

Claim at a Glance

QuickStart Guide



The Claim at a Glance process is a new process exclusive to CompHub. The process essentially allows a user to view high-level details of a claim. It wouldn't be a stretch to say that the Claim at Glance processes purpose is to provide the user with a dashboard view of the selected Claim. The information the user may see is governed by their specific user role or specific role in the Claim.

Form Tab	Role(s)	
Claim Summary	Claim Participants, Employer Designees, and Internal Users.	
Claim History	Participants, Internal Users, and Employer Designees.	
Claim Annotation	Internal Users	
Initial Claim	Participants/Internal Users	
C-40/Issues Raised	Participants/Internal Users	
Claim Documents	All Roles*	To facilitate Access Control for the documents there are three (3) distinctive categories: Confidential: Only Visible to participants in the Claim Internal Only: Only Visible to WCC staff Public: Visible to All users by default
Orders	Participants/Internal Users	
Other Claims by Claimant	All Roles*	The "Body Parts Affected" table is not visible to Non-Participants (External Role).
Other Claims by Employer	Internal Users	

Claim at a Glance

Claim Summary Tab

The Claim Summary Tab as pictured is the most comprehensive of the available tabs, it essentially gives the "birds eye view" of the claim.

Claim Number: W301204

Claim Summary | Claim History | Claim Annotation | Canned Phrases | Initial Claim | C-40 / Issues Raised | Claim Documents | Orders | Other Claims By Claimant | Other Claims By Employer

Basic Information

Claim Number:	W301204	Date Filed:	08/07/2022
Claimant:	Carlos Medina	Consideration Date:	07/07/2022

Claimant Information

Full Name:	Carlos Medina	DOB:	07/10/1980
Address:	7523 MAURY RD WINDSOR MILL MD 21244-4002 Baltimore County United States	Phone:	410-125-4521 Ext. 1255
Email Address:	carlos.medina@wcc.state.md.us		

Claimant Attorneys

Name	Address	Email
Aruna Kamana	2 Line Streetd Baltimore MD 21043	akamana@wcc.state.md.us

Claim Number:	W301204	Claimant:	Carlos Medina
Date/Time of Accident:	02/01/2022 11:25 am	Type of Claim:	Accidental Injury
Average weekly wage:	\$1,250.00	Description of Accident/Injury:	This the accidental injury

Body Parts Affected

Area of body	Major part of body	Specific body part of identifier
Lower Extremities	Knee	Left Knee
Neck	Disc	
Upper Extremities	Wrist	Left Wrist

Power of Attorney History

View	Created By	Status	Created Date
View	Aruna Kamana	ACTIVE	08/07/2022
View	Aruna Kamana	REVOKED	08/07/2022

Claim Status

Status	Process	Created By	File Date
Submitted	Claim	Aruna Kamana	08/07/2022
Verified	Claim	DARLENE JONES	08/07/2022
Awarded		admin	08/10/2022

Power of Attorney History

View	Created By	Status	Created Date
View	Aruna Kamana	ACTIVE	08/07/2022
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Claim Status

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Submitted	Claim	Aruna Kamana	08/07/2022
Verified	Claim	DARLENE JONES	08/07/2022
Awarded		admin	08/10/2022

Claim at a Glance

Claim History Tab

The Claim History tab contains the Claim history table which records various events (e.g. Claim Filed, Issues Raised, etc.) that occur during a Claim's life cycle. This tab is read only.

Claim Number: im Summary **Claim History** Claim Annotations Canned Phrases

Claim Summary **Claim History** Claim Annotation Canned Phrases Initial Claim C-40 / Issues Raised Claim Documents Orders Other Claims By Claimant Other Claims By Employer

▼ Claim History							
Event	Created By	Date Filed	Date	Action Taken	Detail	View Details	
Claim Amendment	Aruna Kamana	01/09/2023				View Details	
Claim Amendment	Aruna Kamana	06/07/2022				View Details	
Claim Amendment	Aruna Kamana	06/07/2022				View Details	
Claim Amendment	Aruna Kamana	06/07/2022				View Details	
C40 Out	DARLENE JONES	06/07/2022				View Details	
C30 Out	DARLENE JONES	06/07/2022				View Details	
Employee Claim	Aruna Kamana	06/07/2022				View Details	
Consideration Date			07/07/2022			View Details	
						View Details	

Claim at a Glance

Claim Annotation Tab

The Claim Annotation tab lists all annotations and special hearing flags that have been entered thus far. This tab also allows internal users to add annotations and special flags, making it one of the few Claim at a Glance tabs that allows you to take action in the system rather than view a read-only page.

