

Vocational Rehab Closure Report



REV 3/2024
REV 10/2024

QuickStart Guide

The VR-2 - Voc Rehab Closure Report has been fully integrated into CompHub. Simply search and select the Claim to open and complete the Closure Report.

You can find this process by clicking Start New Action > Voc Rehab > Voc Rehab Closure Report.

Closure Report | Claim Orders

▼ Claim Details
Claimant's Name: Marina Perez WCC Claim#: W201585

▼ Practitioner Details
VOC Rehab Practitioner: [Search Icon] WCC Registration #: [Text Box]
Date of termination of services: MM/dd/yyyy Date of Report: MM/dd/yyyy h:mm tt
Have all parties been notified of termination of services within 5 working days? Yes No
If "No," please explain why: [Text Area]

▼ Rehabilitation services provided: Select service code(s)
 01. Vocational rehabilitation counseling/coordination
 02. Vocational evaluation
 03. Vocational assessment
 04. Medical case management/Coordination

▼ Programs provided: Select service code(s)
 11. Direct job placement
 12. On-The-Job Training program
 13. Self employment
 14. Job-club
 15. FCE
 16. Work hardening
 17. Pain management programs
 18. Job modification
 19. Other

▼ Reason for termination: Select appropriate code
Reason of Termination: [Please select...]
21 - Returned to work with the same employer, same job
22 - Returned to work with the same employer different job
23 - Returned to work with a new employer, same occupation
24 - Returned to work with a new employer, different occupation
25 - Self employment
26 - Return to work is not feasible (Explain)
27 - Claimant declined rehabilitation services
28 - Claimant was not actively participating in the rehabilitation program
29 - Claimant moved out of state

▼ Comments
Comments / Explanations: [Text Area]

▼ Certifications and Signature
 I HEREBY CERTIFY that on January 30, 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.
Devin Maxwell
Insurer
01/30/2024
Telephone: 4105551234

▼ If returned to work, complete the following
Pre-injury AWW: 100
Current AWW: 1000

1 Click the Magnifying Glass Icon to open up the search form and find the practitioner. Use the other textboxes to enter the Termination Date, Date of the Report, and an explanation if the parties were not notified within 5 working days.

Search Criteria

First Name: Devin
Last Name: Maxwell

▼ Please select an item

First Name	Last Name	Phone Number
Devin	Maxwell	410-864-5103

2 Use the Checkboxes to select Rehabilitation 'Services' and 'Programs'.

3 Use the dropdown to select the appropriate Reason for termination by selecting the code. Use the textboxes to enter the AWW values.

4 Don't forget to sign and certify by checking the appropriate checkboxes. Enter your phone number in the space provided if not already filled in.

PDF View | Closure Report Details | Claim Documents

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MARYLAND WORKERS' COMPENSATION COMMISSION
VOCATIONAL REHABILITATION CLOSURE REPORT

Claimant's Name: Marina Perez WCC Claim#: W201585
Practitioner: Devin Maxwell WCC Registration #: VR0030
Date of termination of services: 01/10/2024 Date of Report: 12/11/2023 07:22
Have all parties been notified of termination of services within 5 working days? Yes
If "No," please explain why:

Rehabilitation services provided: Enter service code(s)
01. Vocational rehabilitation counseling/coordination
02. Vocational evaluation
03. Vocational assessment
04. Medical case management/coordination

Programs provided: Enter service code(s) 12

5 Once submitted, the Vocational Rehabilitation Closure Report is automatically generated for you to view, print, and/or download. The Closure Report Details tab displays your original submission. The Claim Documents tab displays the Claim File.