

To access the online forms, go to: www.ccsapps.com. Enter your Username and Password and select Log In.



[Home](#) [About Us](#) [Services](#) [Ancillary Services](#) [Medicare Set-Aside](#) [MSA Referral Form](#) [Links](#) [Contacts](#) [Careers](#)

Log On

Username:

Password:

[Forgot Your Password?](#)

Claims Operations

P.O. Box 541388
Dallas, TX 75354
800.743.2231 **Phone**
972.786.7349 **Fax**



Welcome

Welcome to the Contract Claims Services, Inc. website. Whether you are a current client or just browsing, we are glad you stopped by. If you are a current client, please sign in and take advantage of the many services available to you.

CCSI is a privately held, employee-owned company located in Dallas, TX. We are the leading third party administrator (TPA) for federal workers' compensation in

News & Updates

- DOL posts 2013 OWCP medical fee schedule. There are significant changes in fee schedule reimbursement for some services such as an MRI of the knee. The reimbursement for an MRI of the knee was reduced over 35% in the 2013 fee schedule. Anyone managing longshore claims or with longshore claims exposure should confirm their bill auditor is now using the updated fee schedule.

For first time users, you will be required to change your password. Enter and confirm your new password and select “change password”. You have successfully changed your password and will use this password at your next log in.

CHANGE PASSWORD

Use the form below to change your password.

New passwords are required to be a minimum of 12 characters in length and contain at least one upper and lower case character and at least one special (non-alphanumeric) character..

Change Your Password

Password:

New Password:

Confirm New Password:

Change Password

Cancel

To file a claim, select “File Claims”.



train_army
[[Log Out](#)]

Home File Claims View Reports My Profile Manage Users Contacts

Service Team



Manager
Renee Davis
[Email](#)
800.743.2231 x2996



Senior Supervisor
Casey Brands
[Email](#)
800.743.2231 x2997



Supervisor
Scott Newton
[Email](#)
800.743.2231 x2989



Senior Adjuster
Jesse Lopez
[Email](#)
800.743.2231 x2979



Adjuster
Maria Gonzalez
[Email](#)
800.743.2231 x2987



Unit Clerk
Lisa Sewell
[Email](#)
800.743.2231 x3015



Army Central Insurance Fund
Welcome, army test!

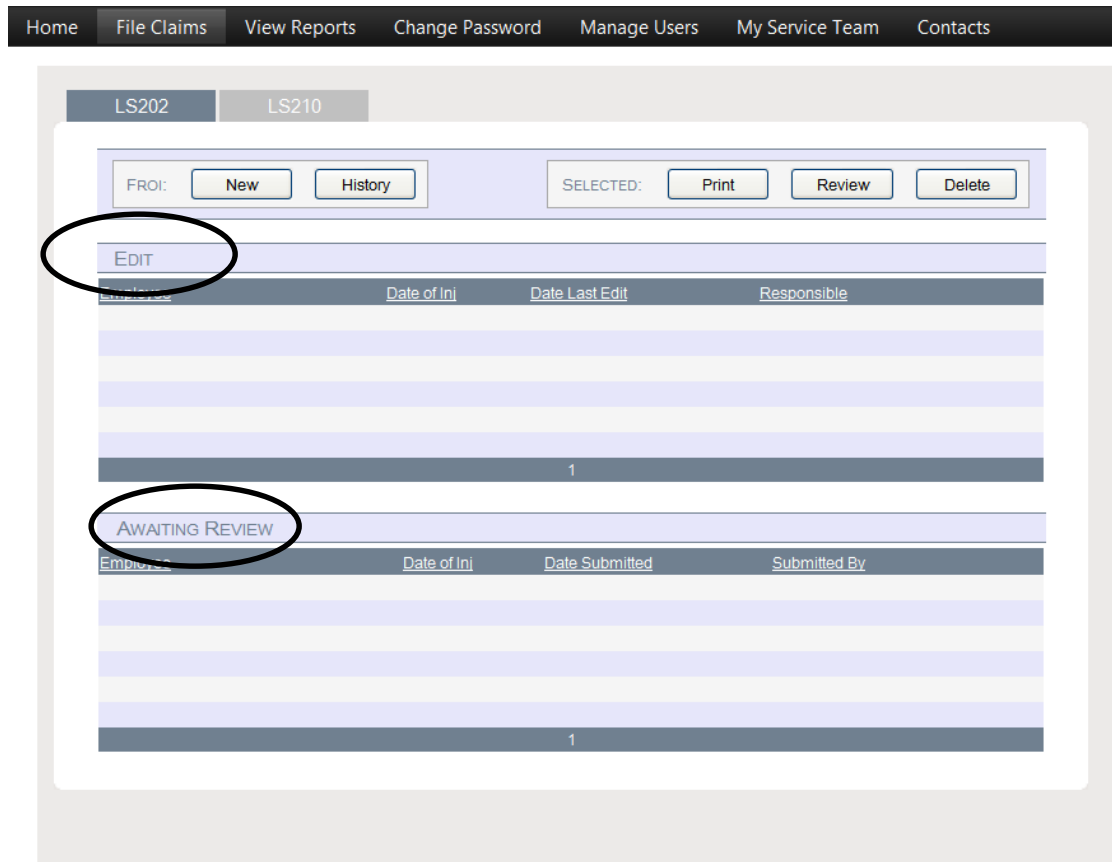
Last Login: 3/10/2017 9:47:21 AM
Last Invalid Login: 3/10/2017 9:44:58 AM
Last Password Changed: 3/10/2017 9:46:27 AM
Password Expires In: 90 Days

Committed to Superior Service

CCS is committed to exceeding the benchmarks and "best practices" established by our industry. We provide **superior service** in the following areas:

- Worldwide claims administration
- Medical cost control
- Legal services
- Staff longevity

You have now successfully logged into the application and have access to the LS-202 and LS-210. You will see the tabs in the upper left corner of your screen. Additionally you will notice there is an “EDIT” section and “AWAITING REVIEW” section. Once the information is completed on either the LS-202 or LS-210 and you select “save” the form will be saved in the “EDIT” window. Let’s get started with an LS-202 so you can see how this works. Select the LS-202 tab and click “new”. (You will notice when the tab is selected it is blue.)

The screenshot shows the CCS Holdings application interface. At the top is a dark navigation bar with links: Home, File Claims, View Reports, Change Password, Manage Users, My Service Team, and Contacts. Below this is a light gray header area with two tabs: "LS202" (selected, highlighted in blue) and "LS210". The main content area is white and contains two sections. The first section, "EDIT", is highlighted with a black oval. It has a sub-header "FROI:" with buttons "New" and "History", and a "SELECTED:" section with buttons "Print", "Review", and "Delete". Below this is a table with columns "Date of Inj", "Date Last Edit", and "Responsible". The second section, "AWAITING REVIEW", is also highlighted with a black oval. It has a sub-header "Employee" and columns "Date of Inj", "Date Submitted", and "Submitted By". Both sections show a single row of data and a "1" at the bottom, indicating one record is displayed.

To start an LS-202, you must first enter the SSN. (Format: 999999999) Once entered, click on the magnifying glass to the right. If the injured employee has any prior claims, certain fields will automatically display data. (DOB, phone number, address, etc....) Be sure to check the information to confirm it is accurate. If there are no prior or existing claims, proceed with completing the information by tabbing to each field and entering the information.

[Home](#) [File Claims](#) [View Reports](#) [Change Password](#) [Manage Users](#) [My Service Team](#) [Contacts](#)

LS202

LS210

LS-202

FIRST REPORT OF INJURY OR ILLNESS

* Required Field for Submit

Cancel

* Social Security No.

999999999

Searches the database for previous claim data.

OWCP No.

