

How Will My EEOICP Medical Benefits Be Paid?

GENERAL INFORMATION

As a qualified claimant under the Energy Employees Occupational Illness Compensation Program (EEOICP) administered by the U.S. Department of Labor (DOL), you are entitled to medical benefits to cover the reasonable cost of treatment for your accepted condition(s).

This booklet covers the most frequently asked questions by Division of Energy Employees Occupational Illness Compensation claimants. While this booklet gives you basic information about your medical benefits, it is not intended to cover every possible exception or special case, and it does not have the effect of law or regulations.

For further information about special circumstances or individual cases, please contact one of our Resource Centers or your claims examiner at the Energy Employees Occupational Illness Compensation Program (EEOICP) District Office. Resource Center and EEOICP District Office contact information is listed at the end of this booklet.

MEDICAL BILL PAYMENT AGENT

Throughout this document, ACS is referred to as the medical bill payment agent.

- Mailing address:
Energy Employees Occupational Illness
Compensation Program
P.O. Box 8304
London, KY 40742-8304
- Toll-free telephone number: (866) 272-2682
Monday to Friday 8:00 a.m. to 8:00 p.m. (EST)
- Internet address: <http://owcp.dol.acs-inc.com>

CLAIM FORMS

Claim forms may be obtained at the following sources:

- Resource Centers listed at the end of this booklet
- District Offices listed at the end of this booklet
- EEOICP website:
<http://www.dol.gov/owcp/energy/regs/compliance/claimsforms.htm>
- Medical bill payment agent website:
<https://owcp.dol.acs-inc.com>

REIMBURSEMENT OF RETROACTIVE MEDICAL AND PRESCRIPTION EXPENSES

HOW DO I RECEIVE REIMBURSEMENT FOR THE RETROACTIVE MEDICAL BILLS AND PRESCRIPTION EXPENSES FOR THE ACCEPTED CONDITION(S)?

You may request reimbursement for out-of-pocket expenses for medical treatment and prescriptions for the accepted condition(s) that were incurred prior to the acceptance of your claim. Reimbursement of expenses is allowed retroactive to the filing date of the claim.

To be considered for payment, bills must be submitted by the end of the calendar year after the year when the expense was incurred, or by the end of the calendar year after the year when the claim was first accepted as compensable by the Department of Labor.

Example: A claim is accepted on January 2, 2005. The filing date of the claim is January 1, 2003. Reasonable and customary medical treatment and prescription bills that were incurred between January 1, 2003 and January 1, 2005 for the accepted condition are reimbursable. The request for reimbursement must be submitted no later than December 31, 2006 on Form OWCP-915.

You may obtain the required forms on-line at the EEOICP and medical bill payment agent websites:

- <http://www.dol.gov/esa/owcp/energy/regs/compliance/claimforms.htm>
- <https://owcp.dol.acs-inc.com>

You may also call one of the Resource Centers listed at the end of this booklet to obtain forms and information.

MEDICAL BENEFITS IDENTIFICATION CARD
WILL I RECEIVE A MEDICAL BENEFITS IDENTIFICATION CARD?

YES, if you are the covered employee. Once you are awarded medical benefits under the EEOICP, you will receive a Medical Benefits Identification Card. The card is to be presented at the time of treatment

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for the accepted condition(s). If a new condition is accepted, you will receive a new card.

The front of the card contains your name and the diagnosis code of the accepted condition(s). It will also state that there is no co-pay or deductible expense to be paid by you. When your physician submits a bill for treatment of your accepted condition, the physician should insert the appropriate diagnosis code on the bill, which is the accepted condition diagnosis code that is on the card.

The back of the card contains the address to send medical bills and a toll-free telephone number for medical billing questions. It also contains a 10-digit number for internet access to your medical billing file that will allow you to check the status of your medical bills.

WHEN DO I USE MY MEDICAL BENEFITS IDENTIFICATION CARD?

