~		Bill	Status A	u v	0 Go			
							O Clear Filter	Save Filter	▼ My Filters ▼
1				Bill	Bill Charged	Bill Paym	ent		
	TCN △▼	From Date	To Date	Status	Amount	Amoun		Provider Name	Provider ID
	01235681441306876	11/05/2012	11/05/2012	Paid	\$269.50	\$83.50			
	01236181295300443	10/01/2012	10/01/2012	Paid	\$463.00	\$251.40			
	01300782433301922	12/03/2012	2012	Paid	\$22,755.47	\$22,674.42			
	01301081589301336	12/05 2012	9	Denied	\$583.00	\$0.00			-
	01301481416305248	01/10/2013	01/10/2013	Paid	\$519.51	\$220.08			
-	01301482451301868	10/02/2012	10/31/2012	Paid	\$24,079.07	\$1,178.02			
		01/11/2012	01/11/2013	Paid	\$86.31	\$36.79			
	01301881414306195	011112013							
	01301881414306195 01302481528305180			Paid	\$349.00	\$108.78			
		12/03/2012	12/03/2012		\$349.00 \$23,639.26	\$108.78 \$23,574.42			

Claimant Portal

(12 of 39)

Claimant Portal Overview

10. If a Bill is denied, select the **Denied** link at the top right of the **Bill Details** section or in the **Service Line Details** section under the **Line Status** column to view the **EOB/CA Reject Reason Description**.

	Bill Deta		_			Deserve			Dis Cont	
Chec	From DOS Rece UEFT Trace ent Contro	ved Date: Number:				Progra illed Amou dication Da RV Numb	nt: te:		Paid Amour Paid Amour FT Trace Dat tation Number	te: 📕
В	lling Provid	ler Name:				OWCP	D:		Tax I	D:
	Claim	ant Name:				Claimant	D: 📑	1	0 55	N:
	Diagnos	is Codes: P	99659							
ш	Service	Line Details								
Line #	Procedur	e Modifiers	Facility Type	From DOS	To DOS	Billed	Paid Units	Billed	Paid Amount	Auth Line # Statu
1	99283		23	12/05/2012	12/05/2012		1	\$583.00	\$0.00	Denie
0	the	Bill D	etail	s pa	ge, se	elect	Can	icel.		
0	the	Bill D	etail	s pa	ge, se	elect	Can	icel.		
.O	the l		etail	s pa	ge, se	elect	Can	icel.		
.0	Help		etail	I <mark>s</mark> pa	ge, se	elect	Can	icel.		~
	Help	Status EOB/CA I						son Desc	ription	~
	Help Bill ocation	Status EOB/CA I	Reject Re Code	ason		DB/CA R	eject Rea ▲▼	son Desc		
	Help Bill ocation A	Status EOB/CA I	Reject Re Code ▲▼	ason Bit CC	E0	DB/CA R	eject Rea ▲▼	son Desc D TO THE		ED



Claimant Portal

12. To return to the **Claimant Bill Inquiry List** page, select **Close** on the **Bill Details** page.

0	Clos	• 🗲	-12									
		Bill Detail	s									^
	heck	From DOS - 1 Receive UEFT Trace M ent Control M	ed Date:	1			Progra illed Amou dication Da RV Numb	nt: te:		Bill Statu Paid Amour FT Trace Dat ation Number	nt: SO te:	
	Bi	lling Provide Claiman					OWCP			Tax I SS	D:	
-			Codes: P									
	ine	Service Li	ne Details	Facility			Billed		Billed	Paid	Auth	Line
	#	Code	Modifiers	Туре	From DOS	To DOS	Units	Paid Units	Amount	Amount	#	Status
		99283		23	12/05/2012	12/05/2012	1	1	\$583.00	\$0.00		Denied

13. To navigate to the **Claimant Portal** homepage from the **Claimant Bill Inquiry List** page, select the **Home** icon. The **Claimant Portal** homepage opens.

	e	CEV						
	O	O CLIENTPORTAL	1 PORT		Profile:	Client Portal -		
	4.2	Claimant Bill Inquiry Li	st					
13	O CK	Case Number: Claimant Bill Inc					Date of Birth:	
•••	Filt	er By :	~			And		~
		~		Bill	Status A		Ø 60	
							00	ear Filter
	0	TCN △▼	From Date	To Date	Bill Status	Bill Charged Amount	Bill Payment Amount	Pr
	O	01235681441306876	11/05/2012	11/05/2012	Paid	\$269.50	\$83.50	
		01236181295300443	10/01/2012	10/01/2012	Paid	\$463.00	\$251.40	
		01300782433301922	12/03/2012	12/30/2012	Paid	\$22,755.47	\$22,674.42	



Claimant Portal Overview (14 of 39)