Date and Time of Accident

* Date

Time

:

☐ AM ☐ PM

Name of Injured/Deceased Employee

* Last Name

* First Name

MI

Phone

Employee's Address

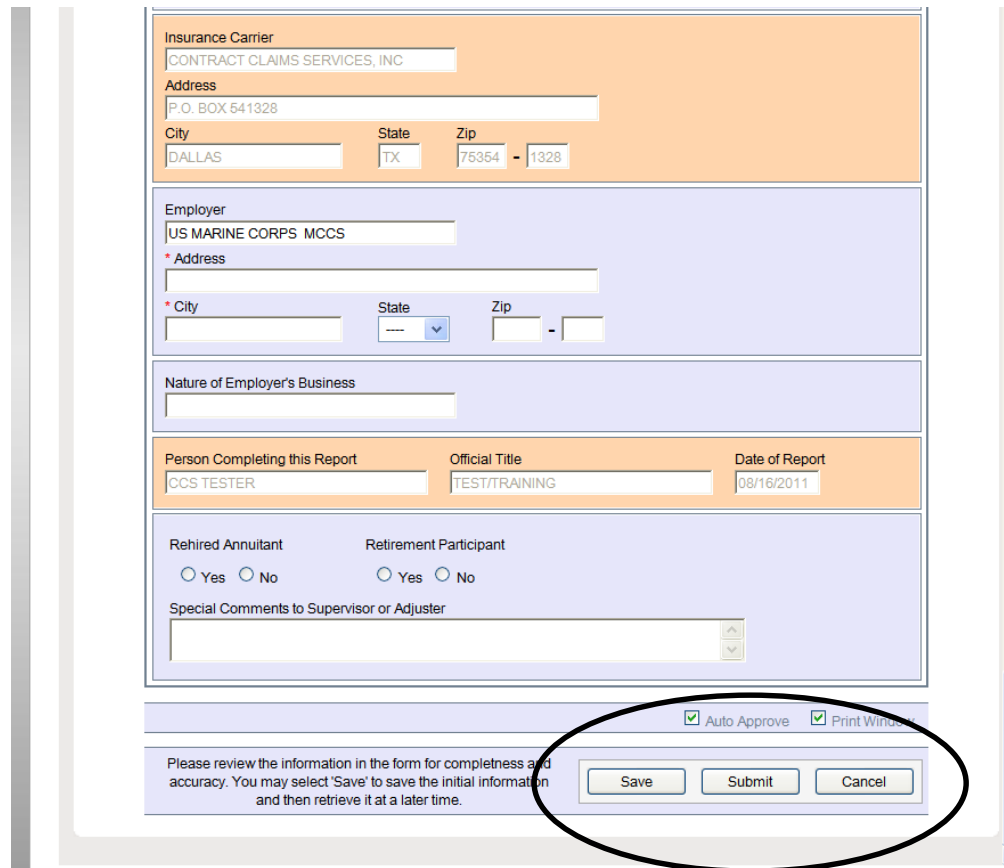
* Street

* City

* State

* Zip

Required fields will have a red asterisk. You will also see fields in orange, which represents a field that is auto filled and does not allow the user to change it. (Example: Injury is Reported Under the Following Act) Once you have entered the information, at the bottom you will see the option to “save” “submit” or “cancel”. Let’s discuss those in more detail.

A screenshot of a web-based form for reporting an injury. The form is divided into several sections with colored backgrounds: orange for the Insurance Carrier section, light blue for the Employer section, and light purple for the Person Completing this Report section. The Insurance Carrier section includes fields for Insurance Carrier (CONTRACT CLAIMS SERVICES, INC), Address (P.O. BOX 541328), City (DALLAS), State (TX), and Zip (75354 - 1328). The Employer section includes fields for Employer (US MARINE CORPS MCCS), Address, City, State, and Zip. The Person Completing this Report section includes fields for Person Completing this Report (CCS TESTER), Official Title (TEST/TRAINING), and Date of Report (08/16/2011). Below these are radio buttons for Rehired Annuitant (Yes/No) and Retirement Participant (Yes/No), and a text area for Special Comments to Supervisor or Adjuster. At the bottom, there are checkboxes for Auto Approve and Print Window, and a row of three buttons: Save, Submit, and Cancel. The Save, Submit, and Cancel buttons are circled in black. A message at the bottom states: "Please review the information in the form for completeness and accuracy. You may select 'Save' to save the initial information and then retrieve it at a later time."

Some fields require you to type the information, some require selecting “yes” or “no” and others have a drop down box. For the drop down box, click the arrow to the right to display the items from the drop down menu. By clicking the appropriate item the information will be entered for that field. Continue this process until the form is complete.

Service Team



Manager
Renee Davis
[Email](#)
800.743.2231 x2996



Senior Supervisor
Casey Brands
[Email](#)
800.743.2231 x2997



Supervisor
Scott Newton
[Email](#)
800.743.2231 x2989



Senior Adjuster
Jesse Lopez
[Email](#)
800.743.2231 x2979



Adjuster
Maria Gonzalez
[Email](#)
800.743.2231 x2987



Unit Clerk
Lisa Sewell
[Email](#)
800.743.2231 x3015



Senior Adjuster
Ryan Martin
[Email](#)
800.743.2231 x2976



Adjuster
Jennifer Thrasher
[Email](#)
800.743.2231 x2981



Adjuster
Kyle Sheehan
[Email](#)
800.743.2231 x2953

Wages or Earnings (Include overtime, Allowances, etc.)	
Hourly \$	<input type="text"/>
Daily \$	<input type="text"/>
Weekly \$	<input type="text"/>
Yearly \$	<input type="text"/>
Exact Place where Accident Occured. This item should specify area if accident was in maritime employment and occurred in area adjoining navigable waters.	
<input type="text"/>	
How was Knowledge of Accident or Occupational Illness gained?	
<input type="text"/>	
* Describe in full how the accident occurred	
<input type="text"/>	
Nature of Injury	
<div> -- SELECT FROM LIST -- </div> <div> ABRASION AIDS/HIV RELATED PROBLEMS ALLERGIC REACTION AMPUTATION ANEURYSM ANGINA PECTORIS (HEART RELATE) ARTHRITIS ASBESTOSIS ASPHYXIATION ATTEMPTED SUICIDE BLACK LUNG BURN - 1ST/2ND/3RD DEGREE BYSSINOSIS CANCER CARPAL TUNNEL SYNDROME CHEST PAINS CHIPPED TOOTH CHRONIC PAIN SYNDROME CONCUSSION CONJUNCTIVITIS CONTAGIOUS DISEASE CONTUSION/BRUISE CRUSHING CUMULATIVE INJURY CYST DEATH DEGENERATION DERMATITIS DISC HERNIATION </div>	

You may opt to “save” a form if you are interrupted while entering the information, or if you have started the form, but need more information, prior to submitting. You will be asked if you want to save the form and finish later. By selecting yes, the form will save in the EDIT window. You must complete the “required” fields prior to saving. If these are not completed, a window will display requesting you complete the required fields and these fields will be displayed in yellow.

LS-202

FIRST REPORT OF INJURY OR ILLNESS

* Required Field for Submit

Cancel

* Social Security No.

999999999

OWCP No.

Date and Time of Accident

* Date

Time

:

☐ AM ☐ PM

Name of Injured/Deceased Employee

* Last Name

* First Name

Employee's Address

* Street

* City

* State

* Zip

-

Injury is Reported Under the Following Act

☐ Longshore and harbor Workers' Compensation Act

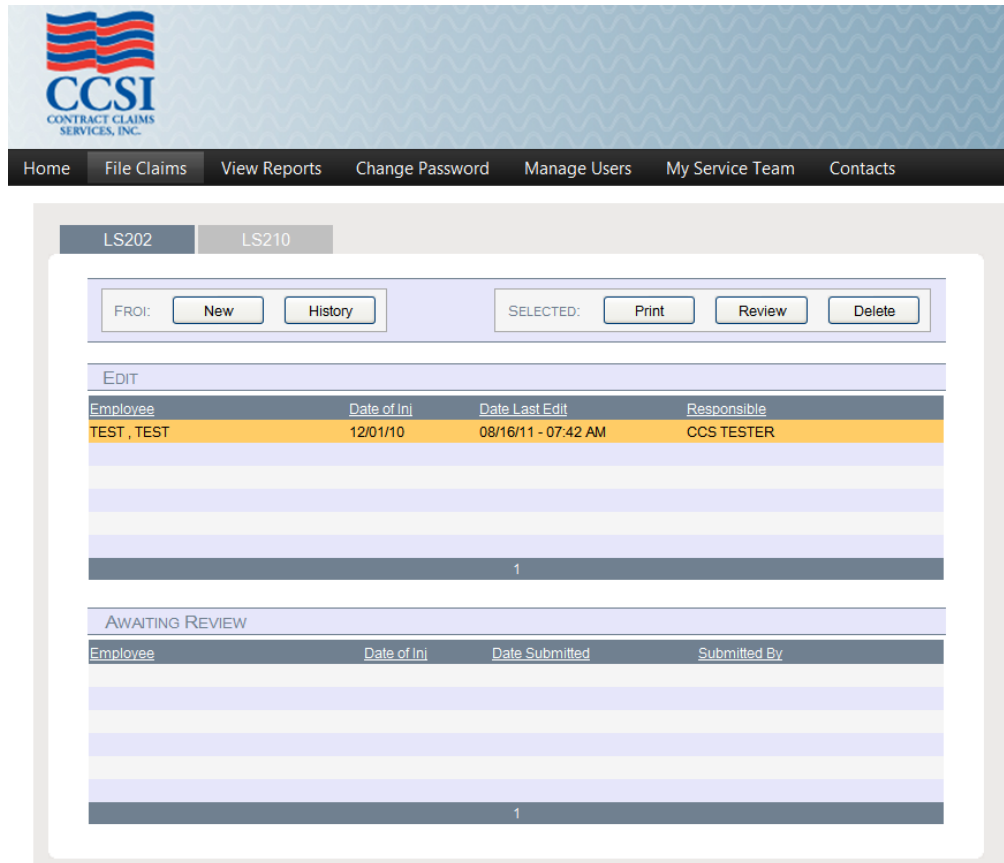
Message from webpage

There are minimal requirements to save the form:

- Last Name
- First Name
- Date of Injury

OK

By entering the required fields and selecting “save”, you will now see the form in the Edit window. From the Edit window, you can “print” “review” or “delete” the form. To perform any of these tasks, you must first click on the form. You will notice when you place your cursor over the selected form, it will change to yellow, once selected it will change to orange. To print the form, select print. To delete the form, select delete. In most cases you will select “review” to complete the form.

The screenshot shows the web application interface for CCSI Contract Claims Services, Inc. The top navigation bar includes the company logo and a menu with links: Home, File Claims, View Reports, Change Password, Manage Users, My Service Team, and Contacts. Below the navigation bar, there are two tabs: LS202 and LS210. The main content area is titled "EDIT" and contains a table with the following data:

Employee	Date of Inj	Date Last Edit	Responsible
TEST , TEST	12/01/10	08/16/11 - 07:42 AM	CCS TESTER

Below the table, there is a "1" indicating the number of records. The interface also includes buttons for "New", "History", "Print", "Review", and "Delete".

By selecting review from the EDIT window, the form will be displayed. Complete the form to be processed by entering the additional information. Once the information is completed, prior to selecting submit be sure the “print window” box in the bottom right hand corner is checked. This will allow you to print the form prior to submitting.

Address		
P.O. BOX 541328		
City	State	Zip
DALLAS	TX	75354 - 1328
Employer		
US MARINE CORPS MCCS		
* Address		
123 MAIN STR		
* City	State	Zip
DALLAS	TX	75006 -
Nature of Employer's Business		
Person Completing this Report	Official Title	Date of Report
CCS TESTER	TEST/TRAINING	08/16/2011
Rehired Annuitant		
<input type="radio"/> Yes <input checked="" type="radio"/> No		
Retirement Participant		
<input type="radio"/> Yes <input checked="" type="radio"/> No		
Special Comments to Supervisor or Adjuster		
<input type="checkbox"/> Auto Approve <input checked="" type="checkbox"/> Print Window		
Please review the information in the form for completeness and accuracy. You may select 'Save' to save the initial information and then retrieve it at a later time.		
<input type="button" value="Save"/> <input type="button" value="Submit"/> <input type="button" value="Cancel"/>		

Opens the print window upon submit.

When the print window is checked, a separate window will open displaying the form – this also gives you the opportunity to confirm the information is accurate.

https://www.ccsapps.com/members/dwc1_vs2005/Fo... Page Safety Tools

Please fill out the following form. You cannot save data typed into this form. Please print your completed form if you would like a copy for your records. Highlight Fields

Employer's First Report of Injury Or Occupational Illness

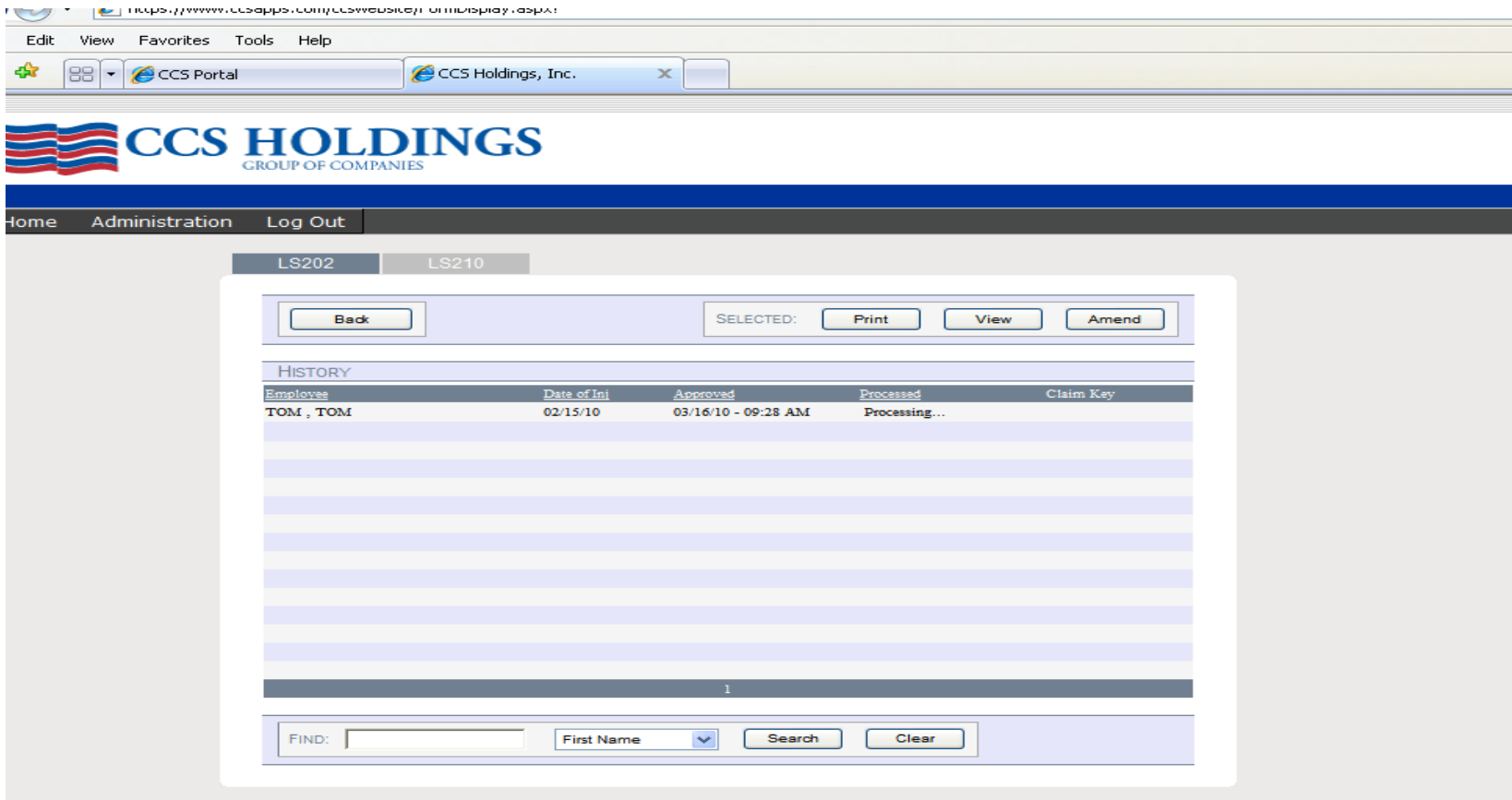
U.S. Department of Labor
Employment Standards Administration
Office of Worker's Compensation Programs