You should present your Medical Benefits Identification Card whenever you seek treatment for your accepted condition(s). Showing the medical provider your EEOICP Medical Benefits Identification Card will help the medical provider determine the proper way to bill for services. You also must provide your Social Security number to the medical provider when you present your Medical Benefits Identification Card.

IF MY MEDICAL BENEFITS IDENTIFICATION CARD IS LOST OR DESTROYED, WHO SHOULD I CONTACT?

You should call the medical bill payment agent toll-free at (866) 272-2682.

COVERED MEDICAL CONDITIONS

The medical condition (s) accepted in your claim are covered for medical benefits from the day you filed a claim for those conditions. In addition to these accepted conditions, the EEOICP will cover any consequential illnesses as a result of your accepted condition(s).

WHAT IS A CONSEQUENTIAL ILLNESS?

A consequential illness is a new and separate medical problem that is identified by your doctor as having developed due to the original accepted illness.

MEDICAL BENEFITS

WHAT MEDICAL BENEFITS ARE PROVIDED UNDER THE EEOICP?

Medical benefits for covered illnesses include reasonable and customary medical care, drugs prescribed by a physician, and travel directly associated with the treatment of a covered illness.

You do not pay a deductible or a co-payment. An established list of maximum dollar allowances for services is utilized in the payment of medical bills.

The following is a list of some of the services that may be covered for the treatment of your accepted illness(es):

- Doctor's office visits, medical treatments, and consultations.
- In-patient and out-patient hospital charges, including emergency room visits.
- Diagnostic laboratory and radiological testing.
- Durable Medical Equipment.
- Drugs prescribed by a physician, both brand-name and generic.
- Ambulance services.
- Travel to the doctor, hospital, clinic, other medical facility, and pharmacy.

WHERE SHOULD MEDICAL PROVIDERS SEND BILLS RELATED TO THE EEOICP?

Medical services covered under the EEOICP should be mailed to the medical bill payment agent at:

Energy Employees Occupational Illness
Compensation Program
P.O. Box 8304
London, KY 40742-8304

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WHEN SHOULD I REQUEST PRE-APPROVAL OF A MEDICAL EXPENSE?

The following medical expenses may be covered under the EEOICP, but require review and approval by your claims examiner **before** you incur the expense:

- Overnight travel for medical treatment of the accepted condition(s) (each occurrence).
- Travel for medical treatment of the accepted condition(s) if the mileage exceeds 200 miles round trip (each occurrence).
- If you need a companion for travel to a medical appointment, a letter from your physician stating the medical necessity for the companion must be submitted to your claims examiner.
- Special equipment as prescribed or recommended by your treating physician.
- Durable medical equipment in excess of \$5,000.
- Any health or gym facility membership.
- Home exercise equipment.
- Home modifications.
- Automobile modifications.
NOTE: Requests for modifications for home or auto need three estimates from a certified or licensed builder or dealer.
- Organ or stem cell transplants.
- Medical documentation retrieval.
- Home Health Services.
- Nursing home or assisted living facility.
- Hospice care.
- Psychiatric treatment.
- Chiropractic treatment.
- Acupuncture treatment.

WHERE SHOULD MEDICAL PROVIDERS SEND BILLS RELATED TO THE EEOICP?

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WHAT COSTS ARE NOT COVERED UNDER THE EEOICP?

The following are some of the most common costs not covered under the EEOICP:

- Treatment of medical conditions not related to your accepted condition(s).
- Medical treatment for anyone other than yourself (example: spouse and children are not covered under the EEOICP).
- Medicines that are not prescribed by a doctor.
- Prescriptions for non-accepted conditions under the EEOICP.
- Personal services in the hospital (example: telephone or television).

If you have any questions, you may call the medical bill payment agent toll-free at **1-866-272-2682**.

