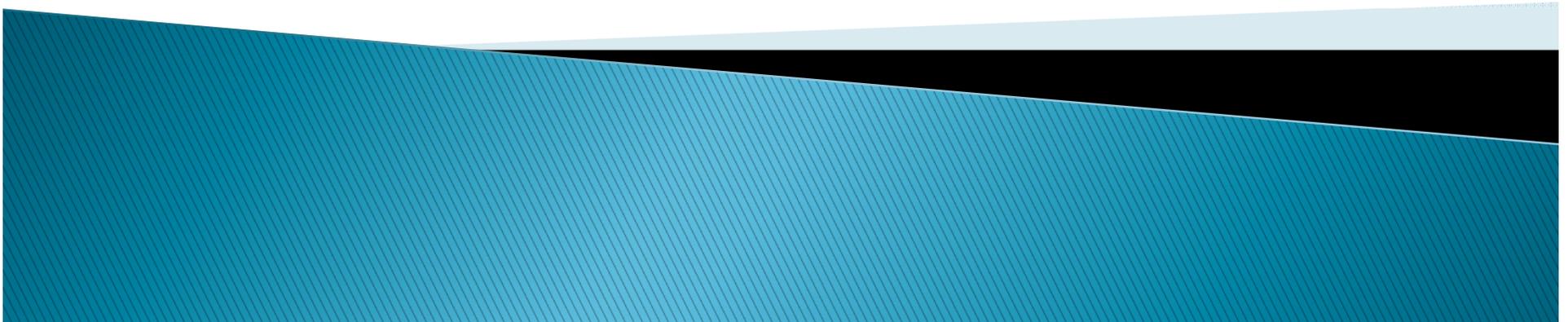


WELCOME TO WCC's UPDATED ELECTRONIC CLAIM FORM PROCESS



Benefits of the New Process



- ▶ Paperless
- ▶ Claimants' Attorneys complete and submit entry of appearance along with the C-1 form. This **MUST** be done by logging into WFMS as a subscribing attorney **PRIOR** to starting the electronic filing process. The entry of appearance is entered when the completed claim form is electronically submitted to WCC.
- ▶ Once the claim has been created an email is generated
- ▶ Claim form can be saved and completed at a later date
- ▶ The improved verification process allows WCC to complete initial verification much faster.
- ▶ The subscriber can check the status of the claim after verification
- ▶ Subscriber may forward email creating E-Number to the client for signature.
- ▶ Multiple options for capturing claimant's signature
- ▶ Claimant access is through the public portal and therefore they can not submit or change the form, only sign

Navigate/Move



Error Message

Street address is required

Welcome,

Log out

- Home
- Claims
- Reports
- Award Inquiry
- SF1 Inquiry
- Claim Inquiry
- Medicals
- File Forms
- Hearing Issues
- Hearing Results
- FDHHR Contact
- FDHHR Report
- Legal
- Login Audit Trail
- C1
- C1 Verification
- User Profile Inquiry
- View Claim Data
- Prescription Drug Cost Study

Help Message

✓ Injured Worker

Injured Worker Information

First, we need some information about the Injured Worker. Please also check the accuracy of the names and date of birth.

* The red asterisk denotes a required field.

* First Name MI * Last Name

* Street Address

* City * State * Zip

Injured Worker Address

Type the address where the Injured Worker resides.

Street Address

Start or Continue a Workers' Compensation Claim

To initiate a Claim please fill in the form below. After completing this section you will be given an Reference Number.

For those who have already started the process and wish to continue, click on the 'Complete a claim' tab.

When you click 'Next>' you may choose to fill in the whole Claim Form, or complete the data entry in segments using our wizard.

* The red asterisk denotes a required field.

Attorneys MUST login and use the Claim form with Entry of Appearance.

Start a new claim		Complete a claim	
* First Name	MI	* Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
* Date of Birth	* Type of Claim		
<input type="text" value="MM/DD/YYYY"/>	<input type="radio"/> Accidental Injury		
	<input type="radio"/> Occupational Disease		
* Email			
<input type="text"/>			
<input type="button" value="Next>"/>			

First Name

Type the Injured Worker's given, first name.

This field is case sensitive.

Start or Continue a Workers' Compensation Claim

To initiate a Claim, please fill in the form below. After completing this section you will be given a Reference Number.
For those who have already started the process and wish to continue, click on the 'Complete a claim' tab.
When you click 'Next >' you may choose to fill in the whole Claim Form, or complete the data entry in segments using our wizard.
* The red asterisk indicates a required field.

[Click here for more instructions](#)

Start a new claim Complete a claim

* First Name	MI	* Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
* Date of Birth	* Type of Claim	
<input type="text" value="MM/DD/YYYY"/>	<input type="radio"/> Accidental Injury	
	<input type="radio"/> Occupational Disease	
* Email		
<input type="text" value="jamacdonald@verizon.net"/>		
<input type="button" value="Next >"/>		

First Name
Type the Injured Worker's given, first name.
This field is case sensitive.