OMB No. 1215-0031

JOB CLASS: **REGULAR FULL TIME** HIRE DATE: NAFI CODE: **30017 - BILLETING SAN DIEGO**

1. OWCP No.	2. Carrier's No.	3. Date and Time of Accident Mo. Day Yr. Hour 12-01-2010 <input type="radio"/> AM <input type="radio"/> PM
4. Name of Injured/Deceased Employee (Type or print – first, M.I., last) FIRST: TEST MI: T LAST: TEST TELEPHONE:		5. Employee's Address (No, street, city, state, Zip code) 123 MAIN STR DALLAS TX 75006
6. Injury is Reported Under the Following Act (Mark One) A <input type="radio"/> Longshore and harbor Workers' Compensation Act B <input type="radio"/> Defense Base Act C <input checked="" type="radio"/> Nonappropriated Fund Instrumentalities Act D <input type="radio"/> Outer Continental Shelf Lands Act	7. Indicate Where Injury occurred (Longshore Act only)(Mark one) A <input type="radio"/> Aboard Vessel /Over Navigable Waters B <input type="radio"/> Pier/Wharf C <input type="radio"/> Dry Dock D <input type="radio"/> Marine Terminal E <input type="radio"/> Building Way F <input type="radio"/> Marine Railway G <input type="radio"/> Other Adjoining Area	8. Sex <input checked="" type="radio"/> M <input type="radio"/> F 9. Date of birth 12-01-1966
14. Did Employee Stop Work Immediately? <input type="radio"/> Yes <input type="radio"/> No		10. Social Security No. (Required by law) 999-99-9999
15. Date and Hour Employee Returned to Work		11. Did injury Cause Death? <input type="radio"/> No <input type="radio"/> Yes - if yes, skip to 16
17. Did Injury/Death Occur on Employer's Premises? <input type="radio"/> Yes <input type="radio"/> No		12. Did Injury Cause Loss of Time Beyond Day or Shift of accident? <input type="radio"/> Yes <input type="radio"/> No
18. Dept. in Which Employee Normally Works(ed) 85 - BILLETING (BOQ, BEQ, ETC.)		13. Date and Hour Employee First Lost Time Due to Injury Mo. Day Yr. Hour <input type="radio"/> AM <input type="radio"/> PM
19. Occupation Custodian/Janitor		16. Was Employee Doing Work When Injured/Killed? (If no, explain in Item 26) <input type="radio"/> Yes <input type="radio"/> No
20. Date and Hour Pay Stopped	21. Which Days Usually Worked Per Week? (Mark (X) days) S M T W T F S	22. Date Employer or Employer First Know

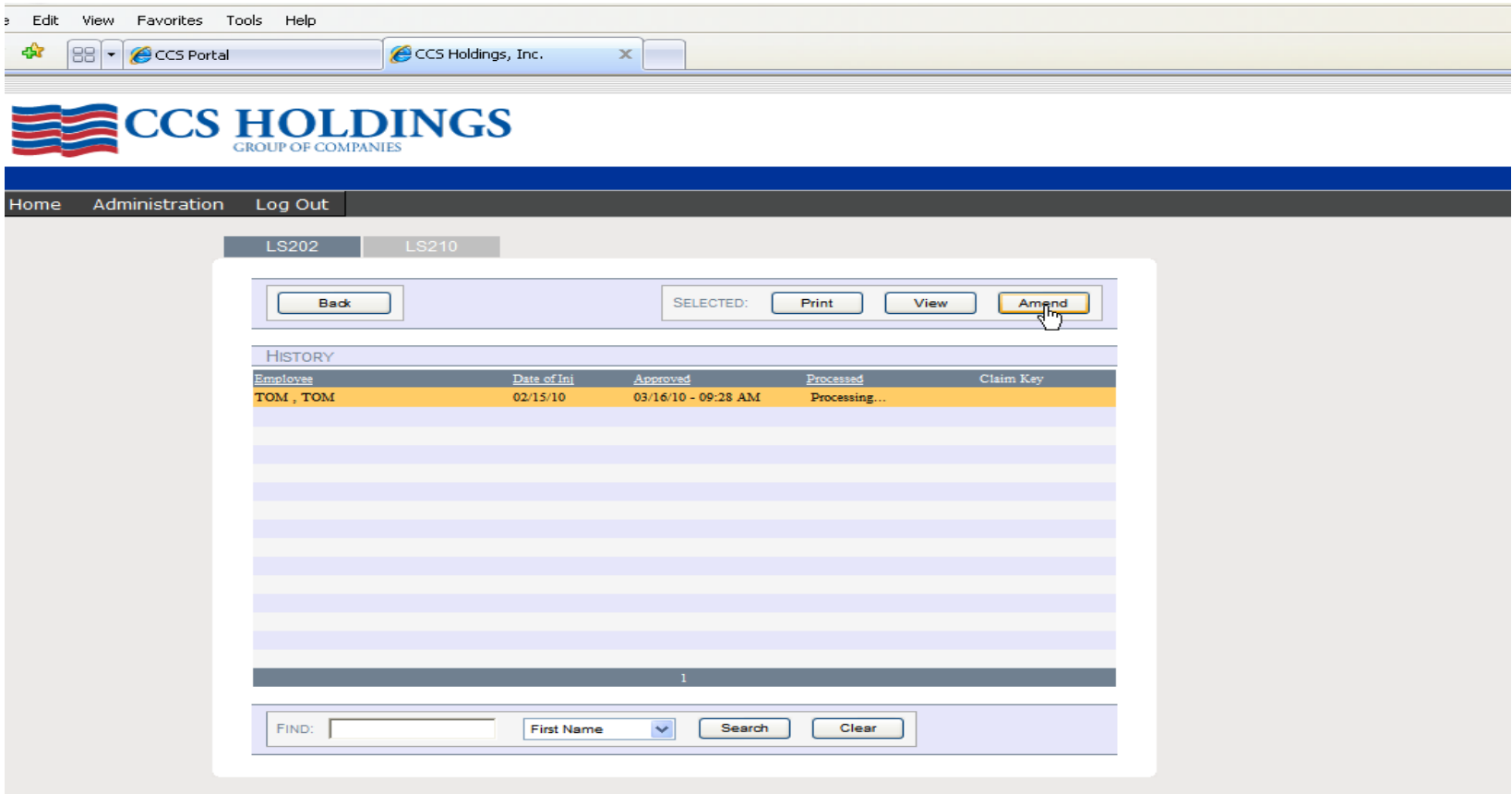
To confirm it was submitted, select the appropriate form (LS-202 or LS-210) and select “history”. The form is now submitted and will be displayed under “history”. The history will display all claims you have submitted. Once the form is processed by CCS, you will see the claim number, in the claim key. Forms are processed on a daily basis.



The screenshot shows a web browser window with the URL <https://www.ccsapps.com/ccswebsite/1/01mdisplay.aspx>. The browser's address bar shows "CCS Portal" and "CCS Holdings, Inc.". The page header features the CCS HOLDINGS GROUP OF COMPANIES logo. Below the header is a navigation bar with links: Home, Administration, and Log Out. The main content area displays two tabs: LS202 and LS210. The LS210 tab is active, showing a "HISTORY" section. At the top of the history section are buttons: "Back", "SELECTED:", "Print", "View", and "Amend". Below these buttons is a table with the following columns: Employee, Date of Inj, Approved, Processed, and Claim Key. The table contains one row of data: TOM, TOM, 02/15/10, 03/16/10 - 09:28 AM, and Processing... Below the table is a pagination bar showing "1". At the bottom of the history section is a search bar with the label "FIND:", a text input field, a dropdown menu with "First Name" selected, and buttons for "Search" and "Clear".

Employee	Date of Inj	Approved	Processed	Claim Key
TOM, TOM	02/15/10	03/16/10 - 09:28 AM	Processing...	

Once a form is submitted to be processed, the user has the option to “print” “view” or “amend” the form. To amend the form select the form to be amended and click amend. The form will be displayed and is ready for you to enter the amendments. Once completed, select submit. Once submitted, the form will be displayed in the history window, awaiting processing by CCS.