Claimant Portal

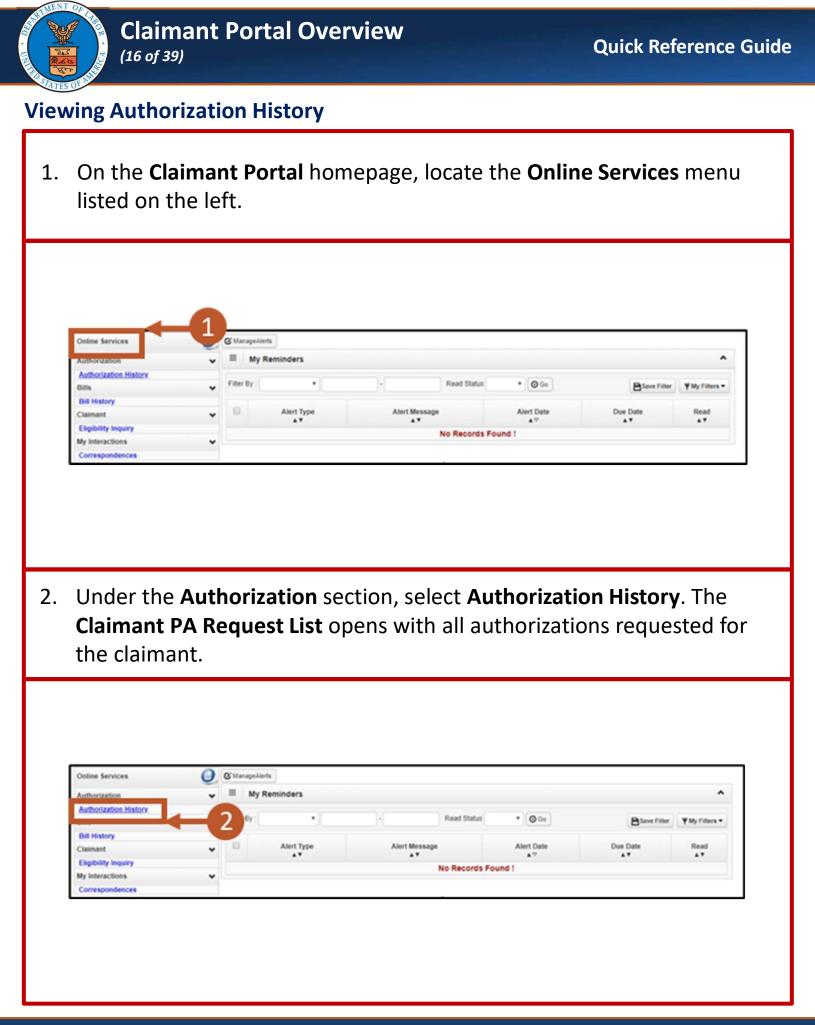
- 14. From this page, the following additional functions can be performed including:
 - Viewing Authorization History
 - Bill History
 Note: This is the page directed to by ECOMP.
 - Check Eligibility
 - View Accepted Conditions
 - View Correspondences

HCE					
CLIENTPORTAL		Profile: Client Portal -		external I	Links 😗 Help
H > Claimant Portal					
Claimant Case Number :		Name:			
Online Services	C ManageAlerts				
Authorization 🗸	III My Reminders	s			^
Authorization History Bills 🗸	Filter By :	v		Read Status	~
Bill History	9 60 14		1	Save Filter	▼ My Filters ▼
Claimant Claimant Claimant My Interactions	Alert Type	Alert Message ▲▼	Alert Date ▲ ▽	Due Dat ▲▼	e Read ▲▼
Correspondences		No Records	Found!		



The remainder of this quick reference guide outlines the functions that can be performed from the links on the left side of the Claimant Portal homepage.

- Viewing Authorization History
- Viewing Bill History
- Checking Eligibility for Non-Pharmacy Service
- Viewing Eligibility for Accepted Condition Services
- Energy Claimants Viewing Part B or E Case Status
- Viewing Correspondences
- Viewing Reminders
- Searching for Providers





Viewing Authorization History

Note: The Claimant PA Request List shows the following information:

- Auth Request Number
- Provider ID
- Status
- Auth Type
- Last Updated
- Submitted Date
- Level
- Organization
- District Office
- Program

Filter By :		~]	An	t	~				0	Go
					[⊙ Clear I	Filter	B Save	Filter 🛛 🔻	My Filters 🕶
Auth Request #	Provider ID	Status ▲▼	Auth Type	Last Updated	Submitted Date	Level		nization	District Off	ce Program
10		In Review	Durable Medical Equipment	06/24/2021	06/24/2021	3	owc	Ρ		-



Viewing Authorization History

3. Select the **Auth Request #** (number) link of the desired Authorization to view further details. The **Authorization Utilization** page opens.

