



WORKERS' COMPENSATION COMMISSION

CONTROVERSION OF MEDICAL CLAIM

INSTRUCTIONS: This form is to be used ONLY for the purpose of controverting an Order Nisi and MAY NOT be used to raise any other issue. If other issues exist WCC Form H24R "Issues" must be filed with the Commission. Pursuant to COMAR 14.09.08.06G a hearing will be scheduled on this controversion in the normal course.

WCC Claim Number:

Claimant Name:

Employer:

Insurer:

The _____ hereby controverts the Order Nisi issued in this case for professional services provided by the following service provider:

Healthcare Provider:

Address:

City:

State:

ZIP Code

A Final Order should not be ordered for the following reason:

CERTIFICATION OF SERVICE

I HEREBY CERTIFY that on this _____ day of _____, _____, service of the foregoing was made to all parties entitled to service in accordance with COMAR 14.09.01.03.

Name of Party Raising Issues

Signature

Telephone Number