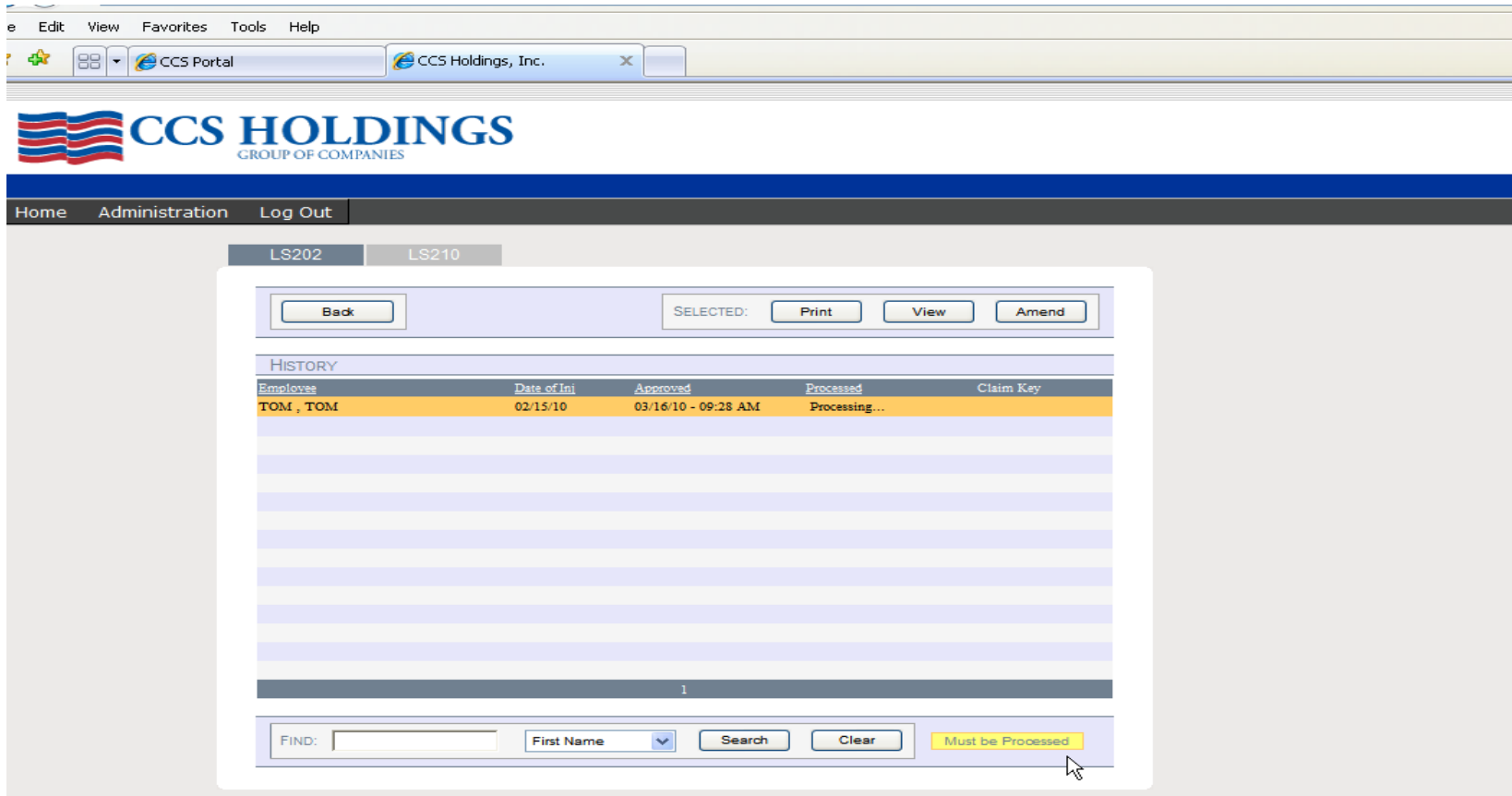


The screenshot shows a web browser window with the address bar displaying 'CCS Portal' and 'CCS Holdings, Inc.'. The page header includes the CCS Holdings logo and navigation links: Home, Administration, and Log Out. Below the header, there are tabs for 'LS202' and 'LS210'. A modal window is open, displaying a form with a 'Back' button and a 'SELECTED:' section containing 'Print', 'View', and 'Amend' buttons. A mouse cursor is clicking the 'Amend' button. Below the buttons is a 'HISTORY' table with the following data:

Employee	Date of Inj	Approved	Processed	Claim Key
TOM , TOM	02/15/10	03/16/10 - 09:28 AM	Processing...	

At the bottom of the modal window, there is a search section with a 'FIND:' label, a text input field, a dropdown menu set to 'First Name', and 'Search' and 'Clear' buttons.

Additional notes: You can only amend a form that has been processed and are only able to amend the latest version. An error message in the bottom right hand corner will be displayed in yellow letting you know the form “Must be Processed” or “Not most current”.

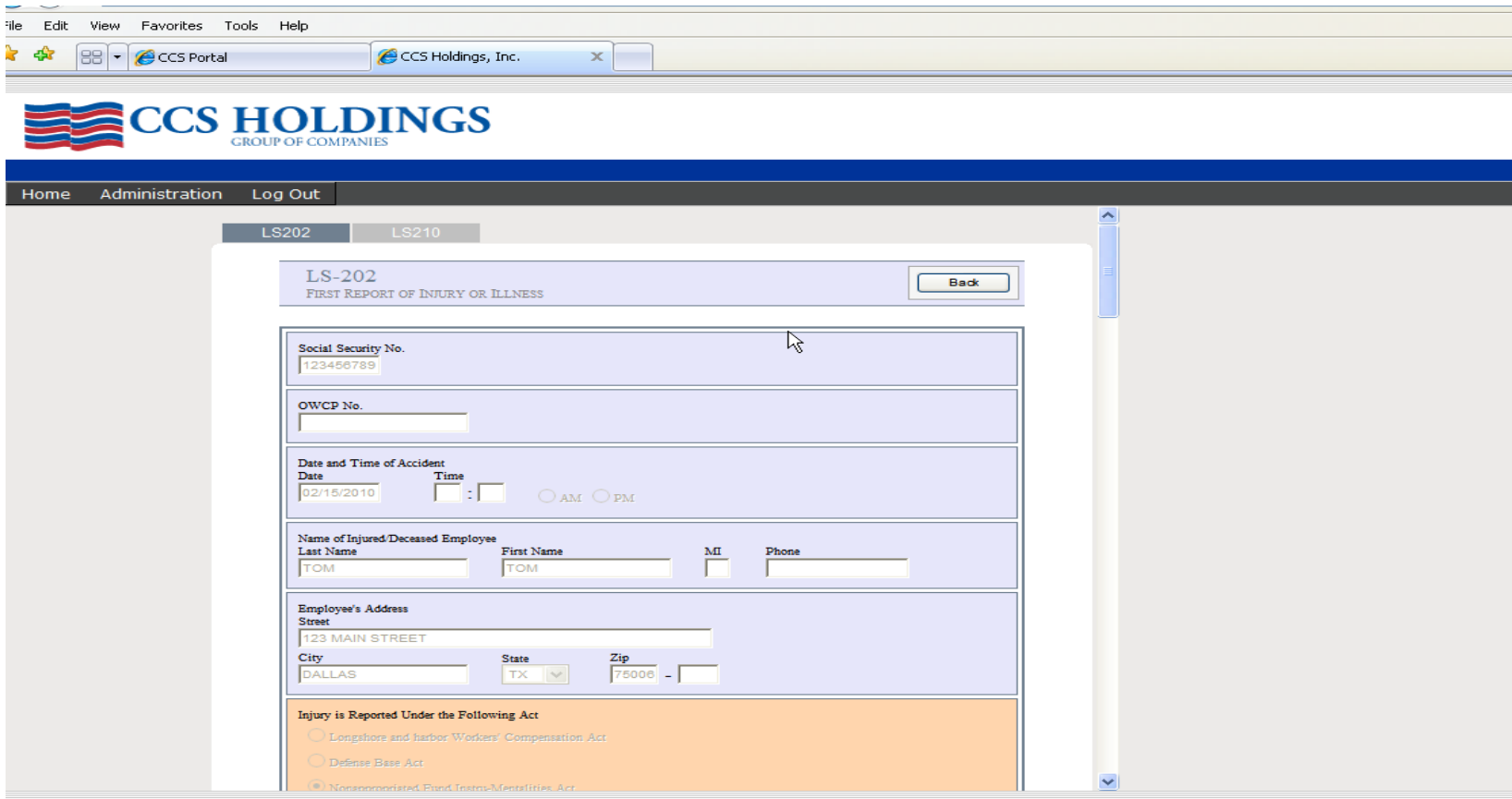


The screenshot shows a web browser window with the CCS Holdings, Inc. portal. The navigation bar includes Home, Administration, and Log Out. The main content area displays a form history table for LS202 and LS210. The table has columns for Employee, Date of Inj, Approved, Processed, and Claim Key. The first row shows 'TOM , TOM' with a date of '02/15/10' and a status of 'Processing...'. Below the table, there is a search bar with a 'Find' field, a 'First Name' dropdown, and 'Search' and 'Clear' buttons. A yellow error message 'Must be Processed' is displayed in the bottom right corner of the form area.

Employee	Date of Inj	Approved	Processed	Claim Key
TOM , TOM	02/15/10	03/16/10 - 09:28 AM	Processing...	

