

# Fee Petition

## QuickStart Guide

The Fee Petition Request is initiated through a single form. Once the Claim fees are due on is selected CompHub will allow a user to attach the appropriate documentation and send the submission to WCC.

Fee Petition Request

Claim Number: W000534      Claimant Name: Carlos Medina

Employer & Insurer

Employer	Insurer
ARUNDEL PRESERVE LLC	CHESAPEAKE EMPLOYERS' INSURANCE COMPANY

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.

\*Please attach additional pages as necessary such as your Fee Petition.

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

All attachments should be converted to PDF format before uploading

To delete / edit a particular row, select the corresponding row and then click on the appropriate icon (delete / edit).

Attachments

+  
No records

CERTIFICATIONS AND SIGNATURE

I HEREBY CERTIFY that on July 10, 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 Form to ensure you're in the correct Claim. Note the filing instructions in the center.

2 Use the attachments field to upload the copies of receipts for advanced expenses and other supporting documentation listed.

3 Sign and Certify the submission. Once acted on by the Commission and an order is issued; expect an email from CompHub.