Note: The **Service List** section provides additional details of the request.

	Authoriz	ation U	tilization											
		equest #		977	_				orizatio			ved		
	C annant s	1.0581107							Claim	ant Nai	me:			
		Program				— 3	9							
	1	Program	:	00			2				ate: 04/26/2	2020		
	OWCP Pro	Program	:	00		-6	,		st Upda leques			2020		
	OWCP Pro	Program ovider ID er Name	:	00			,					2020		
Ⅲ Line #	OWCP Pro Provide	Program ovider ID er Name	:		Level	From Date		R	Auth	tor Na		Auth	Used Amount	Status
Line # △▼	OWCP Pro Provide Service I Modified Date	Program wider ID er Name List Code Type	Code	Modifier		From Date	To Date	Requested Units	Auth Units	Used Units	ne: Requested Amount	Auth	Amount	Statu



Claimant Portal Overview (19 of 39)

Viewing Bill History

1. On the **Claimant Portal** homepage, locate the **Online Services** menu listed on the left.

	-				
Authorization	*	⊞ Му	Reminders		
Authorization History		(
Bills	*	Filter By :	•		Read Status
Bill History					
Claimant	*		Alert Type	Alert M	
Eligibility Inquiry				•	No Records
My Interactions	~				NO RECOLUS
Correspondences					

2. Under the **Bills** section, select **Bill History**. The **Claimant Bill Inquiry List** displays based on search criteria.

Online Services	J @M	anageAlerts			
Authorization	¥ III	My Reminde	rs		
Authorization History				2.6	
Rills	✓ Filte	er By :	•	-	Read Status
Bill History					
Claimant	¥ =		t Type		lessage
Eligibility Inquiry				-	No Records
My Interactions	*				No Recolus
Correspondences					



Viewing Bill History

Note: The Claimant Bill Inquiry List shows the following information:

- TCN
- Date of Service
- Bill Status
- Bill Charged Amount
- Bill Payment Amount
- Provider name
- Provider ID

II Clai	mant Bill Inc	uiry List								
Filter By :		•			And	•		And		~
	Bill St	atus All	Ŷ	0 Go			۲	Clear Filter	Save Filter	▼ My Filters ▼
0	TCN AT	From Date	To Date	Bill Status	Bill Charged Amount	Bill Payment Amor	unt		er Name	Provider ID
0150		02/26/2015	03/06/2015	Paid	\$519.05	\$519.05				
0151		01/15/2015	01/15/2015	Paid	\$250.00	\$206.77				

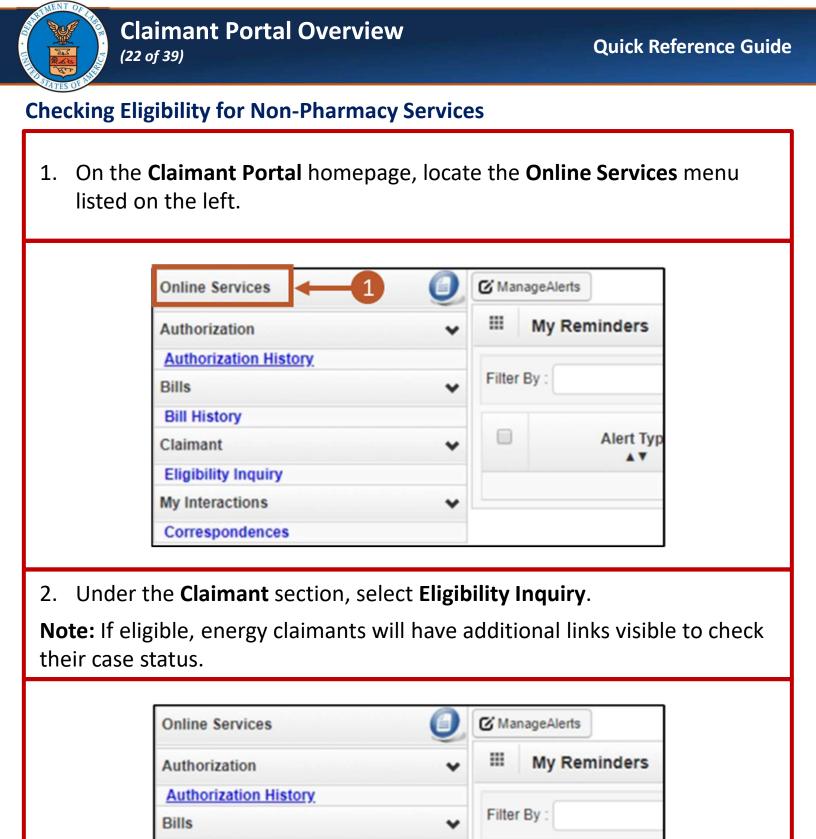


Viewing Bill History

- 3. Select the **TCN** number of the desired bill. Details of the selected bill display with the following information:
 - Bill Details
 - Billing Provider Information
 - Claimant Information
 - Diagnosis Codes
 - Service Line Details