PAYMENT FOR MEDICAL TREATMENT **HOW DO MY COVERED MEDICAL BILLS GET PAID?**

We strongly encourage you to present your Medical Benefits Identification Card to the medical provider whenever you seek treatment for your accepted condition(s). If your medical provider is enrolled in the program, the EEOICP will pay them directly. If your medical provider is not enrolled in the program, they can call toll-free at 1-866-272-2682 for enrollment assistance. You may also pay for the medical services and then request reimbursement of these expenses.

WHAT IF THE MEDICAL PROVIDER WANTS TO BILL MEDICARE OR ANOTHER INSURANCE CARRIER INSTEAD OF THE EEOICP?

The EEOICP provides primary medical coverage for the accepted conditions, and those medical bills should always be sent to the EEOICP medical bill payment contractor for processing. Insurance carriers, Medicare or Medicaid should not be billed for treatment of the accepted conditions.

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DOES THE MEDICAL PROVIDER SUBMIT BILLS ON A BILLING FORM?

YES. Medical providers must itemize the charges on the standard health insurance claim form used throughout the medical community.

- The doctor, clinic, laboratory, ambulance and nursing service will bill the EEOICP using the Form OWCP-1500.
- The hospital will bill the EEOICP using the Form UB-04 for all charges incurred for in-patient, out-patient, emergency room, surgical, and chemotherapy services.

Forms may be obtained from one of the Resource Centers or on the EEOICP and medical bill payment agent's websites:

- <http://www.dol.gov/esa/owcp/energy/regs/compliance/claimsforms.htm>
- <https://owcp.dol.acs-inc.com>

MEDICAL PROVIDERS ENROLLED IN THE PROGRAM

HOW CAN I DETERMINE IF A MEDICAL PROVIDER IS ENROLLED IN THE EEOICP?

A provider search feature is on the medical bill payment agent's bill processing website:

- <http://owcp.dol.acs-inc.com>

You should also check with your medical provider for information on whether they are enrolled in the EEOICP. If your physician is not enrolled, he or she may contact a Resource Center for enrollment information.

HOW CAN A MEDICAL PROVIDER OBTAIN ENROLLMENT AND BILLING INFORMATION?

A medical provider may obtain enrollment and billing information by calling the medical bill payment agent toll-free at (866) 272-2682 or one of the Resource Centers listed at the end of this booklet. Enrollment forms are available on the medical bill payment agent's website:

- <http://owcp.dol.acs-inc.com>

REIMBURSEMENT OF MEDICAL EXPENSES

HOW DO I GET REIMBURSED FOR OUT-OF-POCKET MEDICAL EXPENSES FOR COVERED MEDICAL CARE?

To obtain reimbursement for out-of-pocket medical expenses for covered medical care, complete the Form OWCP-915, Claim for Medical Reimbursement. In addition, you must submit the following items which are to be attached securely to the form:

- provider's itemized billing statement;
- receipt of payment by your provider; and
- evidence of your method of payment.

Acceptable evidence of payment includes a cash receipt, copy of your cancelled check (both front and back), or a copy of your credit card receipt.

Up to eight visits or services can be listed on one form if the service was provided by the same medical provider. Each entry must be filled in completely. Receipts may be attached in lieu of listing each item. Mark the item "see attached." A separate form must be completed for different medical providers.

Mail the completed Claim for Medical Reimbursement form with attachments to the medical bill payment agent at:

Energy Employees Occupational Illness
Compensation Program
P.O. Box 8304
London, KY 40742-8304

REIMBURSEMENT OF PRESCRIPTION EXPENSES

HOW DO I GET REIMBURSED FOR OUT-OF-POCKET EXPENSES FOR COVERED PRESCRIPTIONS?

WHAT IS THE TIME LIMIT FOR SUBMITTING A REQUEST FOR REIMBURSEMENT?

To be considered for payment, bills and requests for reimbursement must be submitted by the end of the calendar year after the year when the expense was incurred, or by the end of the calendar year after the year when the claim was first accepted as compensable by the Department of Labor.

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PRESCRIPTION BENEFITS

WHAT DRUGS ARE COVERED UNDER THE EEOICP?