Claim Number: W301204 Claim Annotation

Claim Summary | Claim History | **Claim Annotation** | Canned Phrases | Initial Claim | C-40 / Issues Raised | Claim Documents | Orders | Other Claims By Claimant | Other Claims By Employer

Claim Number: W301204

Annotations

Annotation	Created By	Created Date
This is the first claim annotation.	DARLENE JONES	06/07/2022

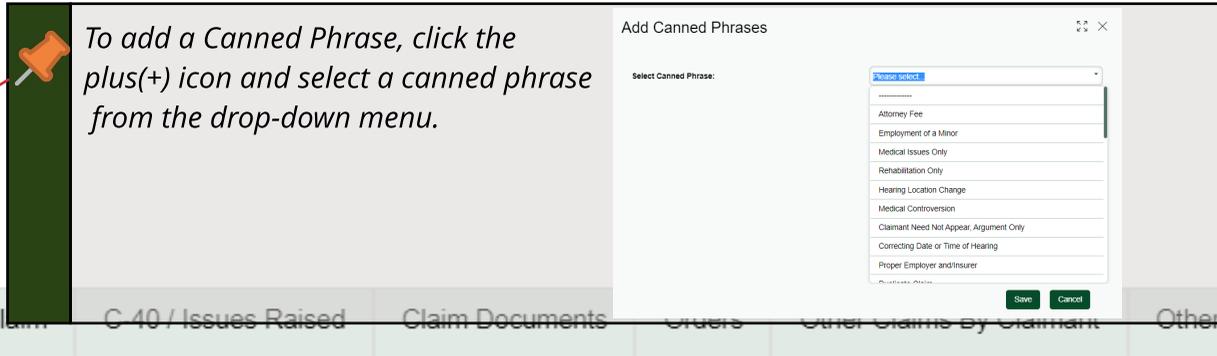
Hearing Special Flags

No records

Claim at a Glance

Canned Phrase Tab

The Canned Phrase table allows a user to view and add Canned Phrases and/or generate a custom Hearing Notice.



To add a Canned Phrase, click the plus(+) icon and select a canned phrase from the drop-down menu.

Claim Number: W301204

Claim Summary | Claim History | Claim Annotation | **Canned Phrases** | Initial Claim | C 40 / Issues Raised | Claim Documents | Orders | Other Claims By Claimant | Other Claims By Employer

Claim Number: W301204

▼ Canned Phrases

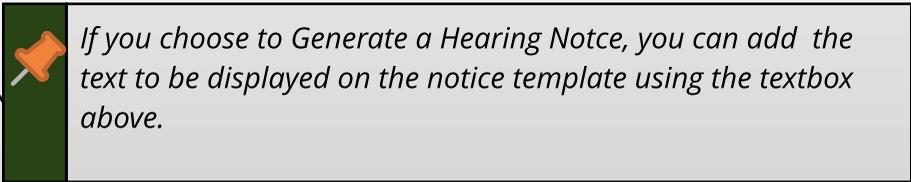
SIF need not appear

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Notice Text

If I generate a Hearing Notice, the text I type here will populate the Notice Template

Yes No



If you choose to Generate a Hearing Notice, you can add the text to be displayed on the notice template using the textbox above.

Claim at a Glance

Initial Claim Tab

The Initial Claim tab is comprised of the Initial Claim submission and supplemented by the verification history section. This tab is read-only.

