

Post Retirement Medical Benefits

Application for Treatment of Service-Connected/Occupational Disability

Member Information				
Name (printed)		Email		Phone
Home address			Alternate phone	
City		State	Zip	Birth date
<input type="checkbox"/> Fire	<input type="checkbox"/> Police	Departure date		
Current Employer		Phone		Fax
Address		City	State	Zip
Private health care insurer name and address				
Group ID number		Patient ID or health card number		
Have you applied for Medicare or Medicaid?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date
Has your Medicare or Medicaid been approved?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date
Medicare / Medicaid ID number				

Injury or Illness Description		
If you think your current injury/illness is related to an approved claim for benefits on file with FPDR, please provide the claim number, date of injury, date of last treatment and describe the injury, event, or exposure below:		
Claim number	Date of injury or illness	Last treatment
Injury or illness description		
Body part-condition currently being treated		

Medical Provider Information			
Physician name		Phone	Fax
Address		City	State
Name of hospital ED/urgent care		Phone	Fax

I hereby affirm the above information is true and hereby apply for disability benefits. By signing and submitting this form, I authorize medical providers and other custodians of claim records to release relevant medical records to FPDR upon request.

Signature _____ Date _____

Please sign and mail, fax, or email form to FPDR.

[Information for Member on back](#)



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Instructions for Member

What do I do if I think I need treatment?

- 1 Contact FPDR immediately at 503-823-6823 and ask for the analyst assigned to the post-retirement medical desk or ask for any disability analyst.
- 2 Follow instructions given you by the analyst. FPDR may, at its discretion, authorize one office visit with your doctor so that we can determine if you need to complete an application for post-retirement medical benefits.
- 3 If you are instructed to complete an application for post-retirement medical benefits, please do so as soon as possible after your receipt of the form. Also complete your portion of the Attending Physician's Report (APR) and sign the release of information form.
- 4 Fax the all forms to FPDR at 503-823-5166 or email a legible photo of the signed form to FPDR at fpdr@portlandoregon.gov.
- 5 You will be asked to participate in information gathering to learn of your health status since closure of your claim. Information gathering may involve taking a recorded statement or the provision of (your participation in) an IME. If an IME is needed you will be informed of the date, time, and location of the IME.

How Do I Get Medical Treatment?

Private Health Care Plan

You may receive medical treatment from your primary care physician or a health care provider of your choice who is within your private health plan network and who is a:

- Medical doctor (MD)
- Osteopathic doctor (DO)
- Podiatrist (DPM)

Chiropractors **cannot act** as attending physicians for post-retirement medical benefit claims. If you need chiropractic treatment you will need a referral for same.

The urgency of medical treatment is determined by the doctor or provider prescribing the care and is not directed by FPDR or its staff.

Emergency Room or Urgent Care

For treatment of life or limb threatening injuries, go to the nearest emergency room. If you need to go to an emergency room or urgent care facility, you may be treated by a Nurse Practitioner for non-life-threatening injuries. This is allowed for the initial visit. Follow up care should be provided by a MD, DO, or DPM as outlined above.

Questions about my claim or the filing process?

You may call FPDR at 503-823-6823 and ask for the analyst assigned to your claim or any available disability staff member.

Email FPDR at fpdr@portlandoregon.gov

Are There Limitations to my Medical Treatment?

Pending Period

Upon receipt of a complete application for benefits FPDR will begin to review your claim for post-retirement medical benefits. Your claim will be in a PENDED status during the review. The **pending** period is the 1-60 or up to 90-day period in complex cases, need to review your claim.

Pre-certify Treatment

While your claim is pending, your health care provider should pre-certify treatment through your personal health insurer. Please follow their instruction to avoid unnecessary delays in treatment.

After FPDR has Made a Decision

- 1 If your claim is approved, you will be enrolled into one of FPDR's two Managed Care Organizations (MCO's) MHN CareMark Comp or Kaiser on-the-job.
- 2 If you live outside the Portland-metropolitan area FPDR will coordinate treatment with your doctor under the advisory of our MCO.
- 3 All treatment provided must meet FPDR plan guidelines for reasonable and necessary medical treatment.
- 1 If FPDR has determined that your need for treatment is unrelated to your approved service connected injury, illness or occupational disability claim you will be notified via phone call and via certified and regular mail.
- 2 The letter will explain the reasons for the denial and your will explain your rights to appeal FPDR's decision. Follow the instructions in the letter carefully and pay attention to the timelines for filing your disagreement with FPDR.

The Bureau of Fire and Police Disability and Retirement (FPDR) is exempt from ORS 656 for on-the-job injuries.

