



REQUEST FOR DOCUMENT CORRECTION

INSTRUCTIONS: This form is to be used by a party ONLY to notify the Commission that an UNDISPUTED factual error exists in a document that has been filed in a specific workers' compensation claim. Any disputed factual errors must be resolved at a hearing, together with other matters upon which the parties do not agree, by filing the Issues (H24R) form.

THIS FORM MAY NOT BE USED TO AMEND THE CLAIM TO ADD OR REMOVE A BODY PART. Instead, the Claim Amendment (C-3) form must be used to include the fully completed and executed Authorization for Disclosure of Health Information (page 2).

An error has been identified in a claim document on file with the Workers' Compensation Commission as described below. This submission requests that corrective action be taken as soon as possible.

ENCIO 'PWO DGT

ENCKO CPV'PCO G

FQEWG GPV'V[ RG

DOCUMENT DATE

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CORRECTION REQUESTED

REQUESTED BY

CLAIMANT CLAIMANT ATTY EMPLOYER/INSURER EMP/INS ATTY OTHER

I hereby certify that the parties do not dispute the change requested on this form.

FULL NAME (PRINTED)

SIGNATURE

DATE

Street Address

City

State

ZIP Code

Telephone

Email Address