

WISCONSIN



DWD

Pending Reports

ROD GENNRICH

Section Chief

Bureau of Claims Management

Overview

- Claim Search in Pending Reports
- Submitting First Report: WKC-12
- Submitting First Payment Information: WKC-13
- Submitting Subsequent Payment Information: WKC-13
- Suspending Payments
- Submitting Wage Information: WKC-13A
- Submitting Attorney Information



Pre-announcements

- Do not use same name, SSN# (as instructor) to avoid computer problems
- Use the same Date of Injury (DOI) and Last Day Worked (LDW)
- Remember: Insurer contact information is mandatory
- Can use fake FEIN# for employer (but not sequential numbers, e.g., 123456789)



Search Claims Not Pending a Required Report

- FAQs on first page of Pending Reports
- Claim Search Function
 - Can search open, non-litigated (i.e., claim pending a required report), and claims that are closed, litigated, ready to close, and filing complete (i.e., claims not pending required report)



Pending Reports Search Screen

SEARCHING FOR A CLAIM IN THE PENDING REPORTS INTERNET APPLICATION

NOTE: The screen shots in this presentation will often be portions of the screen, rather than the whole screen

After successfully logging into the pending reports application, you will be taken to this screen →

- [Insurers' Pending Reports Frequently Asked Questions](#)
- [Internet WKC-12 Frequently Asked Questions](#)
- [Internet WKC-13 Frequently Asked Questions](#)
- [Internet WKC-13A Frequently Asked Questions](#)
- [Internet TPD Worksheet Frequently Asked Questions](#)

Show Report Send WKC-12 Claim Search

INSURER OR CLAIM HANDLER: TEST INSURER 1

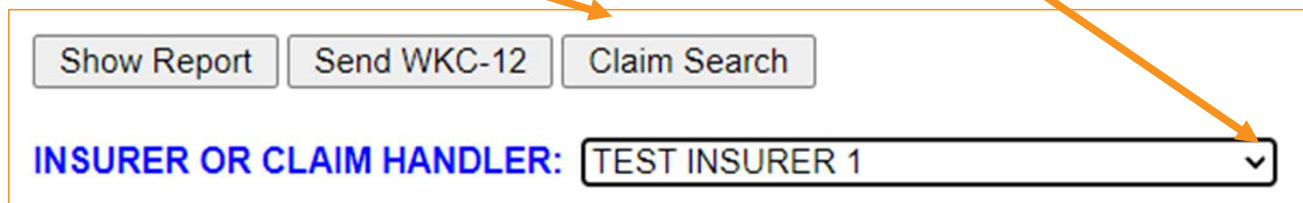
WAITING FOR FIRST SUPPLEMENTAL REPORT WKC13

If you have problems accessing a report, please use your browser to go back to the prior page with instructions for calling support and sending email.



Common Search Using Claim Search Button

- Two ways to search for claims
- Most common search method: **Claim Search function.**
- To access the Claim Search screen, on the “Insurer or Claim Handler” drop down menu, choose (as applicable) the correct carrier, TPA, or self-insured employer, then click on the Claim Search button.



Show Report Send WKC-12 Claim Search

INSURER OR CLAIM HANDLER: TEST INSURER 1



Claim Search Screen Options

1. Default search: **Claim pending required report**, i.e., claims that are open on our database and for which we are awaiting further information, or
2. Claim **not pending required report**, i.e., claims that are litigated, closed, or for which we are not awaiting further information

Search by: SSN WC Claim Number Ins. Claim Number Claimant Name
Search for: Claim pending required report Claim not pending required report
(Closed, Filing Complete, Ready to Close, Litigated)

You are currently searching for claims under ALL INSURERS

Please enter 9 digit SSN Number



Claim Search Button

Four search parameters:

- SSN
- WC Claim Number
- Insurance Claim Number
- Claimant Name

- Click the radio button for the parameter you want
- Enter the necessary information
- Click Search

Search by: SSN WC Claim Number Ins. Claim Number Claimant Name

Search for: Claim pending required report Claim not pending required report
(Closed, Filing Complete, Ready to Close, Litigated)

You are currently searching for claims under ALL INSURERS

Please enter 9 digit SSN Number



Claim Search Button

- When searching for claims not pending a required report, options are:
 - Closed
 - Filing Complete
 - Ready to Close
 - Litigated
- Litigated claims: only the payments we have in the database can be viewed



What If You Can't Find the Claim?

Search by: SSN WC Claim Number Ins. Claim Number Claimant Name
Search for: Claim pending required report Claim not pending required report
(Closed, Filing Complete, Ready to Close, Litigated)

You are currently searching for claims under ALL INSURERS

Please enter 10 digit WC Claim Number

No matches found.

Please check your search criteria for accuracy, and/or make sure you have selected the correct insurance carrier, TPA, or self-insured employer from the Insurer or Claim Handler drop down menu.

