

CLAIM FOR MEDICAL SERVICES

CLAIM NO.....
SOCIAL SECURITY NO.....
CASE OF.....
EMPLOYER.....

INSTRUCTIONS: Before bill is presented to the Commission for consideration, **it must be presented to the employer and / or insurer for payment. If payment is refused, then itemized bill must be submitted with this form, together with any correspondence on the subject.** For additional information, see the reverse side.

Bill of.....
Name of Physician or Hospital

.....
Street Suite # Telephone #
.....
City State Zip Code

for \$....., for services rendered
Name of Injured Employee

.....
Street Telephone #
.....
City State Zip Code

while in the employ of
Name of Employer

.....
Street Suite # Telephone #
.....
City State Zip Code

for accident which happened on the day of year of

Bill was presented to
Name of Insurer

.....
Street Suite # Telephone #
.....
City State Zip Code

Date presented to Insurer

Payment was refused as per attached correspondence.

Request is hereby made of the Commission to approve this bill, which is as follows:

ATTACH ITEMIZED BILL(S) WITH THIS FORM

.....
(Signature of Physician or Hospital Representative) (Contact Telephone number)

ACTION OF MEDICAL DEPARTMENT ON THE ABOVE CLAIM

ADDITIONAL INFORMATION

1. Claim for Medical Services must be provided to Employer/Insurer for payment.
2. If payment is refused, then an itemized bill must be submitted with this form and any correspondence on the subject.
 - *C-51 must be completely filled out.
 - *If any needed information is not complete, then all documents will be returned with a cover letter stating what is needed.
 - *Social Security Number must be provided.
 - *Dates of service will be checked against Claims and First Reports of Injury filed.
3. CPT codes will be checked against the Fee Guide for the year of service. Some CPT codes not specific may need a detailed description.
4. The Commission will issue an Order NISI for allowed medical claims per Fee Guide.
 - *To controvert the Order NISI complete WCC form H-24M (Dec. 2000) “Controversion Of Medical Claim”.
 - *The Controversion form must be filed with WCC within 21 days of the Order NISI and copies mailed to the Health Care Provider and other appropriate parties.
 - *If the medical claim is controverted, it will be scheduled for a hearing before a Commissioner.
5. If the medical claim is not controverted, WCC will issue a Final Order of Payment.
 - *You can request a hearing before the Commission if an insurer refuses payment of the Medical Claim after the Final Order Of Payment.
 - *The Commission can impose a fine and interest if the insurer fails to pay without good cause for treatment or services (LE 9-664)

Note: The Fee Guide referred to is the “Official Maryland Workers’ Compensation Medical Fee Schedule”.