FIND: First Name Must be Processed

To view the form in history, select “view”. The form will be displayed, however you are only allow to view it. You cannot make any changes.



The screenshot shows a web browser window with the address bar displaying "CCS Portal" and "CCS Holdings, Inc.". The page header features the CCS Holdings logo and a navigation bar with links: Home, Administration, and Log Out. Below the navigation bar, there are tabs for "LS202" and "LS210". The main content area displays the "LS-202 FIRST REPORT OF INJURY OR ILLNESS" form. The form includes fields for Social Security No. (123456789), OWCP No., Date and Time of Accident (02/15/2010, AM/PM), Name of Injured/Deceased Employee (Last Name: TOM, First Name: TOM, MI, Phone), Employee's Address (Street: 123 MAIN STREET, City: DALLAS, State: TX, Zip: 75006), and Injury is Reported Under the Following Act (Longshore and Harbor Workers' Compensation Act, Defense Base Act, Nonappropriated Fund Injuries/Mentalities Act).

File Edit View Favorites Tools Help

CCS Portal CCS Holdings, Inc.

CCS HOLDINGS
GROUP OF COMPANIES

Home Administration Log Out

LS202 LS210

LS-202
FIRST REPORT OF INJURY OR ILLNESS

Back

Social Security No.
123456789

OWCP No.

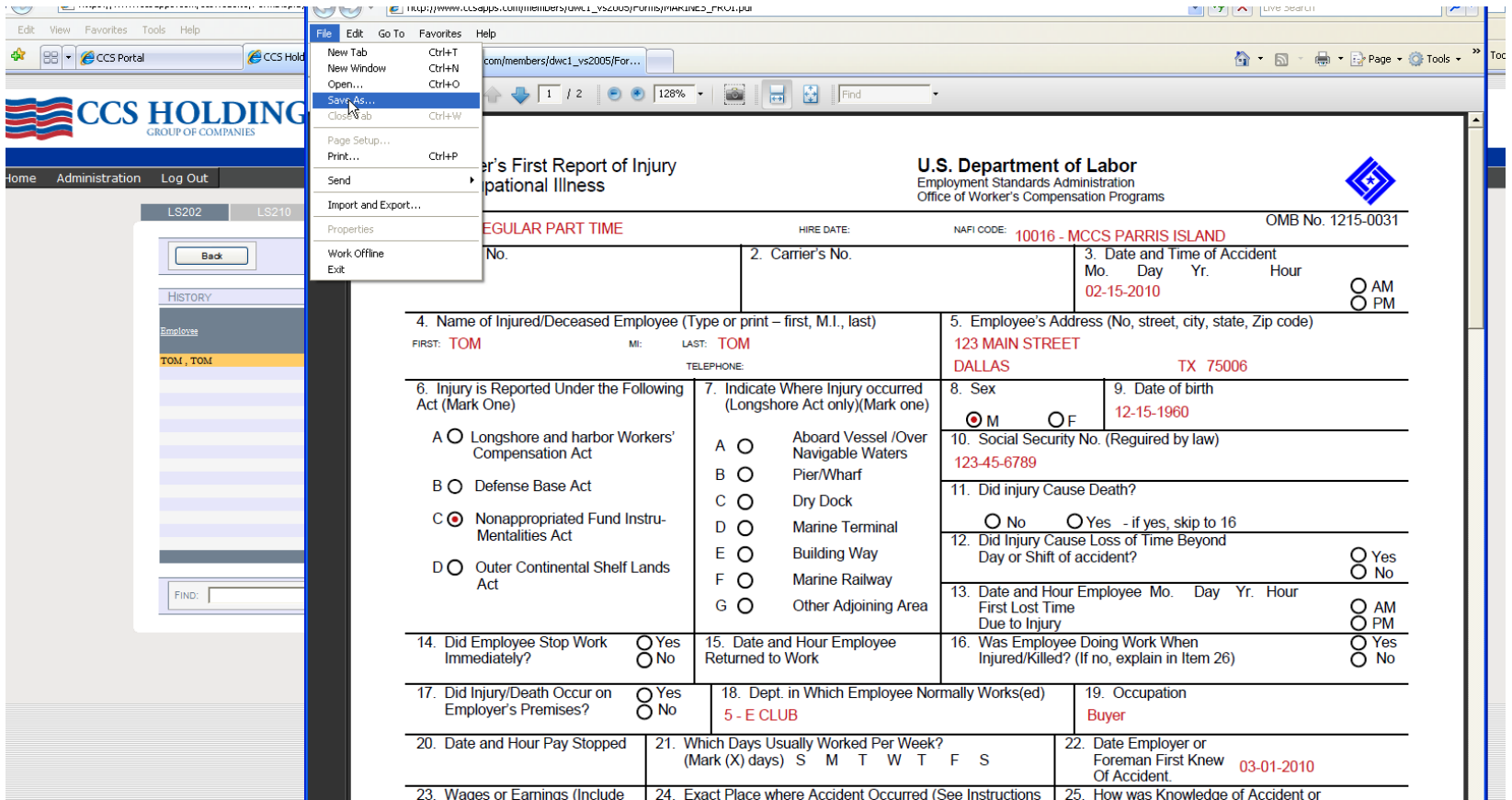
Date and Time of Accident
Date 02/15/2010 Time : AM PM

Name of Injured/Deceased Employee
Last Name First Name MI Phone
TOM TOM

Employee's Address
Street
123 MAIN STREET
City State Zip
DALLAS TX 75006

Injury is Reported Under the Following Act
☐ Longshore and Harbor Workers' Compensation Act
☐ Defense Base Act
☒ Nonappropriated Fund Injuries/Mentalities Act

To print the form from the history window, select print. The form will be displayed in a separate window for you to print. You can also save the form, by selecting “file” “save as”. This will open the form in a PDF for you to save.



U.S. Department of Labor
Employment Standards Administration
Office of Worker's Compensation Programs

OMB No. 1215-0031

REGULAR PART TIME HIRE DATE: NAFI CODE: **10016 - MCCS PARRIS ISLAND**

1. Date and Time of Accident
Mo. Day Yr. Hour ☐ AM ☐ PM
02-15-2010

2. Carrier's No.

3. Name of Injured/Deceased Employee (Type or print – first, M.I., last)
FIRST: **TOM** MI: LAST: **TOM**
TELEPHONE:

4. Employee's Address (No, street, city, state, Zip code)
**123 MAIN STREET
DALLAS TX 75006**

5. Injury is Reported Under the Following Act (Mark One)
A ☐ Longshore and harbor Workers' Compensation Act
B ☐ Defense Base Act
C ☒ Nonappropriated Fund Institutionalities Act
D ☐ Outer Continental Shelf Lands Act

6. Indicate Where Injury occurred (Longshore Act only)(Mark one)
A ☐ Aboard Vessel /Over Navigable Waters
B ☐ Pier/Wharf
C ☐ Dry Dock
D ☐ Marine Terminal
E ☐ Building Way
F ☐ Marine Railway
G ☐ Other Adjoining Area