Basic Information

Claim Number: W301204 Date Filed: 06/07/2022

Claimant: Carlos Medina

Claimant

First Name: Carlos Middle Name: Last Name: Medina Suffix:

Date of Birth: 07/10/1980 Gender: Marital Status: SSN: 0000

Claimant Contact Information

Email: carlos.medina@wcc.statemd.us

Phone: 410-125-4521 Ext. 1256

Address

Country: US

Address Line 1: 7523 MAURY RD State: MD

Address Line 2: County: Baltimore County

Address Line 3: Postal Code: 21244-4002

City: WINDSOR MILL

Employer

Name	Number	FEIN	Address	Email	Phone
AMGEN INC	04680392	953540776	1 AMGEN CENTER DR THOUSAND OAKS CA 91320-1730		

Employer Attorneys

Employer	Primary Attorney	Address	Email	Other Attorneys
AMGEN INC				

Is workplace different from employer's address? Yes

Street Address (Only enter if work site is different from employer's address)

Country: US

Address Line 1: 230 W BALTIMORE ST State: MD

Address Line 2: County: Baltimore City

Address Line 3: Postal Code: 21201-

City: BALTIMORE

Claim Information

This section describes the accident or occupational disease and how it occurred. The information provided here is used to determine whether the accident or occupational disease is work-related in the event that the claim goes to a hearing.

Type of claim: Accidental Injury Date / Time of accident: 02/01/2022 11:25 am

Please describe the accidental injury: This the accidental injury

Where were you when you were injured? This is where I was when injured

Is the address where you were injured different than your workplace address? No Injury Location: 230 W BALTIMORE ST
BALTIMORE MD 21201-

Injured Body Parts Affected

Area of body	Major part of body	Specific body part of identifier
Lower Extremities	Knee	Left Knee
Neck	Disc	
Upper Extremities	Wrist	Left Wrist

Was amputation required? No

Did you notify someone at the time? Yes Whom did you notify? John Smith (manager)

1st day you didn't work: 03/03/2022 Date returned to work: 05/30/2022

Job

Gross wages per week: \$1,250.00 Paid full wages for day? No

What is your regular work? This is my regular work What was your work when injured? This was my work at the time of injury

Medical Care

This section details any treatment received by the claimant relating to the incident.

Was medical care provided to the claimant? Yes

Were you treated at a hospital? Yes If Health Insurance used, give name of Insurance Co.: Carefirst

Healthcare Provider / Practitioner

Provider Name	Provider Email	Provider Address	Provider Phone	Practitioner Name	Practitioner Email	Practitioner Address	Practitioner Phone
UNIVERSITY OF MARYLAND MEDICAL CENTER		22 SOUTH GREENE STREET BALTIMORE MD 21201-0000					

Attach Additional Files

Attachments

Document Type	Description
Supporting Documents	Claim-Supp doc1

Certifications and Signature

Are you submitting a signed power of attorney for this claim? Yes

I certify that I am signing on behalf of the claimant under the authority of a valid power of attorney, a copy of which is attached.

Power of Attorney Documentation: [View](#)

By checking this box, I affirm the electronic signature below to be the signature of the attorney on behalf of the claimant with power of attorney 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, including the Authorization for Disclosure of Health Information.

Failure to disclose information or giving false information, including information regarding any work-related activity or return to work either before or after an award of benefits, may subject the signer and the claimant to fines, imprisonment, or both, and disqualify claimant from receiving benefits. A FAILURE TO COMPLETE THIS FORM IN COMPLIANCE WITH THE DIRECTIONS MAY RESULT IN THE CLAIM BEING REJECTED. TO EXPEDITE THIS CLAIM, A COPY OF THE COMPLETED FORM MAY BE SENT TO THE EMPLOYER.

I hereby certify that the information on this form is legally binding on the claimant and by signing and submitting this claim for compensation for an injury resulting in the claimant's disability due to an accident (or disease) arising out of and in the course of the claimant's employment, I solemnly affirm under the penalties of perjury that the contents of the foregoing form are true to the best of my knowledge, information, and belief.

By checking this box, I am authorizing the disclosure of the claimant's protected health information in accordance with the properly executed power of attorney document. This authorization is valid for one year from the date the claim is filed. I hereby certify that the claimant has read the information on the Medical Authorization form (click below to view it) and consents to signing and submitting this claim for compensation for an injury resulting in the claimant's disability due to an accident and (or disease) arising out of an in the course of the claimant's employment.