	Claimant	Bill Inquir	y List								^
Filter	By :		~			And	•		And		~
		Bill Status	All	~	O Go				Clear Filter	Save Filter	▼ My Filters ▼
	TC		From Date	To Date	Bill Status	Bill Charged Amount ▲▼	Bill Payment Am	ount		er Name	Provider ID
0 01	150	0	2/26/2015	03/06/2015	Paid	\$519.05	\$519.05				
0 01	151	0	4	3 2015	Paid	\$250.00	\$206.77				

	TCN:	210				Program:	100				Bill Stat	us: Paid		
F	rom DOS - To DOS:					Billed Amount:						nt: \$93.27		
	Received Date:					dication Date:				с	heck/EFT Trace Da			
Check/	EFT Trace Number:					RV Number:	161	6352		A	uthorization Numb	er:		
Patie	nt Control Number:													
Bill	ing Provider Name:					OWCP ID:					Tax	ID:		
	Claimant Name:					Claimant ID:					55	in:		
	Diagnosis Codes:	P: C884		01:	Z923		02	Z91040		03:	Z880	O4: J449		
		05: Z7951		06:	Z66		07:	Z87891						
II S	ervice Line Detail	Is												
														Line
Line #	Procedure Code	Modifiers	Facility Type	From	DOS	To DOS		Billed Units	Paid	Units	Billed Amount	Paid Amount	Auth #	Statu
	99213		11	11/18/20	20	11/18/2020	1		1		\$150.00	\$93.27		Paid



~

8/30/2024

Bill History

Eligibility Inquiry

Correspondences

my interactions

Claimant

Alert Typ

....



Checking Eligibility for Non-Pharmacy Services

3. Select the **Non-Pharmacy Services**, inquiry type, then complete the following fields in the applicable sections below:

Note: The Case ID and Program Code automatically generate based on log in credentials.

- a. Diagnosis Codes: Enter the applicable diagnosis code or codes.
- b. Procedure Code or Revenue Code: Enter procedure or revenue code.
- c. Date of Service: Enter or select the date of service.

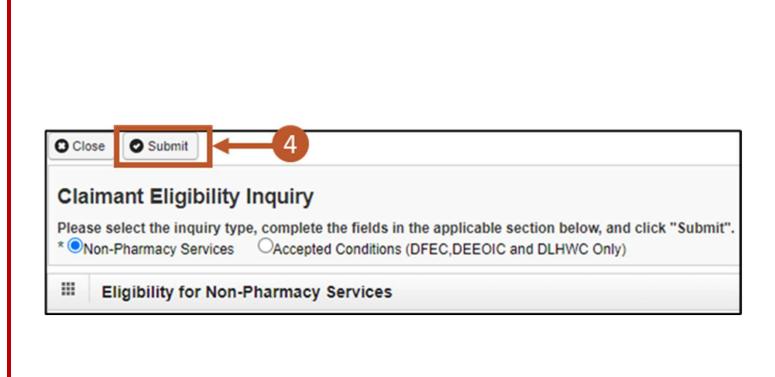
O Close O Submit	3		
Claimant Eligibility Inquir	У		
Please select the inquiry ty excemp			click "Subm
* Non-Pharmacy Services	epted Conditions (DFEC,D	EEOIC and DLHWC Only)	
III Fligibility for Non Dhorme	eu Cemiece		
O Close O Submit			
Claimant Elizibility Inquiny			
Claimant Eligibility Inquiry			
Please select the inquiry type, complete the			
Please select the inquiry type, complete the * Non-Pharmacy Services Accepted C	Conditions (DFEC,DEEOIC and I		
Please select the inquiry type, complete the	Conditions (DFEC,DEEOIC and I		
Please select the inquiry type, complete the * Non-Pharmacy Services Accepted C	Conditions (DFEC,DEEOIC and I		
Please select the inquiry type, complete the * Non-Pharmacy Services Accepted C Eligibility for Non-Pharmacy Services	Conditions (DFEC,DEEOIC and I		
Please select the inquiry type, complete the * Non-Pharmacy Services Accepted C Eligibility for Non-Pharmacy Services vider ID: Program Code: vider Video	Conditions (DFEC,DEEOIC and I		
Please select the inquiry type, complete the * Non-Pharmacy Services Accepted C Eligibility for Non-Pharmacy Services Vider ID: Program Code: Case ID: *	Conditions (DFEC,DEEOIC and I	DLHWC Only)	Code is required
Please select the inquiry type, complete the * Non-Pharmacy Services Accepted C Eligibility for Non-Pharmacy Services vider ID: Program Code: *	Conditions (DFEC,DEEOIC and I	OLHWC Only) (At least one Diagnosis	
Please select the inquiry type, complete the * Non-Pharmacy Services Accepted C Eligibility for Non-Pharmacy Services Vider ID: Program Code: Case ID: Diagnosis Codes:	Conditions (DFEC,DEEOIC and I	DLHWC Only)	
Please select the inquiry type, complete the * Non-Pharmacy Services Accepted C Eligibility for Non-Pharmacy Services Accepted C vider ID: Program Code: Case ID: Program Code: Please Loot I enter Loot I Procedure Code: *	conditions (DFEC,DEEOIC and I ervices	(At least one Diagnosis , For e.d. enter busicy for the di Revenue Code:	