7. Sex ☒ M ☐ F 8. Date of birth
12-15-1960

9. Social Security No. (Required by law)
123-45-6789

10. Did injury Cause Death?
☐ No ☐ Yes - if yes, skip to 16

11. Did Injury Cause Loss of Time Beyond Day or Shift of accident? ☐ Yes ☐ No

12. Date and Hour Employee First Lost Time Due to Injury Mo. Day Yr. Hour ☐ AM ☐ PM

13. Was Employee Doing Work When Injured/Killed? (If no, explain in Item 26) ☐ Yes ☐ No

14. Did Employee Stop Work Immediately? ☐ Yes ☐ No

15. Date and Hour Employee Returned to Work

16. Dept. in Which Employee Normally Works(ed)
5 - E CLUB

17. Occupation
Buyer

18. Date and Hour Pay Stopped

19. Which Days Usually Worked Per Week? (Mark (X) days) S M T W T F S

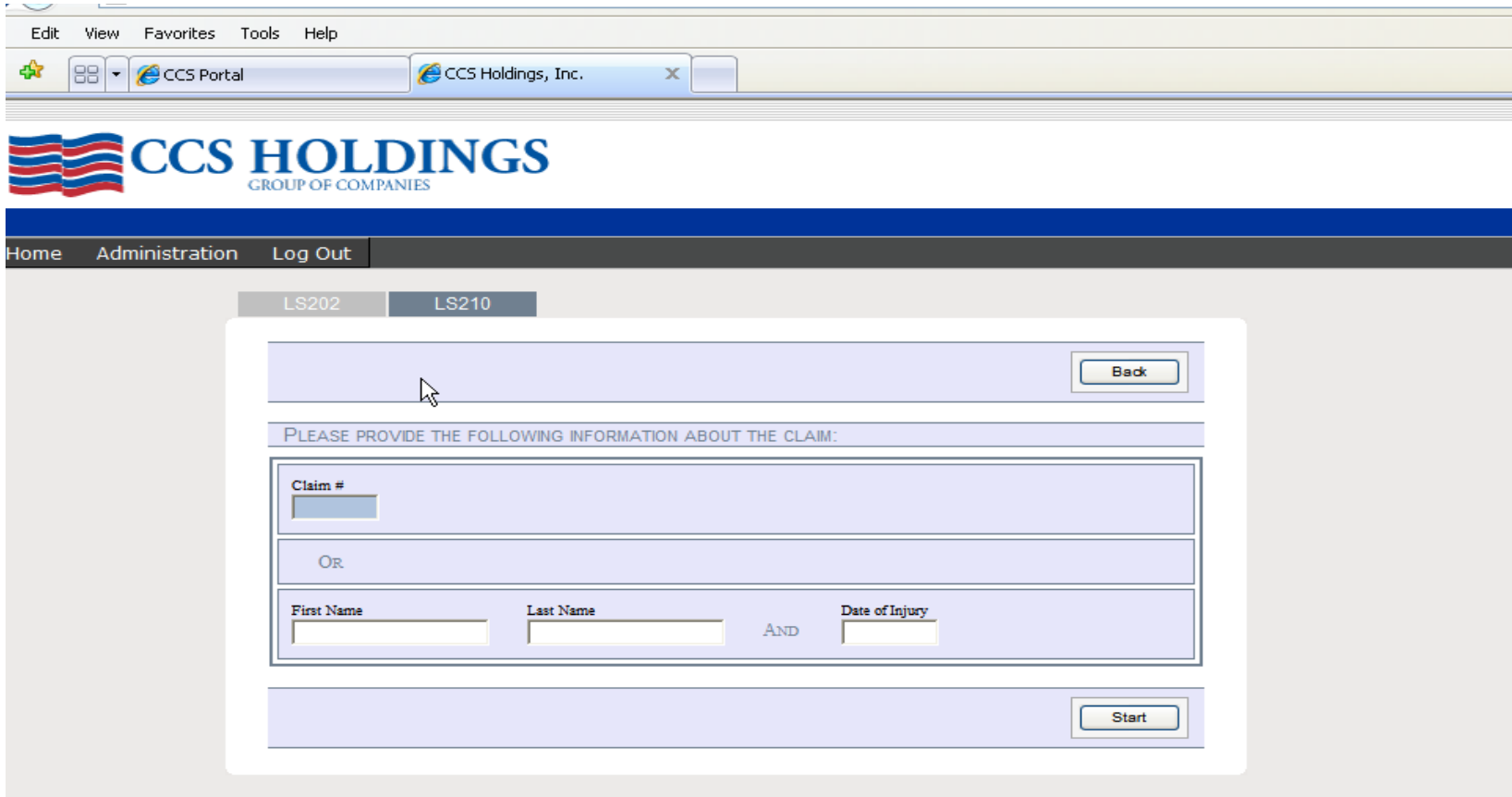
20. Date Employer or Foreman First Knew Of Accident
03-01-2010

21. Wages or Earnings (Include

22. Exact Place where Accident Occurred (See Instructions)

23. How was Knowledge of Accident or

Filing an LS-210 is similar to filing an LS-202. To complete an LS-210 select the LS-210 tab and new. You will be asked to enter the claim # or the First Name, Last Name and Date of Injury. Once entered, select start.



The screenshot shows a web browser window with the address bar displaying "CCS Portal" and "CCS Holdings, Inc.". The page header features the CCS Holdings logo and a navigation bar with links: Home, Administration, and Log Out. Below the navigation bar, there are two tabs: "LS202" and "LS210". The "LS210" tab is selected, and a form is displayed within a white frame. The form has a light blue header bar with a "Back" button on the right. Below the header, the text "PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT THE CLAIM:" is displayed. The form contains three input fields: "Claim #" (a single line), "OR" (a label), and "First Name", "Last Name", and "Date of Injury" (three separate lines). The "AND" label is positioned between the "Last Name" and "Date of Injury" fields. At the bottom of the form, there is a "Start" button.

Edit View Favorites Tools Help

CCS Portal CCS Holdings, Inc.

CCS HOLDINGS
GROUP OF COMPANIES

Home Administration Log Out

LS202 LS210

Back

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT THE CLAIM:

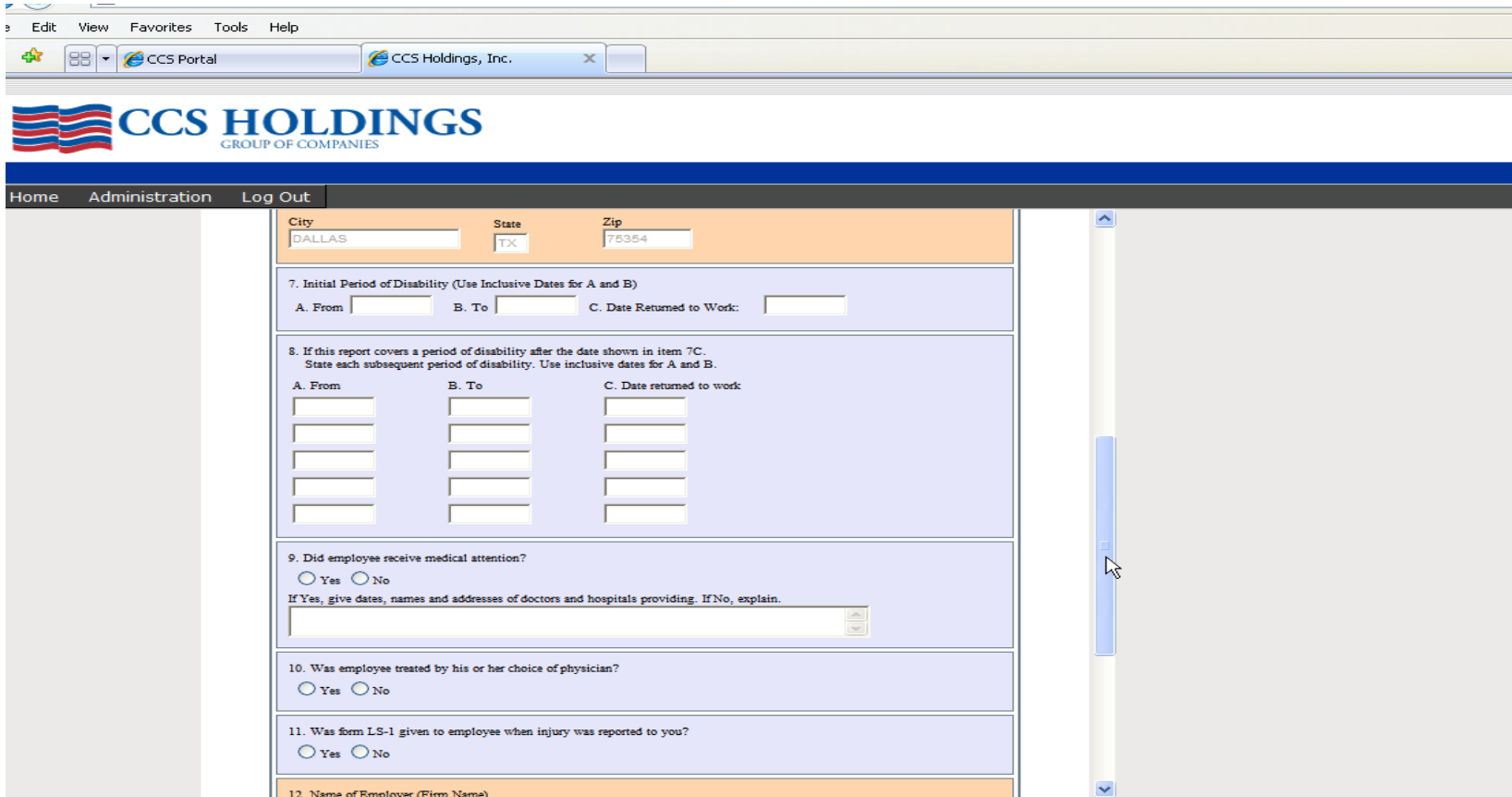
Claim #

OR

First Name Last Name AND Date of Injury

Start

The form will be displayed. The top portion is displayed orange indicating fields that cannot be changed. Scroll to box 7 and complete the information.



