

WORKERS' COMPENSATION COMMISSION

AGREEMENT ON THE PROPRIETY OF SERVICES AND SELECTION OF PRACTITIONER



INSTRUCTIONS: This form must be submitted to the Workers' Compensation Commission and a copy sent to the selected vocational rehabilitation practitioner.

WCC CLAIM NUMBER: _____

CLAIMANT: _____

EMPLOYER: _____

INSURER: _____

Agreed Upon Vocational Rehabilitation Practitioner:

Practitioner Name: _____ WCC Number: _____

Address: _____

The undersigned hereby agrees to the propriety of vocational rehabilitation services and the selection of the above-named vocational rehabilitation practitioner.

Employer/Insurer Name

Signature

Telephone Number

Date

Claimant/Attorney Name

Signature

Telephone Number

Date

NOTICE

The practitioner may not contact the above claimant or initiate vocational rehabilitation services until the practitioner has received a copy of this notice.

CERTIFICATION OF SERVICE

I hereby certify that on this _____ day of _____, 20____, I mailed, postage prepaid, a copy of this AGREEMENT and any attached documentation to all parties and their attorneys.

Signature

Telephone

10 East Baltimore Street · Baltimore, Maryland 21202-1641
410-864-5100 · Email: info@wcc.state.md.us · Web: http://www.wcc.state.md.us