

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: **Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street N.W. Washington, D.C. 20503.**

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| <p>1. Agency/Subagency originating request</p> <p align="center">USDOL/ESA/OWCP</p> | <p>2. OMB control number b. <input type="checkbox"/> None</p> <p>a. 1215 - 0055 _____ - _____</p> |
| <p>3. Type of information collection (check one)</p> <p>a. <input type="checkbox"/> New collection</p> <p>b. <input type="checkbox"/> Revision of currently approved collection</p> <p>c. <input checked="" type="checkbox"/> Extension of a currently approved collection</p> <p>d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired</p> <p>e. <input type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired</p> <p>f. <input type="checkbox"/> Existing collection in use without an OMB control number</p> <p>For b-f, note item A2 of Supporting Statement</p> | <p>4. Type of review requested (check one)</p> <p>a. <input checked="" type="checkbox"/> Regular</p> <p>b. <input type="checkbox"/> Emergency - Approval requested by: ___/___/___</p> <p>c. <input type="checkbox"/> Delegated</p> <p>5. Small entities</p> <p>Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>6. Requested expiration date</p> <p>a. <input checked="" type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other Specify: ___/___</p> |
| <p>7. Title Health Insurance Claim Form</p> | |
| <p>8. Agency form number(s) (if applicable)</p> <p>OWCP-1500</p> | |
| <p>9. Keywords</p> <p>"Health Insurance; Medical Services"</p> | |
| <p>10. Abstract</p> <p>This information is required to pay health care providers for services rendered to injured employees covered under Office of Workers' Compensation Programs-administered programs. Appropriate payment cannot be made without documentation of the medical services that were provided by the health care provider that is billing OWCP.</p> | |
| <p>11. Affected public (Mark primary with "P" and all others that apply with "X")</p> <p>a. <input checked="" type="checkbox"/> Individuals or households d. <input type="checkbox"/> Farms</p> <p>b. <input checked="" type="checkbox"/> Business or other for-profit e. <input type="checkbox"/> Federal Government</p> <p>c. <input checked="" type="checkbox"/> Not-for-profit institutions f. <input type="checkbox"/> State, Local or Tribal Government</p> | <p>12. Obligation to respond (Mark primary with "P" and all others that apply with "X")</p> <p>a. <input type="checkbox"/> Voluntary b. <input checked="" type="checkbox"/> Required to obtain or retain benefits</p> <p>c. <input type="checkbox"/> Mandatory</p> |
| <p>13. Annual reporting and recordkeeping hour burden</p> <p>a. Number of respondents <u>749,104</u></p> <p>b. Total annual responses <u>2,996,416</u></p> <p>1. Percentages of these responses collected electronically <u>0</u> %</p> <p>c. Total annual hours requested <u>359,359</u></p> <p>d. Current OMB inventory <u>342,908</u></p> <p>e. Difference _____</p> <p>f. Explanation of difference</p> <p>1. Program change <u>0</u></p> <p>2. Adjustment <u>+16,451</u></p> | <p>14. Annual reporting and recordkeeping cost burden (in thousands of dollars)</p> <p>a. Total annualized capital/startup costs <u>0</u></p> <p>b. Total annual costs (O&M) <u>0</u></p> <p>c. Total annualized cost requested <u>0</u></p> <p>d. Current OMB inventory <u>0</u></p> <p>e. Difference <u>0</u></p> <p>f. Explanation of difference</p> <p>1. Program change _____</p> <p>2. Adjustment _____</p> |
| <p>15. Purpose of information collection (Mark primary with "P" and all others that apply with "X")</p> <p>a. <input checked="" type="checkbox"/> Application for benefits e. <input type="checkbox"/> Program planning or management</p> <p>b. <input type="checkbox"/> Program evaluation</p> <p>c. <input type="checkbox"/> General purpose statistics f. <input type="checkbox"/> Research</p> <p>d. <input type="checkbox"/> Audit g. <input type="checkbox"/> Regulatory or compliance</p> | <p>16. Frequency of recordkeeping or reporting (check all that apply)</p> <p>a. <input type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure</p> <p>c. <input checked="" type="checkbox"/> Reporting</p> <p>1. <input checked="" type="checkbox"/> On occasion 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly</p> <p>4. <input type="checkbox"/> Quarterly 5. <input type="checkbox"/> Semi-annually 6. <input type="checkbox"/> Annually</p> <p>7. <input type="checkbox"/> Biennially 8. <input type="checkbox"/> Other (describe) _____</p> |
| <p>17. Statistical methods</p> <p>Does this information collection employ statistical methods?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>18. Agency contact (Person who can best answer questions regarding the content of this submission)</p> <p>Name: <u>Patricia M. Wood</u></p> <p>Phone: <u>693-1036</u></p> |

19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8 (b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8 (b)(3);
 - (i) Why the information is being collected;
 - (ii) Use of information;
 - (iii) Burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
 - (v) Nature and extent of confidentiality; and,
 - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (i) It uses effective and efficient statistical survey methodology; and,
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

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| Signature of Agency Official | Date |
| Signature of Senior Official or designee | Date |