The screenshot shows a web browser window with the CCS Holdings logo and navigation menu. The form is displayed with a light blue background. The top portion of the form is highlighted in orange, indicating fields that cannot be changed. The form contains the following sections:


- City, State, Zip:** DALLAS, TX, 75354
- 7. Initial Period of Disability (Use Inclusive Dates for A and B)**
 - A. From:
 - B. To:
 - C. Date Returned to Work:
- 8. If this report covers a period of disability after the date shown in item 7C. State each subsequent period of disability. Use inclusive dates for A and B.**

A. From	B. To	C. Date returned to work
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
- 9. Did employee receive medical attention?**
 - ☐ Yes ☐ No
 - If Yes, give dates, names and addresses of doctors and hospitals providing. If No, explain.
- 10. Was employee treated by his or her choice of physician?**
 - ☐ Yes ☐ No
- 11. Was form LS-1 given to employee when injury was reported to you?**
 - ☐ Yes ☐ No
- 12. Name of Employer (Firm Name)**

Similar to the LS-202, you have the option to “save” “submit” or “cancel”. These features work the same way as the LS-202. (Save for later, submit to be processed or cancel the form.) You can also view previously submitted LS-210s under history, where you can “print” “view” or “amend” similar to the LS-202.

File Edit View Favorites Tools Help

CCS Portal CCS Holdings, Inc.

 **CCS HOLDINGS**
GROUP OF COMPANIES

Home Administration Log Out

9. Did employee receive medical attention?
☐ Yes ☐ No
If Yes, give dates, names and addresses of doctors and hospitals providing. If No, explain.

10. Was employee treated by his or her choice of physician?
☐ Yes ☐ No

11. Was form LS-1 given to employee when injury was reported to you?
☐ Yes ☐ No

12. Name of Employer (Firm Name)

13. Employer's Address

City State Zip

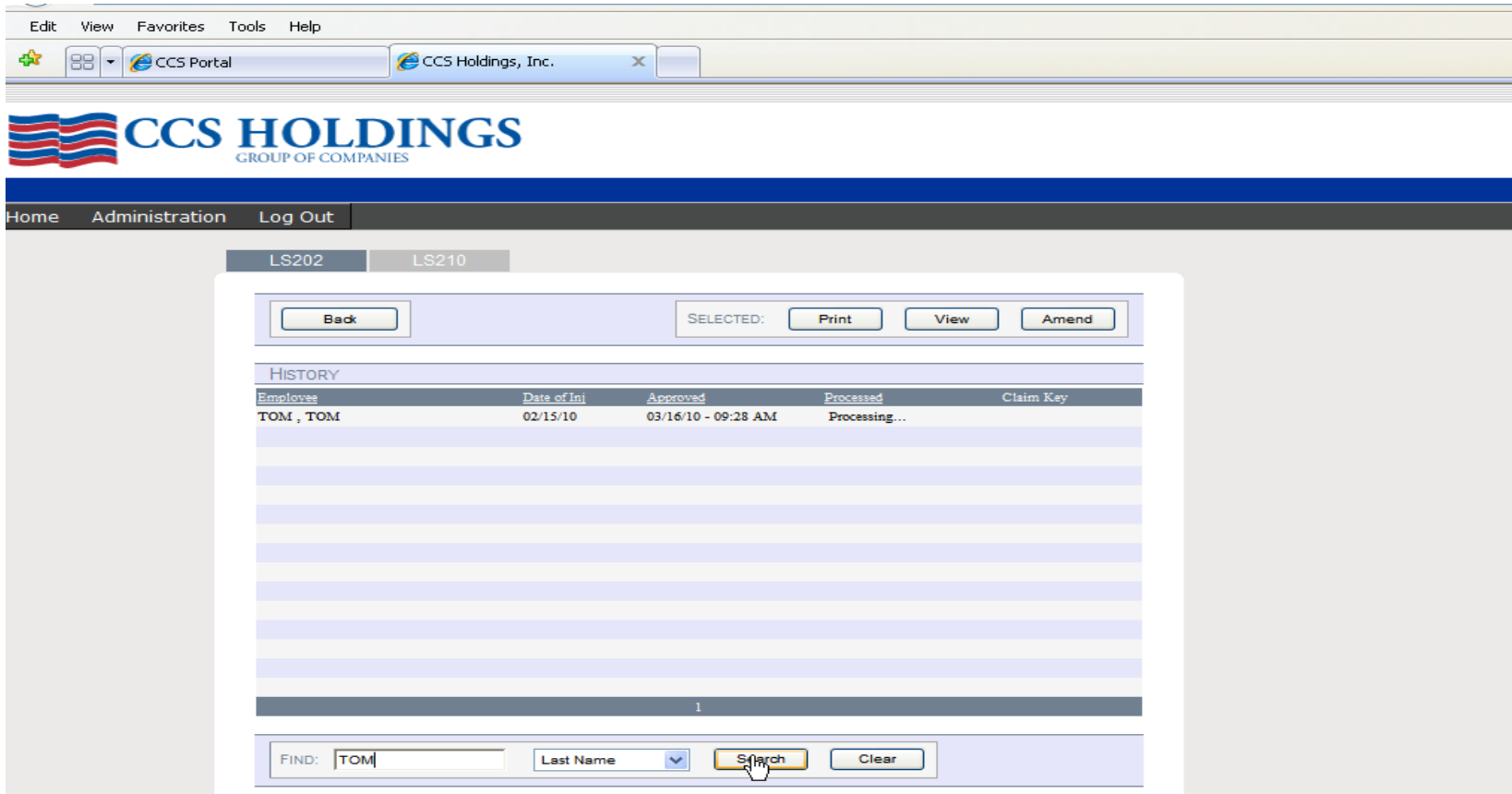
Name of Person Signing Title Date of Report

☐ Auto Approve ☒ Print Window

Please review the information in the form for completeness and accuracy. You may select 'Save' to save the initial information and then retrieve it at a later time.

Save Submit Cancel

If you are looking for a particular form you can search under “FIND” at the bottom of the history window. You can search by First Name, Last Name, Date of Injury or Amendments. Select the criteria and click “search”. Only the forms meeting the criteria will be displayed. This feature can be used for both the LS-202 and the LS-210.



The screenshot shows a web browser window with the CCS Holdings, Inc. portal. The interface includes a navigation bar with 'Home', 'Administration', and 'Log Out'. Below this, there are tabs for 'LS202' and 'LS210'. The main content area displays a 'HISTORY' table with columns for Employee, Date of Inj, Approved, Processed, and Claim Key. The table shows one entry for 'TOM, TOM' with a date of '02/15/10' and a status of 'Processing...'. At the bottom of the history window, there is a 'FIND' section with a text input field containing 'TOM', a dropdown menu set to 'Last Name', and a 'Search' button. Above the table, there are buttons for 'Back', 'Print', 'View', and 'Amend'.

Employee	Date of Inj	Approved	Processed	Claim Key
TOM, TOM	02/15/10	03/16/10 - 09:28 AM	Processing...	

FIND:

To log out of the application, select Log out. This will take you back to the CCS Holdings home page. If you have any problems accessing or using the application, contact Kelly Holland at 1-800-743-2231 ext 2971 or email kelly.holland@ccsholdings.com.



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Log On

Username:

Password:

[Forgot Your Password?](#)

Claims Operations
P.O. Box 541388
Dallas, TX 75354
800.743.2231 **Phone**
972.786.7349 **Fax**



Welcome

Welcome to the Contract Claims Services, Inc. website. Whether you are a current client or just browsing, we are glad you stopped by. If you are a current client, please sign in and take advantage of the many services available to you.

CCSI is a privately held, employee-owned company located in Dallas, TX. We are the leading third party administrator (TPA) for federal workers' compensation in

News & Updates

- DOL posts 2013 OWCP medical fee schedule. There are significant changes in fee schedule reimbursement for some services such as an MRI of the knee. The reimbursement for an MRI of the knee was reduced over 35% in the 2013 fee schedule. Anyone managing longshore claims or with longshore claims exposure should confirm their bill auditor is now using the updated fee schedule.