Most drugs prescribed by your doctor for the treatment of your accepted condition(s) will be covered (brand name or generic), but some may not. To check if a drug is covered, you or your pharmacist may call the medical bill payment agent toll-free at (866) 272-2682.

HOW DOES THE PHARMACY BILL THE EEOICP FOR MY COVERED PRESCRIPTIONS?

Present your Medical Benefits Identification Card to a pharmacy that is enrolled in the EEOICP. The pharmacy will bill the EEOICP for your covered prescription electronically via Point of Sale (POS). If the prescription is covered, you will not be charged any deductible or co-payment.

WHAT IF THE PHARMACY IS NOT ENROLLED IN THE EEOICP?

If the pharmacy is not enrolled as a provider, you may pay for your prescription, and then submit a request for reimbursement on the Form OWCP-915, Claim for Medical Reimbursement.

If you pay for your covered prescription, you may submit a request for reimbursement to the medical bill payment agent. Reimbursement of out-of-pocket expenses may be subject to an established list of maximum dollar allowances for medical services.

To obtain reimbursement, complete the Form OWCP-915, Claim for Medical Reimbursement. In addition, you must submit original pharmacy receipts which are to be attached securely to the form. **Note:** If you send an itemized computer printout, it must include all the below information, and the pharmacist's original signature.

Acceptable receipts include any of the following:

- Pharmacy bag or sticker containing the payment information
- Computerized printout of itemized bill
- Itemized listing on pharmacy's letterhead

The receipts must include:

- Your full name and address.
- Date prescription filled.
- Name of prescribing doctor.
- Name and address of pharmacy.
- Name of each drug.
- Prescription number.
- 11-digit National Drug Code (NDC) number for each prescribed medicine.
- Dosage prescribed such as mg per pill or ml or cc per measurement.
- Total number of pills or liquid amount per bottle prescribed (quantity).
- Charge actually paid for each drug, after any discount is applied (*example: senior citizen discount, coupon or pharmacy transfer incentive*).
- Statement marked "patient paid" or "paid by patient" showing who paid the charge. "Paid" or "paid in full" are **not acceptable**.

A self-written itemized list or cash register receipts are not considered proof of payment.

A copy of the front and back of your cancelled check may serve as proof of payment only when accompanied by an itemized bill or pharmacy ledger record.

If you need help in obtaining or completing forms, you may contact one of the Resource Centers listed at the end of this booklet. You may also contact the medical bill payment agent toll-free at 1-866-272-2682. Forms may also be obtained on the EEOICP and the medical bill payment websites:

- <http://www.dol.gov/esa/owcp/energy/regs/compliance/claimsforms.htm>
- <http://owcp.dol.acs-inc.com>

Up to eight prescriptions can be listed on one form if purchased from the same pharmacy. Each entry must be filled in completely. Receipts may be attached in lieu of listing each item. Mark the item "see attached." A separate form must be completed for each different pharmacy.

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REIMBURSEMENT OF TRAVEL EXPENSES FOR MEDICAL TREATMENT

CAN I BE REIMBURSED FOR THE COST OF TRAVEL FOR MEDICAL TREATMENT OR TO PICK UP PRESCRIPTIONS RELATED TO MY ACCEPTED CONDITION(S)?

YES. You may be reimbursed for the cost of travel for medical treatment or to pick up prescriptions related to your accepted condition(s).

You may be reimbursed for mileage for travel to obtain medical treatment or prescriptions for your accepted condition(s). Authorization is not required for travel by privately owned vehicle (POV) that does not exceed 200 miles roundtrip. Reimbursement for mileage is based on the rate established by the General Services Administration, which can be found on their website at www.gsa.gov. You may also contact one of the Resource Centers for assistance.

Overnight travel, any travel other than by POV, and POV travel that exceeds 200 miles roundtrip requires authorization from your claims examiner in the District Office prior to travel. Upon authorization, which may cover multiple trips, you will receive an approval letter and further information. District Offices are listed at the end of this booklet.