[View Medical Authorization](#)

I hereby certify that to the best of my information, knowledge, and belief, the attached power of attorney complies with COMAR 14.09.01.02C and Md. Ann. Code, Estates and Trusts art., §§ 17-101 – 17-204, as follows: o It is a statutory form power of attorney in accordance with Md. Ann. Code, Estates and Trusts art., §§ 17-101 – 17-204; o It is signed by the principal or by some other person for the principal, in the presence of the principal, and at the express direction of the principal; o It is acknowledged by the principal before a notary public; and o It is attested and signed by two or more adult witnesses who sign in the presence of the principal and in the presence of each other.

Public employee – Was the claimant injured while working as an employee of a unit or an instrumentality of the State or of a political subdivision? No

Electronically signed under power of attorney by:

Aruna Kamana

Claimant Attorney

06/07/2022 11:20 am

Claim at a Glance

C-40/Issues Raised Tab

The C40/ ssues filed form allows a user to view or download any Claim Response or Issues Filed PDFs.

Claim Number: W301204

Claim Summary | Claim History | Claim Annotation | Canned Phrases | Initial Claim | **C-40 / Issues Raised** | Claim Documents | Orders | Other Claims By Claimant | Other Claims By Employer

▼ Claim Response

Employer Name	Insurer Name	C40	Not Submitted
AMGEN INC	A M C O INSURANCE COMPANY		Not Submitted

▼ Consolidated Issues (Note: Please select a row and click on the search symbol to see more details)

No records

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Claim at a Glance

Claim Documents Table

The Claim Documents Tab displays the familiar "Documents" table. You can view, download, or print the document by clicking the View button on the left hand side.

Claim Summary	Claim History	Claim Annotation	Canned Phrases	Initial Claim	C-40 / Issues Raised	Claim Documents	Orders	Other Claims By Claimant	Other Claims By Employer																																																																																				
<div style="border: 1px solid #ccc; padding: 5px;"> <p>▼ Document Information</p> <p>The most recent version of the document is in blue. Click on the View link to see the document.</p> <p>▼ Documents</p> <table border="1"> <thead> <tr> <th>View</th> <th>Document Name</th> <th>Form</th> <th>Created By</th> <th>Party</th> <th>Date</th> <th></th> </tr> </thead> <tbody> <tr> <td>View</td> <td>Notice of Claim</td> <td>C30</td> <td>DARLENE JONES</td> <td></td> <td>01/09/2023</td> <td>Yes</td> </tr> <tr> <td>View</td> <td>Claim Amendment</td> <td>C3</td> <td>Aruna Kamana</td> <td>Claimant Attorney</td> <td>01/09/2023</td> <td>Yes</td> </tr> <tr> <td>View</td> <td>Award Order</td> <td>AO</td> <td>admin</td> <td></td> <td>08/10/2022</td> <td>Yes</td> </tr> <tr> <td>View</td> <td>Notice of Claim</td> <td>C30</td> <td>DARLENE JONES</td> <td></td> <td>06/07/2022</td> <td></td> </tr> <tr> <td>View</td> <td>Claim Amendment</td> <td>C3</td> <td>Aruna Kamana</td> <td>Claimant Attorney</td> <td>06/07/2022</td> <td></td> </tr> <tr> <td>View</td> <td>Power of Attorney</td> <td>POA</td> <td>Aruna Kamana</td> <td>Claimant Attorney</td> <td>06/07/2022</td> <td>Yes</td> </tr> <tr> <td>View</td> <td>Notice to Insurer</td> <td>C40-OUT</td> <td>DARLENE JONES</td> <td></td> <td>06/07/2022</td> <td>Yes</td> </tr> <tr> <td>View</td> <td>Organization Registration Request Letter</td> <td>ORG-REG-REQ-LETTER</td> <td>DARLENE JONES</td> <td></td> <td>06/07/2022</td> <td>Yes</td> </tr> <tr> <td>View</td> <td>Notice of Claim</td> <td>C30</td> <td>DARLENE JONES</td> <td></td> <td>06/07/2022</td> <td></td> </tr> <tr> <td>View</td> <td>Power of Attorney</td> <td>POA</td> <td>Aruna Kamana</td> <td>Claimant Attorney</td> <td>06/07/2022</td> <td></td> </tr> <tr> <td>View</td> <td> Initial Claim</td> <td>C1</td> <td>Aruna Kamana</td> <td>Claimant Attorney</td> <td>06/07/2022</td> <td>Yes</td> </tr> </tbody> </table> </div>										View	Document Name	Form	Created By	Party	Date		View	Notice of Claim	C30	DARLENE JONES		01/09/2023	Yes	View	Claim Amendment	C3	Aruna Kamana	Claimant Attorney	01/09/2023	Yes	View	Award Order	AO	admin		08/10/2022	Yes	View	Notice of Claim	C30	DARLENE JONES		06/07/2022		View	Claim Amendment	C3	Aruna Kamana	Claimant Attorney	06/07/2022		View	Power of Attorney	POA	Aruna Kamana	Claimant Attorney	06/07/2022	Yes	View	Notice to Insurer	C40-OUT	DARLENE JONES		06/07/2022	Yes	View	Organization Registration Request Letter	ORG-REG-REQ-LETTER	DARLENE JONES		06/07/2022	Yes	View	Notice of Claim	C30	DARLENE JONES		06/07/2022		View	Power of Attorney	POA	Aruna Kamana	Claimant Attorney	06/07/2022		View	 Initial Claim	C1	Aruna Kamana	Claimant Attorney	06/07/2022	Yes
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Claim at a Glance

