

How to upload Exhibits and Claimant's Consent to Pay Fees and Costs.

Uploaded PDF files must be scanned as "documents" in monochrome or greyscale, 144-300 dpi resolution. After submission, please verify your Exhibit via Online Services View Claim Documents. Each uploaded file will appear as a separate Exhibit in the Documents list. Exhibits are viewable only to listed parties in a claim. Questions about exhibit files should be sent to websupport@wcc.state.md.us.

After logging on, click on the **Upload Exhibits/Consent** tab. This page is available for Attorney/Attorney Proxy and Insurer/Insurer Delegate.

Welcome, Kim Goetz [Log out](#)

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WCC Codes	View Claim Documents	SF1 Inquiry	eNotice (0)	Logout	Help	Electronic C1	Voc Rehab Dispute Process	Upload Exhibits/Consent

Online Services Attorney Menu

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Logout	Close your session and logout from Online Services
Help	Information about specific services and features
Electronic C1	Employee Claim
Voc Rehab Dispute Process	Voc Rehab Dispute Process
Upload Exhibits/Consent	To upload exhibits and claimant consent to pay fees

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[Terms of Service Agreement](#)

You will see the following screen:

Welcome, Madhavi Cherukuru [Log out](#)

Home C1 Status Insurer Award Inquiry SF1 Inquiry Claim Inquiry eNotice File Forms Hearing Issues Hearing Results FileNet Queues FROI Report

Appeal Logon Audit Trail Electronic C1 User Profile Inquiry View Claim Documents Admin Logout Help C1 Verification Prescription Drugs Cost Study EmployerDataCleanup Upload Exhibits/Consent

Claim Number *

Hearing Date *

Claimant First Name

Claimant Last Name

Employer

Insurer

Healthcare Provider

Hearing Location *

Do you want to upload Exhibit documents?
 Yes No

Do you want to upload the Claimant's Consent to Pay Fees and Costs (WCC Form H44)?
 Yes No

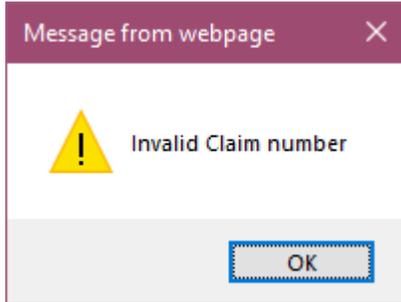
I HEREBY CERTIFY on this 08th day of September, 2020 SERVICE OF THE FOREGOING WAS MADE TO ALL PARTIES ENTITLED TO SERVICE IN ACCORDANCE WITH COMAR 14.09.01.03. *

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. *

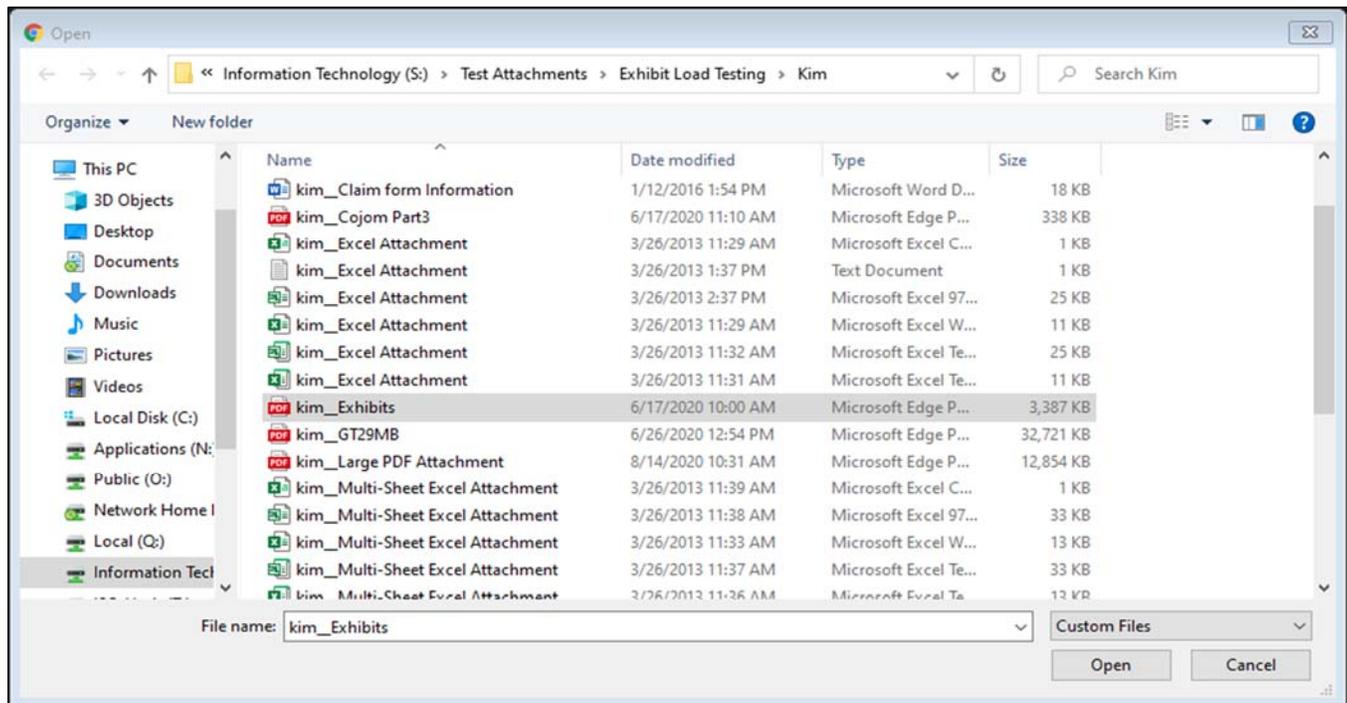
Enter the required information (Claim number, Hearing Date, and Location). First name, last name, employer, and insurer fields are auto populated when a valid claim number is entered. These fields are non-editable.

