

Request for Access - External

QuickStart Guide

In order to facilitate proper medical care for an injured worker, a Healthcare Practitioner may request access to the Claim. This access lasts for 180 days if approved. Let's take a look at how these are received in CompHub.

Claim Access Request

▼ Claim Details

▼ Selected Claims

Claim Number	Accident Date	Claimant Last Name	Claimant Attorney
W201470	05/04/1994	Maxwell	

▼ Requester Details

If you will be treating the claimant through a specific organization, please enter here by clicking '+' icon.

▼ Healthcare Provider Organization

Healthcare Provider	Address
POTOMAC VIEW SURGERY CENTER, LLC	6710 OXON HILL RD, SUITE 150 OXON HILL MD 20745-0000

+ -

Practitioner Name: Devin Maxwell Mailing Address: 10 East Baltimore Street Baltimore MD 21202

Primary Email Address: dmaxwell@wcc.state.md.us

Phone:

▼ Request

Reason For Claims Access Request

▼ Certifications and Signature

I am making an application to request access to a specific claim in order to facilitate medical treatment for the injured worker. I acknowledge that I am bound by the Terms of Service for the role of Healthcare Practitioner within CompHub, including maintaining the confidentiality of all claim information in accordance with all federal and state statutory and regulatory requirements.

I understand, if approved, the claim access will expire after 180 days unless a new request is approved within the 180 day time period.

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.

Rudimentary Claim Information is displayed to the Healthcare Provider.

1 Use the Provider Organization table to add records. Click the plus icon and search for the organization(s).

Search Criteria

Healthcare Provider Name:

Address:

Street:

City:

Postal Code:

2 Enter the justification for your request.

3 Sign and certify the submission and submit it to the Commission. Note the additional statement informing the user that if approved the request is only valid for 180 days, after which they will have to submit a new request.

Request for Access

QuickStart Guide

After successful processing, CompHub will display the Request for Access PDF for you to view, print, and/or download.

PDF View Claim Access Request

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MARYLAND WORKERS' COMPENSATION COMMISSION

**Healthcare Practitioner
Request for Claim Access**

This form is used by Healthcare Provider to request access to the claim file for the purpose of facilitating medical treatment.

Filing Date: 06/27/2023 09:54 AM
WCC Claim Number: W201480, **Accident Date:** 05/22/2023, **Claimant Name:** Devin Maxwell III, **Claimant Attorney:**

Healthcare Practitioner: Devin Maxwell
Email: dmaxwell@wcc.state.md.us
Address: 10 East Baltimore Street Baltimore MD 21202
Reason for Request: The claimant has reported more than one injured body part (neck and right ankle) with more than one mechanism of injury (automobile accident and fall at work). I need to confirm how the accidental injury occurred in this claim and confirm the proper body parts in this claim.

CERTIFICATE OF SERVICE

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Electronically Signed By:
Devin Maxwell
Healthcare Practitioner
06/27/2023 09:54 AM

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