## 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.

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Claim Number Hearing Date * Claimant First Name Claimant Last Name Employer Insurer Healthcare Provider Hearing Location Do you want to upload Exhibit documents?	
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. *	0.4492

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 T555554 Enter Claim number	Hearing Date 08/24/2020 Enter Hearing Date
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Employer	Insurer
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Healthcare Provider	Hearing Location 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**, **.wpd** only. If you select an unsupported file type a warning will be displayed.

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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?	Browse Upload				
Sent herewith are the Exhibits of: Claimant/Attorney O Employer/Attorney O Insurer/Attorney O Non-Insured/Attorney O SIF O UEF O HealthcareProvider/Attorney					
Do you want to upload the Claimant's Consent to Pay Fees and Costs (WCC Form H44)?  Yes O No  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.

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

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

Do you want to upload Exhibit documents?

🔾 Yes 💿 No

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 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.

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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