Claim Number <input type="text" value="T555554"/> Enter Claim number	Hearing Date <input type="text" value="08/24/2020"/> Enter Hearing Date
Claimant First Name <input type="text" value="HEART"/>	Claimant Last Name <input type="text" value="BREAKER"/>
Employer <input type="text" value="WCC MERGE DOC TEST EMPLOYER"/>	Insurer <input type="text" value="MERGE DOC'WCC'& INSURANCE'TEST' I.T. 3RD"/>
Healthcare Provider <input type="text"/>	Hearing Location <input type="text" value="Baltimore"/> Select Hearing location

If you enter an invalid claim number, you will get an error message:



Click on a **Yes** radio button to upload a file. Click on the **Choose File** button. Select the file you wish to upload. Supported file formats are **.pdf, .doc, .docx, .dot, .dotx, .rtf, .txt, .csv, .xls, .xlsx, .xlt, .xltx, .wps** only. If you select an unsupported file type a warning will be displayed.



When the upload exhibits option is selected, the "filed on behalf of" options list appears. If only upload consent is selected, we don't need that information. If both options are selected, the section would still be required because upload exhibits is selected.

Do you want to upload Exhibit documents?
 Yes No Browse... Upload

Sent herewith are the Exhibits of:
 Claimant/Attorney Employer/Attorney Insurer/Attorney Non-Insured/Attorney SIF UEF HealthcareProvider/Attorney

Do you want to upload the Claimant's Consent to Pay Fees and Costs (WCC Form H44)?
 Yes No Browse... Upload

Click on the Upload button. When you upload Exhibits and/or Consents, the site will create a form with the entered information and save it as a separate document. **Each file and the exhibit "form" information will appear as a separate Exhibit item in the View Claim Documents listing. If you attach 5 files to your upload, you should see 6 Exhibit/Cover items listed. You will receive only one email for each Exhibit or Consent to Pay upload process.**

The files appear below proceeded by an "X". If you wish to delete a file click on this "X".

If you want to delete all of them, click the **No** radio button to the left. The **Choose File** option collapses.

After uploading the files, check the boxes for the certification of service and the electronic signature acceptance. At least one file should be uploaded to submit the claim. Then click on **Submit**.

I HEREBY CERTIFY on this 9th day of September, 2020 SERVICE OF THE FOREGOING WAS MADE TO ALL PARTIES ENTITLED TO SERVICE 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. *

A dialog box will tell you if the form submitted successfully, or if there has been an issue. You must satisfy the omission or error before submitting.

<p style="text-align: right;">✕</p> <p>This site says...</p> <p>Forms submitted successfully.</p> <p style="text-align: center;">OK</p>	<p style="text-align: right;">✕</p> <p>This site says...</p> <p>Please make sure to enter all the required fields and confirm to submit.</p> <p style="text-align: center;">OK</p>
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You should receive an email to your registered email address with filing information, as below, when your submission is successful. [Confirm your submission via View Claim Documents.](#)

MD Workers' Compensation Commission

WebSupport

To:

Thank you for your electronic WCC form submittal.

Your form was processed and entered into our Claims Processing System.

Any further questions or comments can be emailed to websupport@wcc.state.md.us.

Maryland Workers' Compensation Commission.

Additional Information:

Form ID: Exhibits

Document ID: 393309455, 393309456

Claim No: T555554

Claimant's Affidavit in Support of Settlement

EX05 Claimant's Affidavit in Support of Settlement has been added to the File Forms list. This is used only for Claimant's Affidavit. This is a normal webform.

The signed Claimant's Affidavit in Support of Settlement is scanned and attached to the form EX05.

Other changes to the form list: EX03 and EX04 have been removed and replaced by the new upload process.

- 9. C90R - Request for Document Correction
- 10. EX01 - Motion To Compel Medical Authorization
- 11. EX02 - Response To Medical Authorization Dispute
- 12. EX05 - Claimant's Affidavit
- 13. H12R - Request For A Hearing On Previously Withdrawn Issues
- 14. H24R - Issues