Do's and Don'ts

- ▶ If you are completing a claim that is already started, enter the claimant's name exactly as on the first email
- ▶ If you want to save the work and come back, write down the EFN number or save the creation email received from the Commission. You will need this information to get back into the claim
- ▶ Sign the claim and medical authorization form prior to submission
- ▶ Print file copy before submission
- ▶ Only upload the signature page if executed on paper
- ▶ Submit your claim within 30 days of creation

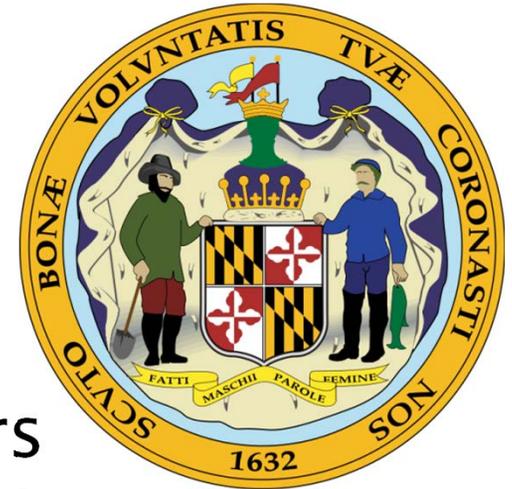
- ▶ Don't make attachment name too long or include symbols or periods (alphabetical or numerical)
- ▶ Don't use an old version of Internet Explorer -use 10/11 only, Google Chrome, or Firefox
- ▶ Do not use the public version of the C-1
- ▶ Do not upload the entire claim form that is printed
- ▶ Do not reuse a claim form that has been started for another claim or claimant. You **MUST** create a new claim

Do's

Don'ts

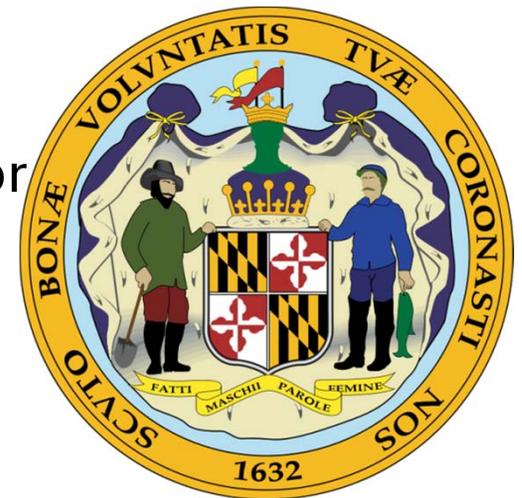
What We Recommend

- ▶ Long version for first time users
- ▶ Short version for experienced users
- ▶ If you want a printed copy of the Claim Form you must print it before submission
- ▶ Sign up for E-Notice
- ▶ Use Internet Explorer 10/11 only, Chrome, or Firefox
- ▶ iPad users may need to add Chrome as a web browser
- ▶ Disable the pop-up blocker on your web browser



What to Expect when Claim has been Submitted

- ▶ Once completed and verified by WCC, you will receive a Notice of Claim via Electronic Notice for subscribers or via the U.S. Postal Service.
- ▶ Your appearance will be automatically entered when the claim is submitted
- ▶ You will receive an e-mail:
 - When you initiate the claim,
 - After the claim has been submitted, and/or
 - If the claim is not accepted for processing



What to Remember...

- ▶ Once a claim has expired for inactivity, it is deleted
- ▶ Rejected/deleted submissions cannot be reused. You must start a new online claim
- ▶ Entries are case sensitive
- ▶ The date stamp will only show after verification and the claim form is in the system
- ▶ Signature of claimant is required for the Claim and Medical Authorization Form
- ▶ Write down the EFN number. You will need this to get back into the claim or save the creation email received from WCC



What to Remember *continued*...

- ▶ The arrows in the navigation pane to the left will turn **green** when a page is completed successfully.
- ▶ Any menu item that does not have a **green arrow** should be revisited for missing information
- ▶ Generation of C-30 (Notice of Claim) is created in an overnight process
- ▶ Attorney proxy must be registered as a proxy for a specific attorney in order to file claim on behalf of that attorney
- ▶ E-mail notices go to the attorney's e-mail address
- ▶ Once notified that the claim form is signed electronically by client, attorney should review and confirm that the signature is visible prior to submitting



Regulations...

- ▶ The Commission has promulgated regulations to codify the new filing processes.
- ▶ Regulations will be published in early December.





Further Questions

- ▶ You may contact the Public Service Department at info@wcc.state.md.us or via telephone (410) 864-5100 during normal business hours.
- ▶ For technical assistance only, contact websupport@wcc.state.md.us.

