



1801 North Broadway Avenue
Oklahoma City, Oklahoma 73103
Telephone (405) 755-2288

I Am Filing a Workers' Compensation Case, Why Do You Need My Health Insurance Information?

The FedCare program at The Broadway Clinic is designed to help injured federal workers receive the medical care and benefits they are entitled to under the Federal Employees' Compensation Act (FECA). Our staff is committed to helping guide you through the arduous and sometimes daunting process of filing a workers' compensation claim. Unfortunately, there are some aspects of your case for which you, the patient are responsible. For example, if you have a pre-existing condition of which you do not make the doctor aware on your initial visit, this could affect the outcome of your case or if your employer controverts/ challenges your case for other facts of which we are not made aware surrounding your injury.

There is often a delay between when a bill is filed for the work-related illness or injury and when workers' compensation (U.S. Department of Labor) decides if they should pay the bill. On an acute/traumatic injury, the case is usually decided (approved or denied) within approximately 30-45 days from the date that your CA-1 form was filed. However, cumulative trauma injuries (those that happen over time), typically are not accepted until at least 90 days from the date that your CA-2 was filed and can take as long as 180 days for DOL to reach a decision.

Commercial health insurance carriers have their own policies and time limits for the medical provider to file bills for services rendered. Most timely filing limits for health insurance are 90 days from the date that the service was provided. For this reason, if your case is not accepted within 60 days from your first date of treatment, our billing specialist will proceed with filing the claim to your health insurance (with your signed consent found on the reverse side of this page.)

Health insurance will not pay for items or services that workers' compensation will pay for promptly (generally 120 days). However, if the workers' compensation insurer denies payment for your medical bills pending a review of your claim (generally 120 days or longer), your health insurance may make a conditional payment. If Dept. of Labor/the workers' compensation insurance denies payment, and if your health insurance is provided with proof that the claim was denied, then health insurance will likely pay for some of the covered items and services.

If your health insurance issues any payments for your workers' compensation injury and your workers' compensation case gets approved at a later date, you will simply notify your health insurance company and they will make sure to have the Dept. of Labor reimburse them for these payments.

I apologize for any inconvenience this may cause and hope you understand the reason for our billing policy. Please know that we will continue to make every effort to help you get your claim approved in a timely manner and to get prior authorization through workers' compensation for all procedures performed after your claim has been adjudicated. However, you are ultimately responsible for any charges for procedures or services which Dept. of Labor does not approve. If you have any questions regarding our policy, please feel free to ask.

Emili Ruiz
FedCare Coordinator for The Broadway Clinic
Cell 405-219-2651