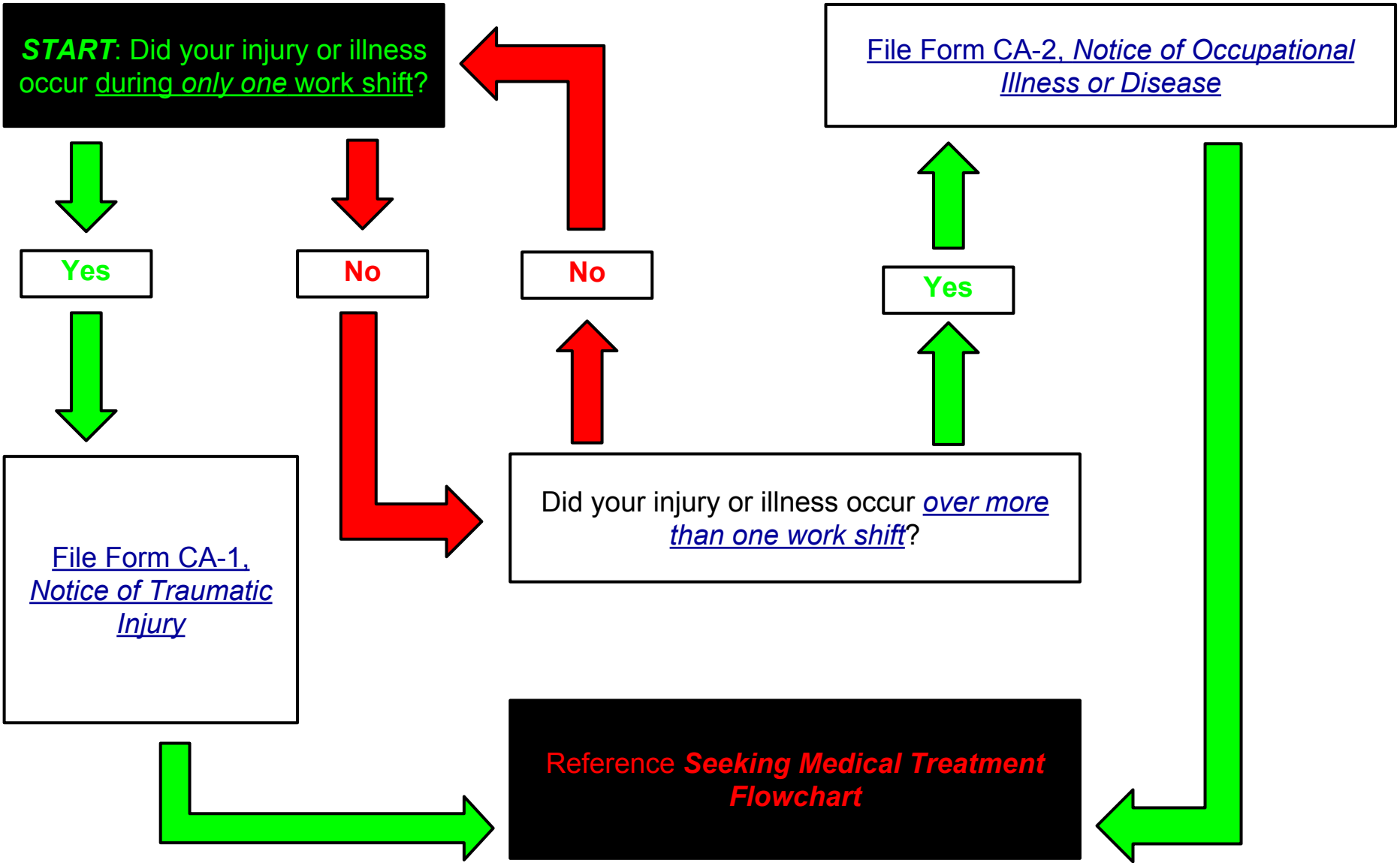


# Filing a Workers' Compensation Claim Flowchart

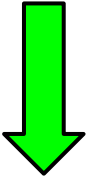


# Seeking Medical Treatment Flowchart

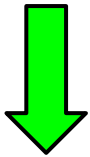
**START: Did you file [Form CA-1, Notice of Traumatic Injury](#)?**



**Yes**



Within 7 days of your date of injury?



