

# VR-05: Disputed Practitioners



## User Submission

The electronic VR:05 - Disputed Practitioners Form allows the requester to file a dispute as it pertains to the provider/practitioner providing services (Use the VR Dispute Process for Issues with the need for service). The requester chooses three (3) VR Providers and submits the form, the remaining parties are informed of this via email and must choose a practitioner from the list via an inbox task.

1 Review the form for Accuracy: the top section contains a Summary of the information related to the Claim.

2 Click the Plus Icon(+) to open the Search Form to choose 3 practitioners (one per search).

Add

Search:

Practitioner Name	Address	Phone
...	...	...
...	...	...
...	...	...

INSTRUCTIONS : This form is to be used when the parties cannot agree on a provider/practitioner of vocational rehabilitation services. Within five days of notice of a selection dispute, the parties must identify three provider/practitioners and submit this form to the Commission electronically. Please ensure that all parties are notified of the submission of this form.

Claim Information

Claim Number: W201507  
First Name: John Middle Name: Last Name: Doe  
Email: [REDACTED] Address: 10 E BALTIMORE ST BALTIMORE MD 21202-1830 Injury Date: [REDACTED]  
Phone: [REDACTED] DOB: 01/13/1988

Claimant Attorneys

Name	Address	Email	Phone
Devin Maxwell	10 E BALTIMORE ST BALTIMORE MD 21202-1830	dmaxwell@wcc.state.md.us	410-864-5103

Employer

Name	Number	FEIN	Corporate Address	Employer Location	Email	Phone
FULCRUM PROPERTIES GROUP LLC		454847811	1328 G ST SE WASHINGTON DC 20003-3021	2512 BROWN FARM CT BROOKEVILLE MD 20833-1804		

Employer Attorneys

Employer	Primary Attorney	Address	Email	Other Attorneys
FULCRUM PROPERTIES GROUP LLC				

Insurer

Name	Insurer Code	Address	Email
NON-INSURED EMPLOYER	10002		
UNINSURED EMPLOYERS FUND	15000	300 E JOPPA RD-HAMPTON PLZ SUITE 402 TOWSON MD 21286-3020	

Insurer Attorneys

Insurer	Attorney	Address	Email	Other Attorneys
NON-INSURED EMPLOYER				
UNINSURED EMPLOYERS FUND				

Contested Practitioners Selection

Please click the "+" icon below to add 3 Vocational Rehabilitation Practitioners.

No records

+

Certification and Signature

I HEREBY CERTIFY that on October 7, 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.

3 Sign and Certify the submission by checking the appropriate check boxes.