AGENCY PROVIDED MEDICAL CARE AUTHORIZATION AND MEDICAL REPORT
(Physician or Medical Facility Form may be used for Medical Report)
(Refer to FSH 5109.12)

Part A Authorization

1. Medical Resource Request "M Number"

2. Procurement Identification (BPA/Field PO No., etc)

3. Responsible Payment Unit

4. Employee Name	5. Social Security No. - -
6. Employing Agency	8. Date of Injury (mm/dd/yyyy)

7. Home Unit and Address

9. Physician/Medical Facility:

Please provide initial diagnosis and treatment medically necessary for injury/illness. Surgery, other than emergency, and/or hospitalization requires further authorization. Please complete the following medical report at the time of treatment and give to the employee for return to our office.

10. Authorizing Signature	11. Date

Part B Attending Physician's Report

1. Evaluation or Diagnosis:

2. Description of Treatment:

3. Medicine Prescribed and Potential Side Effects:

4. Work Restrictions (if any) and length of restrictions.

5. Physician's Signature	6. Date (mm/dd/yyyy)

Attachment **Employee's** CA-1/CA-2 (white copy)
Attachment **Medical Facility** CA-1/CA-2 (pink copy)
Attachment **Project Unit Headquarters** CA-1/CA-2 (yellow copy)

OVER

Employing Office Instructions

Medical treatment for this injury/illness was provided by our Agency through procurement with medical providers under the *Agency Provided Medical Care (APMC)* program. These procedures are entirely apart from and not under the authority or provisions of FECA/OWCP, and do not require issuing a CA-16. However, a CA-1 or CA-2 was completed in all cases for the employees' protection.

Do not pay invoices or statements attached to CA forms. Do not forward to OWCP for payment.

If, (1) no further medical treatment is necessary, (2) there is no lost time due to the injury/illness, and (3) this initial treatment did not involve surgery or hospitalization, file the CA-1/CA-2 and medical documentation in the Employee's Medical Folder for record purposes.

If any one of the following conditions occurs, initiate appropriate OWCP procedures:

1. For lost time cases which occurred on the incident assignment or following the employee's return (and are supported by the attached medical documentation), but no further medical treatment is required, submit CA-1/CA-2 and the medical report from the medical provider to OWCP as part of the claim package. Provide explanation to OWCP that all medical services were paid by the Agency. Grant COP and provide form CA-3 to OWCP as appropriate in traumatic injury cases.

2. Where emergency survey or hospitalization was provided by the medical facility in conjunction with APMC, submit CA-1/CA-2 and the medical reports to OWCP as outlined in item 1 above.

3. Where followup treatment is necessary or there is loss of wages, follow standard OWCP procedures. *This includes issuing CA-16 as appropriate to the physician of the employee's choice*. File the claim with your OWCP District Office.

Situations may arise where the physician provided by this Agency determined that the employee was fit for light or regular duty and subsequent evaluation shortly thereafter by the physician selected by the employee indicates the employee is disabled. While this requires resolution by OWCP, the employee must receive continuation of pay, if other requirements for COP are met, pending OWCP's decision.

If you have any questions or problems, please contact Incident Unit Headquarter's Compensation Specialist:

Compensation Specialist Name _____

Agency Unit Headquarters _____

Phone Number _____