Checking Eligibility for Non-Pharmacy Services

4. Select Submit.

Note: If any information submitted is invalid, the system displays an error message above the Close and Submit buttons.



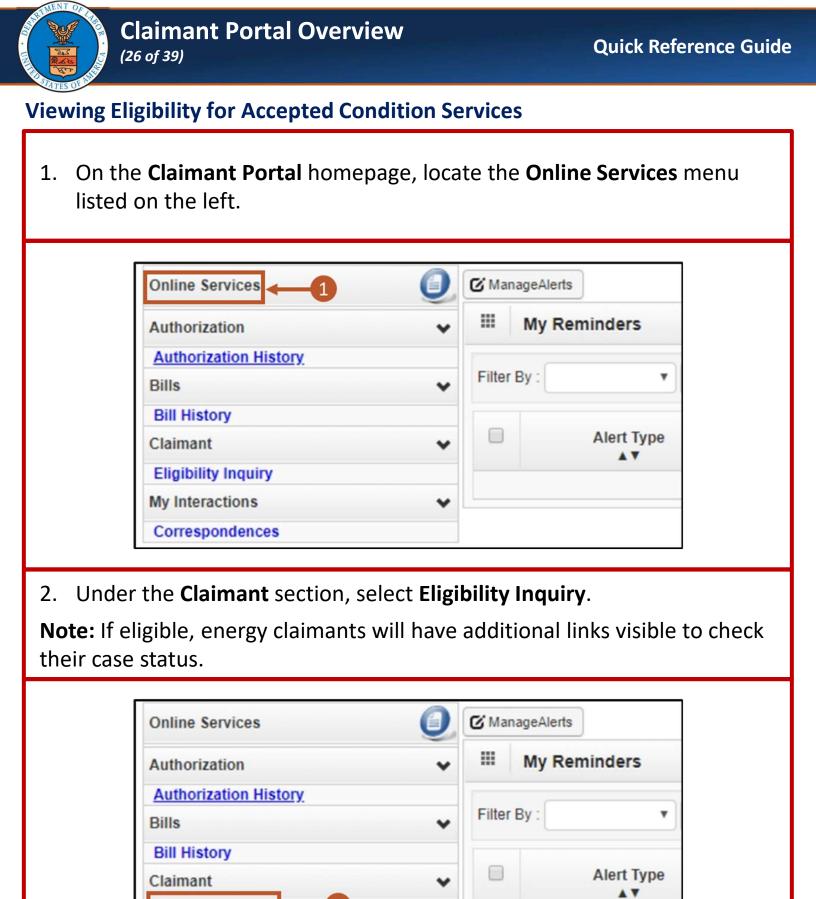


Checking Eligibility for Non-Pharmacy Services

- 5. The **Claimant Eligibility Inquiry Response** page opens with the following information:
 - Case Status for Date of Service
 - Date and Time of Request
 - Authorization level for Treatment or Service

Note: If ineligible for the treatment or service, the system displays an error message.

Elaimant Eligibility	Inquiry Response	
Case ID:		
Procedure Code:	FR001	
Date of Service:	02/26/2015	Request Date/Time:
Case Status on 02/26/2015	A-EE Approved - Eligible for medical Treatment	
Diagnosis Codes	s: V498	
Death Indicator:	Ν	
Authorization Level:	3 - Authorization Required.	



v

8/30/2024	8/	3	0/	2	0	2	4
-----------	----	---	----	---	---	---	---

Eligibility Inquiry

Correspondences

My Interactions

-010-	Claimant Portal Overview	Quick Reference Guide
Viewing E	ligibility for Accepted Condition Services	
Note: This	the inquiry type Accepted Conditions (DFEC, DEEO s functionality <i>is not available</i> for DCMWC claima e ID and Program Code displays.	• •
4. Enter	Claimant Eligibility Inquiry Please select the inquiry type complete the first in the applicable section below and * Non-Pharmacy Services Accepted Conditions (DFEC,DEEOIC and DLHWC Only) III Eligibility for Accepted Condition Services Case ID: Program Code: Date of Service: Date of Service (optional).	aliek "Submit".
	Close Submit Claimant Eligibility Inquiry Please select the inquiry type, complete the fields in the applicable section below, and * ONon-Pharmacy Services Accepted Conditions (DFEC,DEEOIC and DLHWC Only) Eligibility for Accepted Condition Services Case ID: Program Code: Date of Service:	click "Submit".



