

PENNSYLVANIA WC HEARING - INTERESTED PARTY UPDATE REQUEST

Directions: This form is to be used by counsel when there is a discrepancy between the Interested Parties table in WCAIS and the parties that counsel has for a given matter. **Complete this form *only* for the parties that are incorrect. Enter the correct information exactly as it should appear.** For a WCOA matter, upload the form as a Miscellaneous Request on the Requests tab of the Dispute Summary. For a WCAB matter, upload the form as Document Sub-Category "Appeal" or "Petition" as appropriate and then select "Interested Party Update Request" Document Type drop down on the Documents and Correspondence tab of the Appeal or Petition Matter. This form is not to be used for making updates to attorney profile information in WCAIS.

* = required field

Date*

WCAIS Claim/DSP/A #*

Attorney*

Name*: First MI Last

Representing*: Claimant, insurer or employer

PA Bar ID*:

ALL FIELDS ABOVE THIS LINE ARE REQUIRED

Claimant

Name: First MI Last

Address: Street Address City State ZIP+4

SSN*: (required for update)

Employer

Name: Self-Insured ☐

Address: Street Address City State ZIP+4

FEIN*: (required for update)

Insurer

Name:

Address: Street Address City State ZIP+4

FEIN*: (required for update)

TPA

Name:

Address: Street Address City State ZIP+4

FEIN*: (required for update)

Healthcare Provider and Healthcare Professional updates may be made on the second page of this form

Pennsylvania WC Hearing - Interested Party Update Request

Health Care Provider (Organizations, e.g., Hospital)

Name: _____

Address: _____
Street Address City State ZIP+4

FEIN*: _____ (required for update)

Health Care Professional (Persons, e.g., Doctor)

Name: _____

Facility (Provider): _____

Address: _____
Street Address City State ZIP+4

Professional License #: _____ (required for update)