

# Document Correction

## QuickStart Guide



In order to notify the Commission of errors seen on a document in the Claim File, the document correction process must be used. Any error that is requested to be corrected must be undisputed among parties and factual in nature. This process is found under **Start New Action>Claims>Consent 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).

CLAIM NUMBER: W403843

CLAIMANT NAME: Zoraida Suarez

Document Type:  Document Date:

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.

DESCRIPTION OF ERROR

CORRECTION REQUESTED

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

**CERTIFICATION AND SIGNATURE**

I HEREBY CERTIFY that on August 12, 2024, that service of the foregoing was made in accordance with COMAR 14.09.01.05.

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** Enter the Document Type and the date the Document was issued using the textbox and datepicker respectively.

**2** Enter an accurate description of the error in the top textbox and the correction to be made in the bottom textbox.

**3** Certify that the parties are not in dispute regarding the document correction by checking the box.

**4** Don't forget to sign and certify!

# Document Correction

## Response Form

In order to ensure that the document correction is indeed agreed upon by all parties, all involved parties will be able to use the Response Form to review the request and select whether or not they consent to the Request, for CompHub users this will appear in your inbox with the activity name **"Response Form"**.



Consent to Doc Correction · Response Form

Consent to Correction | Claim Documents

> Submitted Request

Response to Document Correction

Do you consent to the document correction requested above?  Yes  No

Comments

Please click + icon below to add new supporting document(s)

All attachments should be converted to PDF format before uploading.

To delete a particular row, select the corresponding row and then click on the trash icon.

Attachments

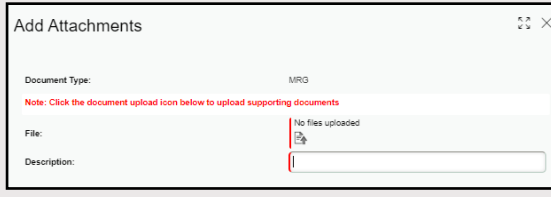
+ 🗑️

No records

1 Click the arrow beside submitted Request to see a copy of the request submitted by the petitioning party.

2 Select whether or not you consent to the Document Correction using the 'Yes' and 'No' Radio buttons. If 'No' is selected, comments are required.

3 Add any supporting documentation by clicking the Plus (+) Icon and uploading the document(s).



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## Viewing Responses

After five (5) business days, the original petitioner will receive an inbox task called "Returned Document Correction" as well as an email notification; both with tables displaying the responses from each involved party. **This form will only be generated if all parties have not responded within the 5-day time period or if there is an objection from a party or parties.** Please note that the Email inbox view may differ slightly depending on what email client you are using.

## CompHub View

Consent Request for Document Correction > Returned Document Correction

Response from Parties			
Name	Responded Date	Response Status	Response Text
Carlos Medina	03/25/2025	Disagreed	Disagree to Document Correction requested for the claim
B KING	03/25/2025	Agreed	Agree to Document Correction requested for the claim
ALDIE TEST		No Response	
Alice Baker		No Response	
PEDRO GONAZALEZ		No Response	
Alice Baker		No Response	

## Email Inbox View (Outlook)

Medina - W400719 - Consent for Document Correction has been returned to your inbox

Bizagitesting@wcc.state.md.us  
To Aruna Kamana

There is new activity in CompHub related to your claim:

The Correction Request document has been returned to your inbox as it cannot be submitted to the Commission for review. Below is a list of the parties that have responded to the request.

Party Name	Response Date	Response Status	Response Details
Carlos Medina	Tuesday, March 25, 2025 11:37:46 AM	Disagreed	Disagree with the changes
B KING	Tuesday, March 25, 2025 11:38:13 AM	Agreed	Agreed with the change requested by attorney.
ALDIE TEST		No Response	
Alice Baker		No Response	
PEDRO GONAZALEZ		No Response	
Alice Baker	Tuesday, March 25, 2025 11:41:00 AM	Disagreed	Disagree with the change requested for the claim-W400719

Please use another method of filing.

Log into CompHub or click this link: [CD-165](#) for more details.