Viewing Eligibility for Accepted Condition Services

- 5. Select **Submit**. The **Accepted Condition** page opens showing the accepted conditions the claimant is eligible for along with the following information:
 - Diagnosis Code: Code or codes
 - ICD 9/10: ICD-9, ICD-10, or Dual Indicator
 - Medical Offset: Medical offset status (Active or Offset)
 - Description: (description)
 - Start Date and End Date: Dates for when the diagnosis codes are valid

*ONon-Phar	macy Service	es 🤇	Accepted	d Conditions (DFEC,	DEEOIC an	d DLHWO	Only)	
III Eligib	ility for Ac	cepte	ed Condi	tion Services				
Ca	ise ID:			*				
Program	Code:			v *				
regium								
Date of Se	ervice:							
Accepted	Conditions							
	I Conditions				20			
	I Conditions	•		And	•		And Ope	erational Status:
Filter by:	Conditions	~		And		ear Filter	And Ope	
Filter by:		✓ ICD 9/10 ▲▼	Medical Offset	And Description		ear Filter		erational Status:
Filter by: Active V C Accepted Condition ID	Go Diagnosis Code	ICD 9/10	Offset	Description	Start Date	End Date ▲▼	Save Filter	Prational Status: ▼My Filters ▼ Operational Status
Filter by: Active V C Accepted Condition ID	Go Diagnosis Code ▲▼	ICD 9/10	Offset	Description	© CH Start Date	End Date	Save Filter	erational Status: ▼ My Filters ▼ Operational Status ▲ ▼



Viewing Eligibility for Accepted Condition Services

6. Select **Close** to return to the **Claimant Portal** homepage.





Claimant Portal Overview

Energy Claimants Viewing Part B or E Case Status

1. On the **Claimant Portal** homepage, locate the **Online Services** menu listed on the left.

Authorization	*
Authorization History	
Bills	*
Bill History	
Claimant	*
Eligibility Inquiry Part B Case Status Part E Case Status	
My Interactions	~

2. Under the **Claimant** section, select **Part B Case Status** or **Part E Case Status** (if eligible).

Note: Energy claimants can either be Employee or Survivor. Energy Employee and Survivor can check Part B Case Status, Part E Case Status, or both based on eligibility.

Online Services
Authorization Authorization History
Bills Bill History
Claimant
Eligibility Inquiry Part B Case Status Part E Case Status My Interactions

