Insurer's Progress Report

QuickStart Guide

The VR-33 Insurer's Report of Rehabilitation Progress is now fully integrated into CompHub. File a copy with the Commission, view important claim details, and print/download a copy for yourself all through this integrated form. **Find this process by clicking Start New Action > Voc Rehab > Voc Rehab Insurer's Report**

nsurer Report Claim History Claim Orders				1 Select the type of filing (Original, 9 Report, or Final	f Report you o 90 day Progres Report)	are ss
INSTRUCTIONS: Pursuant to Labor & Employment insurer is required to file a periodic report (Progres	Article, §9-675, Annotated Code of Maryland, an insurer or self-insurer is required to s Report) for each additional 90 days of continuous temporary total disability. An ins	file this report when a covered emp urer shall file a Final Report whene	ployee has received temp ver there is a discontinu	borary total disability benefits continuously ation of services.	tor six (6) months. An insurer o	r sen-
Original Report O Progress Report (90-day In O Progress Report	(terval) Final Report (Complete Section 7)					
V Claim Details						
Claim Number: W201585		Insurer's File Number:				
Claimant: Marina Perez		Date of Accident:	12/05/2023			
Attorney: Employer: 2P INVESTME	2 Most of the Claim Detail	ls have already	been auto	-populated, enter t	he File Numb	er.
¥						
1. Claimant's occupation at time of injury:	Venture Capitalist		3	Complete the Rep	port using the	the
2. Has Claimant reached MMI?	Ves No			textboxes and ra	dio buttons	
3. Will Claimant be able to return to employment	with the above employer?	🔾 Yes 🔾 No		available in the s	section	
4. Do you anticipate the need for rehabilitation se	ervices such as testing, training, counceling or placement to return to work?	🔾 Yes 🔾 No				
						li
5. Has a Rehabilitation plan been instituted?		Yes No				
Company Name:		WCC Reg/Cert No:				
6. Present condition and diagnosis:						
7. Placement Code:		Wage Code:				
						li
 Submitting Party Information 						
Carrier (name):	Generic Insurance					
Person completing this form:				Date Submitted:	MM/dd/yyyy h:mm tt	
				Telephone:		
Insurer Representative (name):	Jack Johnson					
VR Provider (name):	Top Tier Rehab					
Filed By:	Devin Maxwell	Received:		01/29/2024 6:25 pm		
 Certifications and Signature 						
I HEREBY CERTIFY that on January : By checking this box, 1 affirm this is th of the Commercial Law Article of the A Devin Maxwell 01/30/2024	29, 2024, that service of the foregoing was made in accordance with COMAR 14.09.01.03. e electronic signature of the submitter for all purposes under the Maryland Workers' Compunotated Code of Maryland.	ensation Law, Title 9 of the Labor & E	mployment Article of the A	nnotated Code of Maryland and the Maryland	Uniform Electronic Transactions A	vct, Title 21
4 Use the textboxe. Information sect Sign and Certify	s to complete the Submitting Party ion of the report. Don't forget to using the checkboxes!					

1/2	2							8
		MAF	YLAND WORK	ERS' COMPENS	ATION CON	IMISSION		
	INSURER'S REPORT OF REHABILITATION PROCESS						-	
		INSTRUCTIONS: Pursuant to Labo required to file this report when months. An insurer or self-insure continuous temporary total disal	or & Employment Art a covered employee r is required to file a pility. An insurer sha	ticle, §9-675, Annota has received tempo periodic report (Pro Il file a Final Report v	ted Code of Ma rary total disab gress Report) fo /henever there	aryland, an insurer or self-insurer is ility benefits continuously for six (6) or each additional 90 days of is a discontinuation of services.	-	
		(X)Original Report	()Pi (at	rogress Report 90-day Interval)		()Final report (Complete section 7)	_	
,		WCC Claim#: W201585 Claimant: Marina Perez Attorney:	+	Insurer Q — Date of	's File Numbe Accident: 12	r: 1234456 /05/2023 17:36		

5 Once the Report has been submitted, CompHub displays a PDF copy of the report to view, print, and/or download. There are also additional tabs to help review the status of the process and the status of the Claim .

