


WORKERS' COMPENSATION COMMISSION
CONTROVERSION OF MEDICAL CLAIM

INSTRUCTIONS: This form is to be used **ONLY** for the purpose of controverting an Order Nisi and **MAY NOT** be used to raise any other issue. If other issues exist WCC Form H24R "Issues" must be filed with the Commission. Pursuant to COMAR 14.09.08.06G a hearing will be scheduled on this controversion in the normal course.

WCC Claim Number: _____

Claimant Name: _____

Employer: _____

Insurer: _____

The Employer/Insurer Healthcare Provider hereby controverts the Order Nisi issued in this case for professional services provided by:

Healthcare Provider _____

Street _____

Suite/Additional Address _____

City _____ State _____ ZIP Code _____

A Final Order should not be issued for the following reason(s):

CERTIFICATION OF SERVICE

I hereby certify that on this _____ day of _____, _____, I mailed, postage prepaid, a copy of the foregoing "Controversion of Medical Claim" to all parties and their attorneys.

Name of Party Raising Issues

Signature

Telephone Number

10 East Baltimore Street · Baltimore, Maryland 21202-1641
410-864-5100 · Email: info@wcc.state.md.us · Web: <http://www.wcc.state.md.us>