

WELCOME TO WCC'S UPDATED ELECTRONIC CLAIM FORM PROCESS



Benefits of the New Process



- Paperless
- Claimants' Attorneys complete and submit entry of appearance along with the C-1 form. This MUST be done by logging into WFMS as a subscribing attorney **PRIOR** to starting the electronic filing process. The entry of appearance is entered when the completed claim form is electronically submitted to WCC.
- > Once the claim has been created an email is generated
- Claim form can be saved and completed at a later date
- The improved verification process allows WCC to complete initial verification much faster.
- > The subscriber can check the status of the claim after verification
- Subscriber may forward email creating E-Number to the client for signature.
- Multiple options for capturing claimant's signature

 Claimant access is through the public portal and therefore they can not submit or change the form, only sign

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Review and Edit Medical Authorization	* City Baltimore	State Zip MD 21202 Street A	where the Injured Worker resides. ddress

Start or Continue a Workers' Compensation Claim

To initiate a Claim please fill in the form below. After completing this section you will be given an Reference Number.

For those who have already started the process and wish to continue, click on the 'Complete a claim' tab.

When you click 'Next>' you may choose to fill in the whole Claim Form, or complete the data entry in segments using our wizard.

* The red asterisk denotes a required field.

Attorneys MUST login and use the Claim form with Entry of Appearance.

Start a new claim	C	omplete a claim	First Name
* First Name	MI * Las	t Name	Type the Injured Worker's given, first name This field is case sensitive.
* Date of Birth MM/DD/YYYY	* Type of Claim O Accidental Injury O Occupational Dise	ease	
* Email			
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Start a new claim Complete a claim First Name • First Name • Last Name • Date of Birth • Type of Claim • MM/DD/YYY • Occupational Disease • Enail jamacdonald@verizon.net Next> Set			Start or Continue a Wor To initiate a Claim sease fill in For those who have lready sta When you click 'Net >' you ma * The red asterisk services a rea	kers' Compe the form below arted the process ay choose to fill quired field.	nsation Claim After completing this : s and wish to continue, in the whole Clain Form	section you will be given a click on the 'Complete a n, or complete the data e	a Reference Number. claim' tab. ntry in segments using o	ur wizard.
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			* Email jamacdonald@verizon.net					
			Next>					

Do's and Don'ts

- If you are completing a claim that is already started, enter the claimant's name exactly as on the first email
- If you want to save the work and come back, write down the EFN number or save the creation email received from the Commission.
 You will need this information to it to get back into the claim
- Sign the claim and medical authorization form prior to submission
- Print file copy before submission
- Only upload the signature page if executed on paper
- Submit your claim within 30 days of creation
- Don't make attachment name too long or include symbols of periods (alphabetical or numerical)
 Don't use an old version of internet Explorer -use 10/11 only, Google Chrome, or Firefox
 Do not use the public version of the C-II
 Do not upload the entire claim form that is printed
 Do not reuse a claim form that has been started for another claim or claimant. You MUST create a new claim

Don'ts

Do's

What We Recommend

- Long version for first time users
- Short version for experienced users
- If you want a printed copy of the Claim Form you must print it before submission
- Sign up for E–Notice
- Use Internet Explorer 10/11 only, Chrome, or Firefox
- iPad users may need to add Chrome as a web browser
- Disable the pop-up blocker on your web browser



What to Expect when Claim has been Submitted

- Once completed and verified by WCC, you will receive a Notice of Claim via Electronic Notice for subscribers or via the U.S. Postal Service.
- Your appearance will be automatically entered when the claim is submitted
- You will receive an e-mail:
 - When you initiate the claim,
 - After the claim has been submitted, and/or
 - If the claim is not accepted for processing



What to Remember...

- Once a claim has expired for inactivity, it is deleted
 Rejected/deleted submissions cannot be reused. You must start a new online claim
- •Entries are case sensitive
- The date stamp will only show after verification and the claim form is in the system
- Signature of claimant is required for the Claim and Medical Authorization Form
- Write down the EFN number. You will need this to get back into the claim or save the creation email received from WCC



What to Remember *continued*...

- The arrows in the navigation pane to the left will turn green when a page is completed successfully.
- Any menu item that does not have a green arrow should be revisited for missing information
- Generation of C-30 (Notice of Claim) is created in an overnight process
- Attorney proxy must be registered as a proxy for a specific attorney in order to file claim on behalf of that attorney
- E-mail notices go to the attorney's e-mail address
- Once notified that the claim form is signed electronically by client, attorney should review and confirm that the signature is visible prior to submitting

Regulations...

- The Commission has promulgated regulations to codify the new filing processes.
- Regulations will be published in early December.





Further Questions

 You may contact the Public Service
 Department at info@wcc.state.md.us or via telephone (410) 864-5100 during normal business hours.

For technical assistance only, contact

FATTI

websupport@wcc.state.md.us.

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