

Motion to Compel

User Submission

Pursuant to COMAR 14.09.03.07, unless the Commission orders otherwise for good cause, a party shall promptly provide to any other party, on written request, a medical authorization. This form is to be used by a party to a compensation claim to move for an order compelling another party to provide an executed medical authorization. Any party wishing to oppose the motion shall file a response, on the form provided, within seven days after being served with the motion. This motion will be decided on the papers filed.

1 Review the form for Accuracy: the top section contains a Summary of the information related to the Claim.

Motion to Compel - Complete Motion to Compel Form

INSTRUCTIONS: Pursuant to COMAR 14.09.03.07, unless the Commission orders otherwise for good cause, a party shall promptly provide to any other party, on written request, a medical authorization. This form is to be used by a party to a compensation claim to move for an order compelling another party to provide an executed medical authorization. Any party wishing to oppose the motion shall file a response, on the form provided, within seven days after being served with the motion. This motion will be decided on the papers filed. Due to the short response time, this form must be served on the other parties by facsimile or hand-delivery.

▼ Claim Basic Information

Claim Number:	W404078	Claimant Name:	Zoraida Suarez
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▼ Employer & Insurer

Employer	Insurer
ABRAMS GAVIN M & MONICA M	ACCEPTANCE INSURANCE CO

▼ Provider Practitioners

Healthcare Provider	Healthcare Practitioner	Participating Attorney
D2 MEDICAL MANAGEMENT LLC		Alice Baker

▼ Motion

The undersigned party hereby moves for an order compelling: Zoraida Suarez to provide an executed medical authorization in compliance with COMAR 14.09.03.07.

A written request was made to

on

Patient Name: Zoraida Suarez

Claimant
Claimant Attorney
Employer Attorney
Insurer Attorney
UEF Attorney
SIF Attorney

▼ Attachments

+
Add Attachments No records

▼ Certifications and Signature

I HEREBY CERTIFY that on December 12, 2024, 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.

Electronically Signed By:
Zoraida Suarez
Claimant
12/12/2024 10:16 am

2 Specify the name of the party and the date a written request was provided using the text box and date picker respectively.

Motion to Compel

PDF Generation

Once the Motion to Compel has been filed, CompHub generates the proper PDF and delivers it to the relevant parties.

Upon successful filing of the Motion to Compel, CompHub displays the PDF copy of the Motion to Compel.

MARYLAND WORKERS' COMPENSATION COMMISSION

MOTION TO COMPEL MEDICAL AUTHORIZATION

INSTRUCTIONS: Pursuant to COMAR 14.09.03.07, unless the Commission orders otherwise for good cause, a party shall promptly provide to any other party, on written request, a medical authorization. This form is to be used by a party to a compensation claim to move for an order compelling another party to provide an executed medical authorization. Any party wishing to oppose the motion shall file a response, on the form provided, within seven days after being served with the motion. This motion will be decided on the papers filed. Due to the short response time, this form must be served on the other parties by facsimile or hand-delivery.

Claim Number: W404078 Date: 12/12/2024
Claimant: ZORAIDA SUAREZ
Employer: ABRAMS GAVIN M & MONICA M
Insurer: ACCEPTANCE INSURANCE CO

MOTION
The undersigned party hereby moves for an order compelling: Zoraida Suarez to provide an executed medical authorization in compliance with COMAR 14.09.03.07.

A written request was made to Henry Employer Attorney on 12/12/2024 seeking a signed medical authorization permitting the disclosure of medical records concerning:

Patient Name: Zoraida Suarez
Date of Accident: 11/04/2024
HealthcareProvider/Record Holder Name: United Healthcare
Specific Part(s) of body or medical condition: Leg Injury
HearingDate:

As of the date of the filing of this motion, an executed medical authorization has not been provided.

CERTIFICATE OF SERVICE


I HEREBY CERTIFY that on December 12, 2024, that service of the foregoing was made in accordance with COMAR 14.09.01.03.

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.

Electronically Signed By:
Zoraida Suarez
Claimant
12/12/2024

CompHub also sends notification to the filer stating that a link to the parties specified in the Motion to view, print, and/or download the document.

Suarez - W404078 - Motion to Compel

 Bizagitesting@wcc.state.md.us
To CompHub

  Reply  Reply All  Forward  

Thu 12/12/2024 10:34 AM

Your request for motion to compel has been submitted and electronically transmitted to those parties who accept electronic service. They have 7 calendar days to object to this request. Please log in to CompHub or click this link: [MCL-2](#) for more details.