

## MAKING A MEDICAL CLAIM

No one desires to be involved in an accident which may cause personal injury. In the event that such an unfortunate event should occur, it is important to know where to look for guidance. The primary source is the *Auxiliary Manual* COMDTINST M16790.1G (AuxMan1G). There are two other sources one should make reference to, namely, *Coast Guard Claims and Litigation Manual* COMDTINST M5890.9 (series) and *Coast Guard Safety and Environmental Health Manual*, COMDTINST M5100.47 (series). The Auxiliary Manual provides a well written chapter on how and where to file a claim for medical reimbursement and outlines the steps to be taken.

If you should be injured in an accident while assigned to duty as an Auxiliarist, it is important that you promptly report the accident to: **(i) your insurance carrier, (ii) the Coast Guard or Auxiliary order issuing authority (iii) the Director's office** and then begin the process of making a claim. When the opportunity arises you should carefully read Chapter 5, Section K of AuxMan 1G and diligently follow the steps needed to perfect your claim. THE INITIATIVE MUST BE YOURS. IF YOU ARE NOT ABLE TO FILL IN THE FORMS YOU SHOULD REQUEST ASSISTANCE FROM SOMEONE WHO IS ABLE TO UNDERSTAND THE FORMS AND HELP YOU TO COMPLETE THEM. The Director's office can only process your claim with the Department of Labor (DOL) if you provide the needed materials and supporting documents.

The text of Chapter 5, Section K requires the use of one or more of the following forms which are provided for your convenience and can be reproduced by you. These forms are taken from the United States Department of Labor (DOL), Coast Guard and other web sites and represent the latest version published as of March 1, 2021. It is recommended that you use your web browser to check for any later editions of these forms.

### **Department of Labor Forms cited in AuxMan 1G, Chapter 5, Section K:**

Report of Traumatic Injury (CA-1)

Claim for Compensation on account of Traumatic Injury (CA-7)

Attending Physician's Report (CA-20)

Health Claim Insurance Form (OWCP/HFCA – 1500)

### **Coast Guard Forms CITED IN AuxMan 1G, Chapter 5, Section K:**

Report of potential Third Party Liability (CG-4899)

Non-Federal Health Care Certification (CG-5534)

Coast Guard Boating Accident Report (CG-3865)

### **Other Forms cited in AuxMan 1G, Chapter 5, Section K:**

Operator's Report of Motor Vehicle Accident (SF-91)

Claim for Reimbursement for Expenditures on Official Business (OF-1164)

The person in the Director's Office who handles injury claims is the Administrative Assistant to the Director and contacted at 212-668-7990 Post Office Address: Commander, (oax-sr) First Coast Guard District, Battery Park Bldg. 2<sup>nd</sup> Fl. Rm 207, 1 South Street, New York, NY 10004, Attn: Administrative Assistant