

Response to Motion to Compel

User Submission

Once a Motion to Compel has been received by a party, they have seven (7) days to file the Response to Motion to Compel. This task will appear in the users inbox for subsequent action.

1 Review the Motion to Compel on the first tab, alternatively, you may download the document using the Claim Documents tab.

Response to Motion to Compel > Response Form

Motion to Compel | Response Form | Claim Documents

Claim Basic Information

Claim Number: W404078 Claimant Name: Zoraida Suarez

Employer & Insurer

Employer	Insurer
ABRAMS GAVIN M & MONICA M	ACCEPTANCE INSURANCE CO

Motion

The undersigned party hereby moves for an order compelling: Zoraida Suarez to provide an executed medical authorization in compliance with COMAR 14.09.03.07.

A written request was made to Henry Employer Attorney on 12/12/2024 seeking a signed medical authorization permitting the disclosure of medical records concerning:

Patient Name: Zoraida Suarez
Date of Accident: 11/04/2024
Hearing Date:
Specific Part(s) of body or medical condition: Leg Injury
Healthcare Provider or Record Holder Name: United Healthcare

Requester Details

First Name: Zoraida Middle Name: Last Name: Suarez
Email: zoraida.suarez@wcc.invalid.com Address: 11 E BALTIMORE ST
Baltimore, MD 21202-1000

2 Use the Response form tab to select the response, add comments, and/or upload supporting documentation.

Motion to Compel | Response Form | Claim Documents

Response:

Comments:

- Consent
- Object
- No Response to Attempted Contact

Response Details

No records

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

Certifications and Signature

I HEREBY CERTIFY that on December 12, 2024, 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.

Electronically Signed By:

Alice Baker
Healthcare Provider Attorney

Response to Motion to Compel

PDF Generation

Once the response has been submitted, CompHub displays a PDF copy of the response (1) and sends an email to the original petitioner informing them that the response has been submitted (2).

[1]

MARYLAND WORKERS' COMPENSATION COMMISSION

RESPONSE TO MOTION TO COMPEL MEDICAL AUTHORIZATION

INSTRUCTIONS: Pursuant to COMAR 14.09.03.07, unless the Commission orders otherwise for good cause, a party shall promptly provide to any other party, on written request, a medical authorization. This form is to be used by a party to a compensation claim to move for an order compelling another party to provide an executed medical authorization. Any party wishing to oppose the motion shall file a response, on the form provided, within seven days after being served with the motion. This motion will be decided on the papers filed. Due to the short response time, this form must be served on the other parties by facsimile or hand-delivery.

Claim Number: W404078 Date: 12/12/2024
Claimant: ZORAIDA SUAREZ
Employer: ABRAMS GAVIN M & MONICA M
Insurer: ACCEPTANCE INSURANCE CO

MOTION
The undersigned party hereby moves for an order compelling: Zoraida Suarez to provide an executed medical authorization in compliance with COMAR 14.09.03.07.

A written request was made to Henry Employer Attorney on 12/12/2024 seeking a signed medical authorization permitting the disclosure of medical records concerning:

Patient Name: Zoraida Suarez
Date of Accident: 11/04/2024
Healthcare Provider/Record Holder Name: United Healthcare
Specific Part(s) of body or medical condition: Leg Injury
Hearing Date:

As of the date of the filing of this motion, an executed medical authorization has not been provided.

Opposing Counsel/Parties Response:
Name: Alice Baker **Party:** Healthcare Provider Attorney **Response:** Consent **Comments:**

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on December 12, 2024, that service of the foregoing was made in accordance with COMAR 14.09.01.03.

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.

Electronically Signed By:
Zoraida Suarez
Claimant
12/12/2024 11:07:00 AM

[2]

Suarez - W404078 - Motion to Compel Response

 Bizagitesting@wcc.state.md.us
To: CompHub

  Reply 

A response to the Motion to Compel has been submitted. Please log in to CompHub or click this link: [RMC-18](#) for more details.