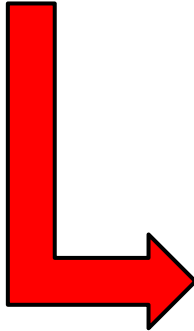
**Yes**



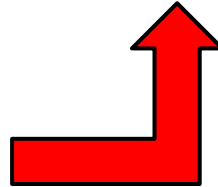
Obtain Form CA-16, *Authorization for Examination and Treatment*, from your supervisor



**No**



**No**



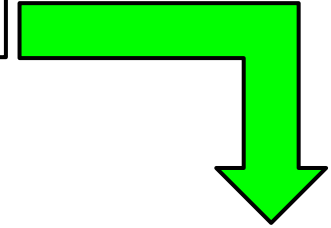
Select a physician from the [FECA Provider Search Tool](#)



Seek treatment



Submit all medical documentation to OWCP via [ECOMP](#)



**Reference [Claiming Compensation and/or Reimbursement Flowchart](#)**

# Claiming Compensation and/or Reimbursement Flowchart

**START:** Did you miss work due to disability or treatment?



Yes



Did you file a CA-1, Notice of Traumatic Injury, and within 30 days of your injury?



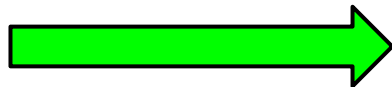
Yes



Is the absence within 45 days of date of injury?



Yes



Do you have "out of pocket" medical expenses (e.g. co-pays)?



Yes



File Form OWCP-915, Claim for Medical Reimbursement



Travel expenses/mileage?



Yes



File Form OWCP 957, Claim for Medical Travel Refund Request



Reference **Returning to Work Flowchart**



No



File Form CA-7, Claim for Compensation



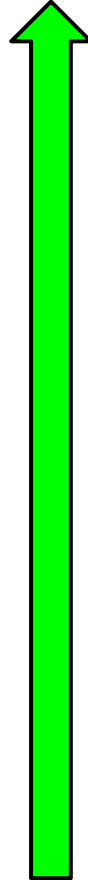
No



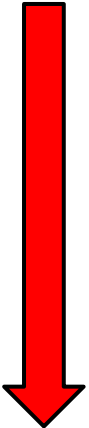
No



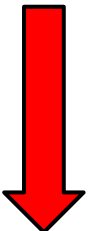
Request Continuation of Pay (COP) from your supervisor



No



No



# Returning to Work Flowchart

**START:** Are you currently able to work?



Yes



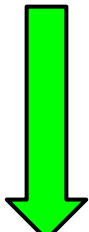
Do you have work restrictions?



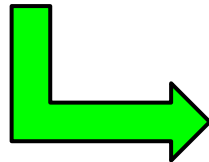
No



Return to work immediately



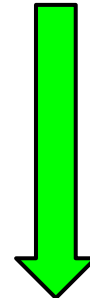
Yes



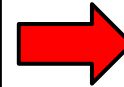
Does the job offer contain all the required information?



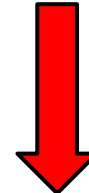
Yes



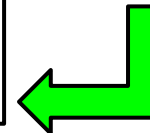
Return to work immediately



No

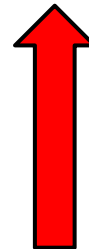


Ask for revised job offer



Did you receive a written job offer?

No



Yes



Provide a copy of Form CA-17, Duty Status Report, from your physician, to your supervisor



No



Reference *Claiming Compensation and/or Reimbursement Flowchart*