

***** NEW *****

Claim: 12345 123-45-6789 Test Tester
Coverage Type: Coverage
Fund Type: State Fund

Color Key (Hearing Folder):

- Appeal
- Allowance
- In Multiple Folders

Select Folder View:

All Documents

Date of Injury: 05/05/2005 **FWW:** \$0.00
Filing Date: 05/05/2005 **AWW:** \$0.00
Date of Death: **Interpreter:**

Show/Hide Allowed Conditions

Show/Hide Docketing Reqs

Add Document(s) to Hearing Folder

Print Document List

Return to Claim Data

Class: All **Document Type:** All

<input type="checkbox"/>	<u>Document Date</u>	<u>Document Type</u>	<u>Document Description</u>	<u>Pages</u>
<input type="checkbox"/>	01/21/2011	C9	Request for Authorization, Saleem, 03/02/2005, EMG	1
<input type="checkbox"/>	01/21/2011	MEDCO14	Return to Work Report, Smith \in, 05/24/2011, test daf adfc	1
<input type="checkbox"/>	01/21/2011	R2	Authorization of Injured Worker Representative	1
<input type="checkbox"/>	01/20/2011	C101	Authorization to Release Medical Information	1
<input type="checkbox"/>	01/20/2011	C101	Authorization to Release Medical Information	1
<input type="checkbox"/>	01/20/2011	C101	Authorization to Release Medical Information	1
<input type="checkbox"/>	01/20/2011	C101	Authorization to Release Medical Information	1
<input type="checkbox"/>	01/20/2011	C11	Request to Appeal an MCO Decision	1
<input type="checkbox"/>	01/20/2011	C141	Job Search Form	1

EXAMPLE