For authorized overnight travel, lodging and meals and incidental expenses (M&IE) will be reimbursed according to the federal government per diem rate, and is based on the travel location. If a travel companion is required, you must obtain authorization from your claims examiner at the District Office **prior to travel**. An additional daily allowance will be paid for the travel companion. The per diem rates can be found on the General Services Administration website at www.gsa.gov.

The reimbursement for lodging will be the actual amount, but not to exceed the daily federal government per diem rate. Lodging receipts must be submitted with the travel reimbursement request.

The reimbursement for M&IE is based on a daily, flat-rate allowance for each day of authorized travel, and receipts are not required. The first and last days of travel are reimbursed at 75% of the M&IE allowance.

Local transportation costs, such as taxis, airport shuttles or bus fares are reimbursable separately from the M&IE allowance. Services such as airport or hotel courtesy shuttles should be used when available. Receipts must be submitted for reimbursement of any allowable expense of \$75 or more.

Receipts are always required, regardless of amount, for lodging, airfare, rental cars and gasoline purchases for rental cars. The Resource Center can answer questions and assist you with expense processing.

To obtain reimbursement for covered travel expenses, complete the Form OWCP-957, Medical Travel Refund Request. Up to three single days of travel can be listed on each form.

When completing the Form OWCP-957, block 5d "Travel To" does not include a check block for "pharmacy," therefore, check the blocks "home" to "home." Block 5e, "Medical facility name and address" must include the pharmacy name, city, state and zip code for each visit. Your signature and the date the form was signed are required in block 8.

Mail the completed Medical Travel Refund Request, with the required receipts securely attached to the form, to the medical bill payment agent at:

Energy Employees Occupational Illness
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P.O. Box 8304
London, KY 40742-8304

PROCESSING A REQUEST FOR REIMBURSEMENT

HOW LONG DOES IT TAKE TO PROCESS A REIMBURSEMENT REQUEST?

A reimbursement request that is submitted correctly will be processed within thirty (30) days after it is received.

WILL I BE NOTIFIED IF MY REIMBURSEMENT REQUEST IS NOT COMPLETED CORRECTLY?

YES. If a reimbursement request form or receipt need correction or additional information, the medical bill payment agent will attempt to contact

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you by telephone. If attempts to reach you by telephone are not successful, the form and receipts will be returned to you with a letter of explanation. It is very important that you make the required corrections and return these materials as soon as possible. You cannot be reimbursed until the required documentation is submitted properly.

Mail the corrected reimbursement request forms, with receipts securely attached, to the medical bill payment agent at:

Energy Employees Occupational Illness
Compensation Program
P.O. Box 8304
London, KY 40742-8304

If you need assistance with the reimbursement request, you may call one of the Resource Centers listed at the end of this booklet. You may also call the medical bill payment agent toll-free at 1-866-272-2682.

REMITTANCE VOUCHERS

WILL I BE NOTIFIED IF MY REIMBURSEMENT REQUEST WILL BE PAID OR DENIED?

YES. You will receive a remittance voucher by mail that will notify you if your reimbursement has been paid or denied. You will not receive a remittance voucher if your medical provider directly billed the Department of Labor.

A remittance voucher is a form mailed to you by the medical bill payment agent after a request for reimbursement is processed. It will contain the following information:

- Remittance voucher number (RV No.).
- Reference number.
- Date Paid.
- Description and amount of your reimbursement request.
- Amount you will be paid.
- If a payment is denied, an explanation of benefits will be located at the bottom of the remittance voucher, and will explain why any portion of the reimbursement request was denied.

Retain the remittance voucher to compare it against the check you will receive.

WILL A CHECK BE INCLUDED WITH THE REMITTANCE VOUCHER?

