

Insurer's Progress Report



REV 3/2024

QuickStart Guide

The VR-33 Insurer's Report of Rehabilitation Progress is now fully integrated into CompHub. File a copy with the Commission, view important claim details, and print/download a copy for yourself all through this integrated form.

Find this process by clicking [Start New Action](#) > [Voc Rehab](#) > [Voc Rehab Insurer's Report](#)

Insurer Report | Claim History | Claim Orders

1 Select the type of Report you are filing (Original, 90 day Progress Report, or Final Report)

INSTRUCTIONS: Pursuant to Labor & Employment Article, §9-675, Annotated Code of Maryland, an insurer or self-insurer is required to file this report when a covered employee has received temporary total disability benefits continuously for six (6) months. An insurer or self-insurer is required to file a periodic report (Progress Report) for each additional 90 days of continuous temporary total disability. An insurer shall file a Final Report whenever there is a discontinuation of services.

Original Report Progress Report (90-day Interval) Final Report (Complete Section 7)

2 Most of the Claim Details have already been auto-populated, enter the File Number.

3 Complete the Report using the the textboxes and radio buttons available in the section

Claim Details

Claim Number: W201585 Insurer's File Number: [Text Box]
Claimant: Marina Perez Date of Accident: 12/05/2023
Attorney: [Text Box]
Employer: 2P INVESTMENTS LLC

1. Claimant's occupation at time of injury:
2. Has Claimant reached MMI? Yes No
3. Will Claimant be able to return to employment with the above employer? Yes No
4. Do you anticipate the need for rehabilitation services such as testing, training, counseling or placement to return to work? Yes No
Explanation: [Text Box]

5. Has a Rehabilitation plan been instituted? Yes No
Company Name: [Text Box] WCC Reg./Cert No: [Text Box]
6. Present condition and diagnosis: [Text Box]
7. Placement Code: [Text Box] Wage Code: [Text Box]
Explanation/Remarks: [Text Box]

Submitting Party Information

Carrier (name):
Person completing this form: [Text Box] Date Submitted: MM/dd/yyyy h:mm tt
Insurer Representative (name):
VR Provider (name):
Filed By: Devin Maxwell Received: 01/29/2024 6:25 pm

Certifications and Signature

I HEREBY CERTIFY that on January 29, 2024, that service of the foregoing was made 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.
Devin Maxwell 01/30/2024
Insurer

4 Use the textboxes to complete the Submitting Party Information section of the report. Don't forget to Sign and Certify using the checkboxes!

PDF View | Insurer Report Details | Claim Documents | Process Activity Log | Claim History | Claim Orders

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MARYLAND WORKERS' COMPENSATION COMMISSION

INSURER'S REPORT OF REHABILITATION PROCESS

INSTRUCTIONS: Pursuant to Labor & Employment Article, §9-675, Annotated Code of Maryland, an insurer or self-insurer is required to file this report when a covered employee has received temporary total disability benefits continuously for six (6) months. An insurer or self-insurer is required to file a periodic report (Progress Report) for each additional 90 days of continuous temporary total disability. An insurer shall file a Final Report whenever there is a discontinuation of services.

Original Report Progress Report (at 90-day Interval) Final report (Complete section 7)

WCC Claim#: W201585 Insurer's File Number: 1234456
Claimant: Marina Perez Date of Accident: 12/05/2023 17:36
Attorney: [Text Box]
Employer: 2P INVESTMENTS LLC

5 Once the Report has been submitted, CompHub displays a PDF copy of the report to view, print, and/or download. There are also additional tabs to help review the status of the process and the status of the Claim .