Orders Tab

The Orders tab will display any Orders issued in the Claim thus far.

Claim Number: W301204

Orders

- Claim Summary
- Claim History
- Claim Annotation
- Canned Phrases
- Initial Claim
- C-40 / Issues Raised
- Claim Documents
- Orders
- Other Claims By Claimant
- Other Claims By Employer

Orders			
View	Order	Created By	Creation Date
View	Award Order		08/10/2022

Claim at a Glance

Other Claims by Claimant Tab

The Other Claims by Claimant tab allows a user to view brief narrative information about other claims this claimant has filed.

Claim Number: W301204

Other Claims By Claimant

- Claim Summary
- Claim History
- Claim Annotation
- Canned Phrases
- Initial Claim
- C-40 / Issues Raised
- Claim Documents
- Orders
- Other Claims By Claimant
- Other Claims By Employer

Claimant: Carlos Medina

Claims By Claimant

Claim Number	Claim Filing Date	Accident Date	Body Part Affected
W301204	06/07/2022	02/01/2022	Left Knee, Disc, Left Wrist
W301217	06/10/2022	06/01/2022	Head, Multiple Head Injury
W301429	11/18/2022	11/01/2022	Multiple Head Injury

Claim at a Glance

Other Claims by Employer

In addition to the Other Claims by Claimant, Internal Users may find the Other Claims by Employer tab as part of their Claim at a Glance form.