NO. The check is always mailed separately. Checks are issued by the U.S. Department of Treasury. You should receive the check within 14 days after you receive the remittance voucher. The check and the remittance voucher will contain the same remittance voucher number, reference number, date paid, and amount paid. If you need assistance or do not receive the check within 14 days, please call the medical bill payment agent or one of the Resource Centers listed at the end of this booklet.

MEDICAL BENEFITS FOR CLAIMS FILED BY SURVIVORS

WHEN ARE COVERED SURVIVORS ENTITLED TO MEDICAL BENEFITS?

In an accepted claim filed by a survivor, where the claim was originally filed by the employee, medical benefits will be awarded for the accepted condition(s) for medical expenses incurred from the date the employee filed the claim to the date of death of the employee.

HOW DO I REQUEST REIMBURSEMENT FOR COVERED MEDICAL BILLS?

A request for reimbursement of out-of-pocket expenses incurred by the employee for medical treatment and prescriptions for the accepted illness(s) should be submitted by the surviving claimant on the Form OWCP-915, Claim for Medical Reimbursement, along with the appropriate documentation. The payment will be issued to the estate of the deceased employee.

ARE OUTSTANDING MEDICAL EXPENSES PAID TO A MEDICAL PROVIDER?

If a medical expense for treatment of an accepted illness(s) was incurred during the covered time period, and it remains outstanding with a medical provider who is enrolled in the EEOICP program, the medical provider may submit the bill for payment to

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the medical bill payment agent. To be considered for payment, bills and requests for reimbursement must be submitted by the end of the calendar year after the year when the claim was first accepted as compensable by the Department of Labor.

You may obtain the required forms on-line at the EEOICP and medical bill payment agents' websites:

- <http://www.dol.gov/esa/owcp/energy/regs/compliance/claimsforms.htm>
- <https://owcp.dol.acs-inc.com>

You may also call one of the Resource Centers listed at the end of this booklet to obtain forms and information.

WHO TO CONTACT FOR ASSISTANCE WITH YOUR CLAIM

IF I CHANGE MY MAILING ADDRESS, WHO DO I NOTIFY?

Any changes in your mailing address must be reported in writing to the EEOICP District Office with jurisdiction over your claim. District Offices are listed at the end of this booklet.

Remittance vouchers and checks are mailed to the address of record for your claim. Therefore, it is important that we have your correct address.

SHOULD I KEEP COPIES OF THE BILLS I SUBMIT?

YES, if possible. Keeping copies will give you a record of your reimbursement requests and the receipts submitted. The cost of copying forms and receipts is not reimbursed.

DEEOIC DISTRICT OFFICES & AREAS COVERED

The DEEOIC maintains four district offices nationwide that process claims under the EEOICPA. District Offices are located in Cleveland, Ohio; Denver, Colorado; Jacksonville, Florida; and Seattle, Washington, with jurisdiction based on the location of the employee's last employment. The District Offices, including their regional jurisdiction, are listed below.

Cleveland District Office

1001 Lakeside Avenue, Suite 350
Cleveland, Ohio 44114

Main: (216) 802-1300

Fax: (216) 802-1308

Toll Free: (888) 859-7211

Serving:

Maine, New Hampshire, Vermont, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, Delaware, Maryland, Virginia, West Virginia, Pennsylvania, Michigan, Ohio, Indiana, Illinois, Wisconsin, Minnesota, Iowa and Puerto Rico

Denver District Office

P.O. Box 25601

One Denver Federal Center, Bldg. 53

Denver, CO 80225-0601

Main: (720) 264-3060

Fax: (720) 264-3099

Toll Free: (888) 805-3389

Serving:

Missouri, Arkansas, Louisiana, Oklahoma, Texas, Nebraska, Kansas, Wyoming, Colorado, Utah, Montana, North Dakota and South Dakota

Jacksonville District Office

400 West Bay Street, Room 722

Jacksonville, Florida 32202

Main: (904) 357-4705

Fax: (904) 357-4704

Toll Free: (877) 336-4272

Serving:

North Carolina, South Carolina, Kentucky, Tennessee, Georgia, Florida, Alabama and Mississippi