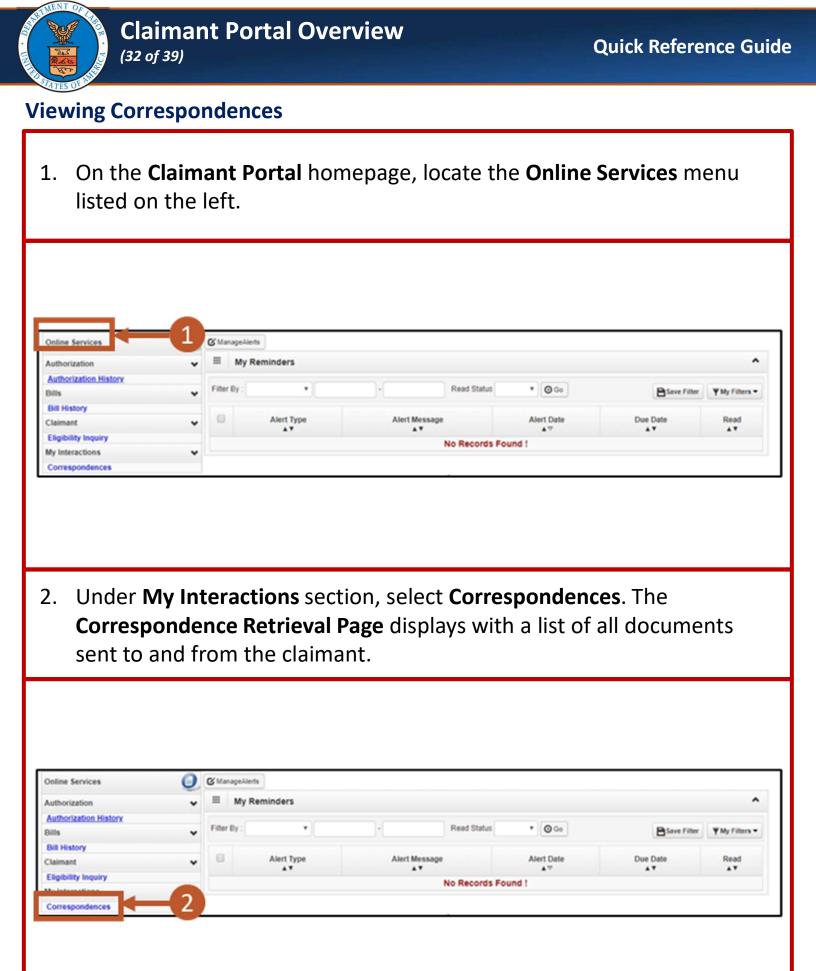


Energy Claimants Viewing Part B or E Case Status

Note: Part B or E Case Status display with the following information:

- Case Information (Employee name and Case Number)
- Claimant Information
- Most Recent Claim Action
- District Office Information
- Worksites Part (B or E)
- Medical Part (B or E)
- Claimant Payment Activity Part (B or E)

	DOL Approval Date	Payment Amount	Payment Type
	Claimant Payment Activity Part B		
		No Records Found !	
	Conston ▲♥		A.A.
	Condition		Status
	Medical Part B		
		No Records Found 1	
		No Records Found !	
		Worksites	
	WORKSRES Part B		
0	Worksites Part B		
	DistrictOffice: Claim Examiner:	Phone Number:	(677) 336-4272
	District Office Information		
		Cone.	
	Description 1: Description 2:	Date:	
	Last Activity:	Dete:	03/15/2007
	Most Recent Claim Action		
	Authorized Representative:		
	ClaimantAddress: Claimant Phone:	Relationship:	
	Claimant Information Claimant Name:	Claimant SSN:	ver. vc. 4010
	Claimant Information		
	Employee Name:	Case Number:	XXX-XX-8616
1	Case Information		
0	Close		





Note: The following information displays for each document:

- Correspondence ID
- Correspondence Title
- Sent By
- Sent Date
- Job Type
- Status
- Claimant ID

Filter By :	~		And		~	And	
~	And		~	0 GC	-		
				0	Clear Filter	Save Filter	▼My Filters ▼
	CORRESPONDENCE	TITLE	SENT BY	SENT DATE		STATUS	
	¥*	Adm	A.A.	AV	A.V.	A.4	**



3. Select the **CORRESPONDENCE ID** link of the desired document. The document opens in a separate window.

Note: Remittance Vouchers are available under the **Correspondence Retrieval Page** for claimants and AREPs to download. Remittance Voucher correspondence includes a correspondence title of "Remittance Advice Letter".

Correspondence	Retrieval Page							
Filter By :	•		And			•	And	
3 *	And		v		O 60]		
					0	Clear Filter	Save Filter	▼ My Filters ▼
		CE TITLE	SENT BY	SE		JOB TYPE	STATUS	
PA516744276	Remittance Advice Lett	ter	Administrator,Si	uper 03/0	7/2022	PC	File Archived	92975
PA310144210					7/0000	PC	File Archived	92975
PA516744274	Authorization Recertific	ation Letter	Administrator, St	uper 03/C	07/2022	FU	File Archived	02010



- 4. To open images or attachments, scroll down to the **Images/Attachments Retrieval Page** section. The following information displays for each image or attachment:
 - Image ID
 - Image Title
 - Created By
 - Created Date
 - Received Date
 - Claimant ID

Images/Atta	chments Retrieva	al Page			
Filter By :	~		And	v	An
	v	And	~	0 Co	
			Clear Filt	er 🗎 Save Filter	▼ My Filters ▼
IMAGE ID ▲▽		CREATED BY			Claimant lo
ATTCP712526548	1286300112.TIF		02/08/2023	02/08/2023	
ATTCP712470870	1286300112.TIF		09/26/2022	09/26/2022	



5. Select the desired **IMAGE ID** link to view the image or attachment in a separate window.

Images/Att	achments Retrieva	al Page						
Filter By :	~			And		~		And
	~	And		•		O Go		
					Clear Filter	Bave F	ilter	▼ My Filters ▼
IMAGE ID		CRI	ATED BY	CRE				Claimant Id
ATTCP71252654	1286300112.TIF			02/08	/2023	02/08/2023		
ATTCP712470870	1286300112.TIF			09/26	/2022	09/26/2022		



Claimant Portal Overview (37 of 39)