Claim Summary	Claim History	Claim Annotation	Canned Phrases	Initial Claim	C-40 / Issues Raised	Claim Documents	Orders	Other Claims By Claimant	Other Claims By Employer																																																																																								
<div style="background-color: #e0f2f1; padding: 5px;"> <p>▼ Claims by Employers</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Claim Number</th> <th style="width: 15%;">Claim Filing Date</th> <th style="width: 15%;">Accident Date</th> <th style="width: 55%;">Body Part Affected</th> </tr> </thead> <tbody> <tr> <td colspan="4">▼ Name: AMGEN INC</td> </tr> <tr><td>W300232</td><td>03/26/2021</td><td>03/01/2021</td><td>Head, Multiple Head Injury</td></tr> <tr><td>W300299</td><td>04/20/2021</td><td>04/01/2021</td><td>Head, Skull</td></tr> <tr><td>W300300</td><td>04/20/2021</td><td>04/01/2021</td><td>Head, Skull</td></tr> <tr><td>W300301</td><td>04/20/2021</td><td>04/01/2021</td><td>Head, Skull</td></tr> <tr><td>W300302</td><td>04/20/2021</td><td>02/05/2021</td><td>Head, Skull</td></tr> <tr><td>W300310</td><td>04/23/2021</td><td>04/16/2021</td><td>Lower Extremities, Knee, Left Knee</td></tr> <tr><td>W300314</td><td>04/23/2021</td><td>04/19/2021</td><td>Lower Extremities, Ankle, Left Ankle</td></tr> <tr><td>W300316</td><td>04/23/2021</td><td>04/16/2021</td><td>Lower Extremities, Knee, Left Knee</td></tr> <tr><td>W300318</td><td>04/23/2021</td><td>04/01/2021</td><td>Head, Skull</td></tr> <tr><td>W300333</td><td>04/26/2021</td><td>04/19/2021</td><td>Upper Extremities, Wrist (s) & Hand(s), Right Wrist & Hand</td></tr> <tr><td>W300334</td><td>04/26/2021</td><td>04/19/2021</td><td>Upper Extremities, Wrist (s) & Hand(s), Right Wrist & Hand</td></tr> <tr><td>W300335</td><td>04/26/2021</td><td>04/19/2021</td><td>Upper Extremities, Wrist (s) & Hand(s), Left Wrist & Hand</td></tr> <tr><td>W300337</td><td>04/26/2021</td><td>04/16/2021</td><td>Lower Extremities, Knee, Left Knee</td></tr> <tr><td>W300352</td><td>05/03/2021</td><td>04/19/2021</td><td>Upper Extremities, Shoulder(s), Left Shoulder</td></tr> <tr><td>W300365</td><td>05/04/2021</td><td>04/21/2021</td><td>Trunk, Upper Back Area; Trunk, Lower Back Area</td></tr> <tr><td>W300374</td><td>05/05/2021</td><td>05/05/2021</td><td>Head, Skull</td></tr> <tr><td>W300375</td><td>05/05/2021</td><td>05/05/2021</td><td>Head, Skull</td></tr> <tr><td>W300376</td><td>05/05/2021</td><td>05/05/2021</td><td>Head, Skull</td></tr> <tr><td>W300377</td><td>05/05/2021</td><td>05/05/2021</td><td>Head, Skull</td></tr> <tr><td>W300378</td><td>05/05/2021</td><td>05/05/2021</td><td>Head, Skull</td></tr> </tbody> </table> </div>										Claim Number	Claim Filing Date	Accident Date	Body Part Affected	▼ Name: AMGEN INC				W300232	03/26/2021	03/01/2021	Head, Multiple Head Injury	W300299	04/20/2021	04/01/2021	Head, Skull	W300300	04/20/2021	04/01/2021	Head, Skull	W300301	04/20/2021	04/01/2021	Head, Skull	W300302	04/20/2021	02/05/2021	Head, Skull	W300310	04/23/2021	04/16/2021	Lower Extremities, Knee, Left Knee	W300314	04/23/2021	04/19/2021	Lower Extremities, Ankle, Left Ankle	W300316	04/23/2021	04/16/2021	Lower Extremities, Knee, Left Knee	W300318	04/23/2021	04/01/2021	Head, Skull	W300333	04/26/2021	04/19/2021	Upper Extremities, Wrist (s) & Hand(s), Right Wrist & Hand	W300334	04/26/2021	04/19/2021	Upper Extremities, Wrist (s) & Hand(s), Right Wrist & Hand	W300335	04/26/2021	04/19/2021	Upper Extremities, Wrist (s) & Hand(s), Left Wrist & Hand	W300337	04/26/2021	04/16/2021	Lower Extremities, Knee, Left Knee	W300352	05/03/2021	04/19/2021	Upper Extremities, Shoulder(s), Left Shoulder	W300365	05/04/2021	04/21/2021	Trunk, Upper Back Area; Trunk, Lower Back Area	W300374	05/05/2021	05/05/2021	Head, Skull	W300375	05/05/2021	05/05/2021	Head, Skull	W300376	05/05/2021	05/05/2021	Head, Skull	W300377	05/05/2021	05/05/2021	Head, Skull	W300378	05/05/2021	05/05/2021	Head, Skull
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W300352	05/03/2021	04/19/2021	Upper Extremities, Shoulder(s), Left Shoulder																																																																																														
W300365	05/04/2021	04/21/2021	Trunk, Upper Back Area; Trunk, Lower Back Area																																																																																														
W300374	05/05/2021	05/05/2021	Head, Skull																																																																																														
W300375	05/05/2021	05/05/2021	Head, Skull																																																																																														
W300376	05/05/2021	05/05/2021	Head, Skull																																																																																														
W300377	05/05/2021	05/05/2021	Head, Skull																																																																																														
W300378	05/05/2021	05/05/2021	Head, Skull																																																																																														
<p><< < 1 2 3 4 5 6 7 8 9 10 > >></p>																																																																																																	