Seattle District Office

300 Fifth Avenue, Suite 1050E

Seattle, Washington 98104-2397

Main: (206) 373-6750

Fax: (206) 373-6798

Toll Free: (888) 805-3401

Serving:

New Mexico, Arizona, California, Nevada, Washington, Oregon, Idaho, Alaska and Hawaii

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DDEOIC RESOURCE CENTERS & REGIONAL JURISDICTION

The EEOICP has established 11 Resource Centers nationwide to assist employees and their families apply for benefits under the EEOICP. If you need help with any part of your EEOICP claim, including the medical billing process, you may contact one of the Resource Centers. They can provide assistance either in person or over the telephone, and, therefore, are able to service individuals who are outside the immediate geographical area. The Resource Center you should contact for assistance is based on the location of the employee's last employment. The Resource Centers, including their regional jurisdiction, are listed below:

California Resource Center

2600 Kitty Hawk Road, Suite 101
Livermore, California 94551
Main: (925) 606-6302
Fax: (925) 606-6303
Toll Free: (866) 606-6302

California - Hawaii

Denver Resource Center

8758 Wolff Court, Suite 101
Westminster, Colorado 80031
Main: (720) 540-4977
Fax: (720) 540-4976
Toll Free: (866) 540-4977

Colorado - Wyoming - Kansas
Nebraska - Oklahoma - Iowa

Espanola Resource Center

412 Paseo De Onate, Suite "D"
Espanola, New Mexico 87532
Main: (505) 747-6766
Fax: (505) 747-6765
Toll Free: (866) 272-3622

New Mexico - Texas

Hanford Resource Center

303 Bradley Blvd., Suite 104
Richland, Washington 99352
Main: (509) 946-3333
Fax: (509) 946-2009
Toll Free: (888) 654-0014

Washington - Oregon - Alaska

Idaho Resource Center

Exchange Plaza
1820 East 17th Street, Suite 250
Idaho Falls, Idaho 83404
Main: (208) 523-0158
Fax: (208) 557-0551
Toll Free: (800) 861-8608

Idaho - North Dakota - Utah
South Dakota - Montana

Las Vegas Resource Center

Flamingo Executive Park
1050 East Flamingo Rd., Suite W-156
Las Vegas, Nevada 89119
Main: (702) 697-0841
Fax: (702) 697-0843
Toll Free: (866) 697-0841

Nevada - Arizona

New York Resource Center

6000 North Bailey Avenue
Suite 2A, Box #2
Amherst, New York 14226
Main: (716) 832-6200
Toll Free: (800) 941-3943
Fax: (716) 832-6638

Maine - New Hampshire
Vermont - Massachusetts

New York

Connecticut - New Jersey
Rhode Island - Delaware
Pennsylvania - Maryland

Oak Ridge Resource Center

Jackson Plaza Office Complex
800 Oak Ridge Turnpike
Suite C-103
Oak Ridge, Tennessee 37830
Main: (865) 481-0411
Fax: (865) 481-8832
Toll Free: (866) 481-0411

Tennessee - Mississippi - Alabama
Louisiana - Arkansas

Paducah Resource Center

Barkley Center, Unit 125
125 Memorial Drive
Paducah, Kentucky 42001
Main: (270) 534-0599
Fax: (270) 534-8723
Toll Free: (866) 534-0599

Kentucky - Indiana - Illinois
Missouri

Portsmouth Resource Center

1200 Gay Street
Portsmouth, Ohio 45662
Main: (740) 353-6993
Fax: (740) 353-4707
Toll Free: (866) 363-6993

Ohio - Michigan - Wisconsin
Minnesota - West Virginia
Puerto Rico

Savannah River Resource Center

1708 Bunting Drive
North Augusta, S.C. 29841
Main: (803) 279-2728
Fax: (803) 279-0146
Toll Free: (866) 666-4606

South Carolina - North Carolina
Georgia - Florida