

30-Day Progress Report

QuickStart Guide

The 30-day progress report can be submitted in its entirety in CompHub. The electronic form is responsive and comprehensive. Once you're finished CompHub will generate the Progress Report for you!

Voc Rehab Progress Report - Progress Report Submission

Claim Information

Claim Number: W401786 Claimant Name: John Smith
Accident Date/Time: 06/06/2022 12:00 am
Type of Claim: Accidental Injury Description of Accident/Injury: tes

Adjuster Information

No records

Date Referral Received: MM/dd/yyyy
Are you working with a different adjuster than listed above? Yes No

Additional Information

Type of Service Requested

Medical Case Management: Vocational Rehab/Job Development and Job Placement:

Rehabilitation benefit amount:

Current Work Status

At work on pre-injury employment
 At work on alternate duties
 Unable to return to work

If under medical case management, date of next medical review: MM/dd/yyyy

Job Development / Placement

Rehabilitation program- OJT or Retraining
 Rehabilitation RTW plan

Projected Start Date: MM/dd/yyyy Projected End Date: MM/dd/yyyy

Status Of Program

Approved
 Approval Pending

Projected Job Outcome

Same employer, same position
 Same employer, different position
 Different employer, same position
 Different employer, different position

Rehabilitation Provider Details

Provider Name: ZURICH SERVICES CORP WCC Number: 441
Provider Phone Number: 847-605-6816 Primary Email Address:
Practitioner Name: Dhanvantari Jalagam WCC Number: VR0111
Practitioner Phone Number: 248-385-4106 Primary Email Address: djalagam@wcc.state.md.us

Upload Required Documents

Document must be uploaded by clicking on the 'upload icon' to upload the supporting documentation.
All attachments should be converted to PDF format before uploading.

Upload Document: No files uploaded

Certifications and Signature

I HEREBY CERTIFY that on June 9, 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 Review the Claim Information and Adjuster Information for Accuracy. Enter the Referral Date and specify employment.

2 Complete the Progress Report using the textboxes, datepickers, and other controls available to you.

3 Attach your documentation using the "Upload Required Documents" section".

4 Don't forget to Sign and Certify!

CompHub will generate the 30-Day Progress report for you to view, print, and/or download the document

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MARYLAND WORKERS' COMPENSATION COMMISSION

VOCATIONAL REHABILITATION PROVIDER 30-DAY PROGRESS REPORT

WCC Claim Number : W401786
Claimant : John Smith
Date of injury : 06/06/2022
Employer : 101 EATON LIQUORS LLC
Insurer: CHESAPEAKE EMPLOYERS' INSURANCE COMPANY

Adjuster Name : Telephone : Email Address :

Date referral received : 06/09/2023
Are you working with a different adjuster than listed above? no