Viewing Reminders

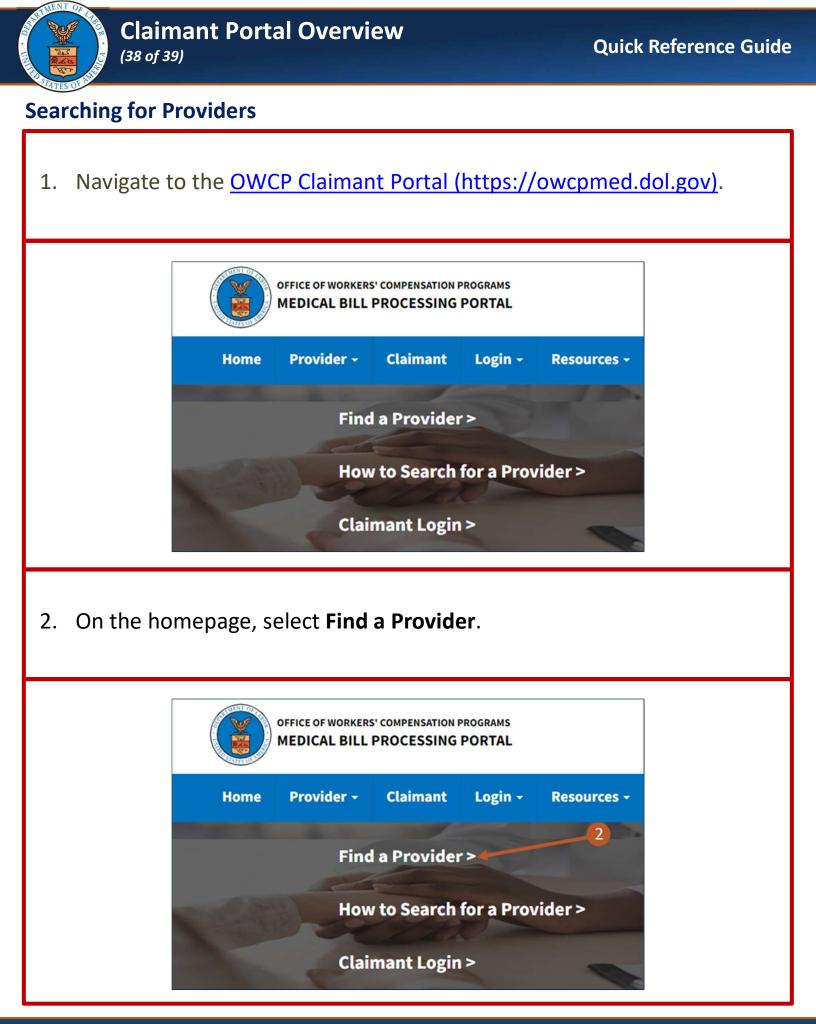
On the homepage, the right section is titled **My Reminders**. This section consists of system-generated alerts and an option to filter these alerts.

The following displays in this area:

- Alert Type
- Alert Message
- Alert Date
- Due Date
- Read Flag Indicator

ManageAler	eminders				
Filter By :	~	-	Read Status	♥ O Go ■Save Filter	▼ My Filters
	Alert Type	Alert Message ▲ ▼	Alert Date ▲▽	Due Date	Read ▲▼







Searching for Providers

Review the Provider Search Agreement and select Agree. The Provider 3. Search page opens. × **Provider Search Agreement** The provider search feature allows Department of Labor (DOL), Office of Workers' Compensation Program (OWCP) customers to search for medical providers in their locale. The provider search feature allows searches by: provider type, physician's last name or practice name, physician's first name, city, state, zip code, and specialty. The providers listed in the search feature are actively enrolled with OWCP Workers' Compensation Medical Bill Process (WCMBP) system as a medical provider and have opted to be included in the search feature. A listed provider or services rendered by the provider does not constitute an endorsement by OWCP, nor does it guarantee that the medical provider/facility will be reimbursed by OWCP for specific medical services provided to a 3 ing particular claimant. The appearance of a specific medical provider's name in the does not require that provider to treat a particular claimant, even if OWCP has a advised the claimant in writing that medical treatment for a particular condition within the provider's listed specialty has been authorized. Agree Decline

On the **Provider Search** page, there are various options available to search for a Provider.

Note: For detailed instructions on how to search for a Provider, refer to the <u>Provider Search Steps (dol.gov)</u> Quick Reference Guide.

Program Name:		~	* NPI:	NPI			
Provider Type:		~	Provider Specialty:		State/Territory:		
			······································		outer territory.		
City:	City		Zip Code:	Zip Code	Radius Within:		
lease enter eith First Name:		t Name' Or 'Busines	Last Name' for Provider N		Business Name:	Business Name Q. Search	t'lRese
		it Name' Or 'Busine:			Business Name:		tlRese
	First Name	it Name' Or 'Busine:			Business Name:		taReset
First Name:	First Name	t Name' Or 'Busines Address	Last Name:		Business Name: Provider Type		