

# Consent To Pay Fees and Costs

## QuickStart Guide

The Claimant's Consent to Pay Fees and Costs has a standalone process for generating and submitting the document. This process is located under **Start New Action>Claims >Consent to Pay Fees and Costs**.

Claim Number: W201468 Claimant Name: John Doe

Employer & Insurer

Employer	Insurer
CASINO INC	NON-INSURED EMPLOYER
CASINO INC	UNINSURED EMPLOYERS FUND

Hearings/Orders

Is there a Hearing Date associated with this document?  Yes  No

Is there an Order associated with this document?  Yes  No

Select Commissioner: Please select... Claim Filing Date: 05/22/2023

Consent to Pay Fees and Costs

**CLAIMANT CONSENT TO PAY FEES AND COSTS**

This form must be submitted to the Workers' Compensation Commission in accordance with COMAR 14.09.04.02 and, regardless of whether the matter is resolved by award, settlement or stipulation, all fees and costs must be itemized on the form below.

If you do not calculate the counsel fee in accordance with COMAR 14.09.04.03, you consent to the Commission determining the fee on your behalf.

WCC Claim Number: W201468  
 Claimant: John Doe  
 Employer: CASINO INC  
 Insurer: NON-INSURED EMPLOYER  
 UNINSURED EMPLOYERS FUND

I, the undersigned, hereby certify that my attorney has explained to me the amounts allowable by the Commission as counsel fee under the Maryland Workers' Compensation Commission Schedule of Attorney's Fees, COMAR 14.09.04.03 and, I consent to the award of a fee to my attorney in accordance with the schedule.

I further consent to the allowance of a fee in accordance with the Maryland Workers' Compensation Commission Guide of Medical and Surgical Fees, COMAR 14.09.08 to my physician(s) for services performed at my or my counsel's request.

**Itemize Fees and Costs below and please attach additional pages as necessary**

- Dr.Doolittle \$500  
 - PAWS Podiatry \$600

Attorney Fees: Copies of receipts for advanced expenses MUST be attached. DO NOT attach ledger sheets. Medical Fees: Copies of medical bills with CPT codes MUST be attached for consideration. DO NOT attach medical reports.

I hereby certify that (1) I have earned the amounts allowable by the commission as counsel fee under COMAR 14.09.04.03 and, (2) any costs for which the undersigned is seeking repayment actually were advanced by the undersigned attorney.

**1** Review the top of the form for accuracy.

**2** If you select 'Yes' for is there a "Hearing Date associated..", the system will prompt you to enter the Hearing Date.

If you select 'Yes' for "Is there an order associated..", the system will prompt you to select the corresponding order.

Hearing Details

Hearing Date: MM/dd/yyyy

Select Prior Order

Reload Orders *Please click this button to populate associated orders.*

Select Orders

**3** Complete the form by entering the proper information in the text-box. Anything typed into the text-box will appear on the PDF. Don't forget to certify by checking the checkbox!

# Consent To Pay Fees and Costs

## Submitting the Form

Simply Generate the form, Print/download it, and return with the signed copy. Additional supporting documentation can also be added at this step.

 This activity will remain active until it is cancelled or you have submitted the documentation.



Generate Document

*Generate the Consent to Pay Fees and Costs by clicking button below. After generating consent, please print form and get signatures.*

**Generate Consent to Pay Fees and Costs**

 Claimants Consent to Pay Fees and Costs.pdf

Upload Signed Document

*Do not check this box until you are ready to upload signed consent form.*

Upload signed Consent to Pay Fees and Costs form?

*Use upload icon below to upload files.*

No files uploaded



Cost and Expenses

*If submitting costs and expenses to be reimbursed, please check the box below.*

Costs & Expenses Supporting Documentation

- \* Copies of receipts for advanced expenses **MUST** be attached. Ledger sheets are not accepted.
- \* Copies of Canceled Checks
- \* Copies of electronic payment – bank transaction receipts
- \* Copies of Receipts
- \* Copies of Invoices
- \* Copies of Invoices stamped "PAID"

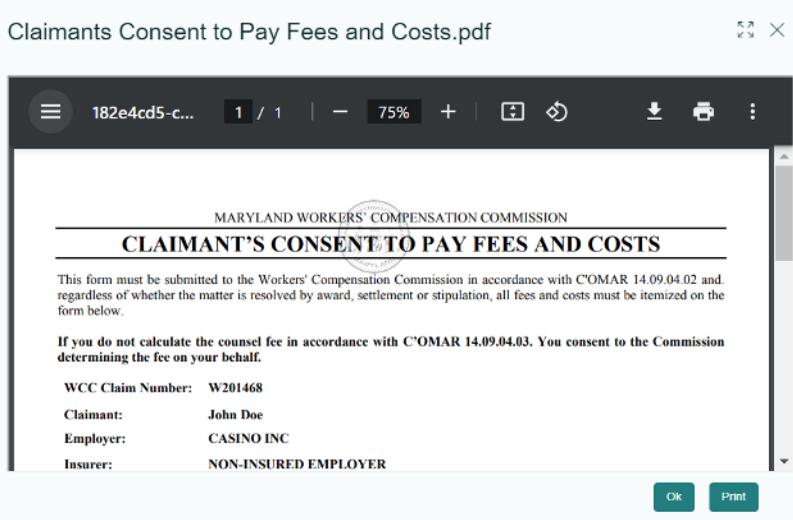
*Use upload icon below to upload files.*

CERTIFICATIONS AND SIGNATURE

I HEREBY CERTIFY that on October 17, 2023, that service of the foregoing was made in accordance with COMAR 14.09.01.03.

By checking this box, I affirm this is the electronic signature of the submitter for all purposes under the Maryland Workers' Compensation Law, Title 9 of the Labor & Employment Article of the Annotated Code of Maryland and the Maryland Uniform Electronic Transactions Act, Title 21 of the Commercial Law Article of the Annotated Code of Maryland.

**1** Click 'Generate Consent to Pay Fees and Costs'. CompHub displays the PDF for viewing, printing, and downloading. The PDF contains blank lines for the Claimant to sign. You can also download the document by clicking the link. To regenerate the document, change the body text in the text-box and click 'Generate Consent..' again.



**2** Once the Consent has been signed check the "Upload signed Request to Pay Fees and Costs Form" and click the Document Upload Icon to begin the upload process.

**3** Attach any additional Costs/Expense Documentation by checking the checkbox and clicking the Document Upload Icon.

**4** Don't forget to Sign & Certify your submission!