You may also select the ""Claims not pending report"" radio button and then click the ""Search"" button in order to search through closed claims, litigated claims and claims still open on our database yet for which we already have all required reports.



What If You Can't Find the Claim?

Change your **Search For** parameter:

- Claim not found under Claim pending a required report?
- Search for claim under Claim **not** pending a required report.

- Still can't find claim and you report for more than one company?
- Go back to first screen and at the dropdown menu, choose a different carrier, TPA or self-insured employer from the "Insurer" or "Claim Handler," click Claim Search, and try again.



Another Way to Search

- Go to the status list for the claim in question. (This works best if you know the status of the claim in our database.)
- On the “Insurer or Claim Handler” drop down menu, choose the correct carrier, TPA, or self-insured employer for the claim.
- Choose the correct claim status from drop down menu and click Show Report.

→ Status List

Buttons: Show Report, Send WKC-12, Claim Search

INSURER OR CLAIM HANDLER: TEST INSURER 1

Status List:

- WAITING FOR FIRST SUPPLEMENTAL REPORT WKC13
- WAITING FOR RESULTS OF INSURER INVESTIGATION
- WAITING FOR LAST SUPPLEMENTAL REPORT WKC13
- WAITING FOR FINAL MEDICAL REPORT
- EXPECTING WAGE INFORMATION
- FATAL AND PERMANENT TOTAL DISABILITY



Another Way to Search (cont.)

- You will be taken to the applicable status list. If the claim you're looking for is included in the list, click on WC Number to get the claim detail screen and submit information.

WAITING FOR FIRST SUPPLEMENTAL REPORT WKC13

[Save And/or Print Copy of Report](#) **Click on underlined WC Number to see detail**

**By law, first supplemental reports, WKC13's, are due within 30 days of the date of injury or last day of work prior to the first day of lost time, whichever is later.
Overdue reports are subject to \$100 surcharges and may be referred to the Office of Commissioner of Insurance (OCI) or the Bureau of Insurance Programs (BIP) for self-insured employers.**

Claims handling office: MINNEAPOLIS, MN 55439

<u>WC Number</u>	<u>Insurer Claim Number SSN</u>	<u>Claimant</u>	<u>Injury Date</u>	<u>Due Date</u>	<u>Employer</u>
<u>2021</u>			09/15/2021	10/15/2021	

- If you still can't find the claim, click browser's Back button and search for the claim under a different status list.



Another Way to Search (cont.)

- Note: if there are several claims in the status list, you can import the list into a spreadsheet. Click on “Save And/or Print Copy of Report” and follow the instructions found on the page that opens.

WAITING FOR FIRST SUPPLEMENTAL REPORT WKC13

[Save And/or Print Copy of Report](#) [Click on underlined WC Number to see detail](#)

By law, first supplemental reports, WKC13's, are due within 30 days of the date of injury or last day of work prior to the first day of lost time, whichever is later.
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Claims handling office: MINNEAPOLIS, MN 55439

WC Number	Insurer Claim Number	SSN	Claimant	Injury Date	Due Date	Employer
<u>2021</u>				09/15/2021	10/15/2021	



Reviewing Payment Information

- Click on the claim's View Payments button if you want to look at the payment record for:
 - Closed,
 - Ready to close, or
 - Filing complete claims
- You don't need to re-open or reset the claim status.



Search Parameters – Claimant Name

- Select the Claimant Name radio button. You don't need to enter the claimant's complete name.
 - If you enter letter "D" in the last name field and click Search, all claims for claimants whose last name begins with "D" will appear!
- Click the browser's Back button until you return to the first page of the pending reports.



Search Parameters (cont.)

- Click on a claim and you can run through the email reply feature, send WKC-13, send WKC-13A, and View Payments buttons.
- Click the Waiting for Final Medical Report button and show send medical information button.



Search Parameters (cont.)

- View Open Correspondence icons
 - Any claim number with a document icon to its left has at least one piece of open correspondence.
 - Click on the WC claim number to reach the claim detail screen. See the View Open Correspondence button. For each viewable letter a status reason, in red, is listed.

WC Number	Insurer	Claim Number	SSN	Claimant	Injury Date	Due Date	Employer
2021					07/13/2021	11/02/2021	
2021					10/04/2021	11/03/2021	
202					04/27/2021	05/27/2021	



Open Correspondence

Click on the View Open Correspondence Button.



<input type="button" value="E-mail Reply"/>			
<input type="button" value="Send WKC-13"/>		<input type="button" value="Send WKC-13A"/>	
<input type="button" value="View Payments"/>		<input type="button" value="View Open Correspondence"/>	
WC Claim Number:	[REDACTED]	Ins. Claim Number:	[REDACTED]
Claimant Name:	[REDACTED]	SSN:	[REDACTED]
Injury Date:	04/27/2021	Due Date:	05/27/2021



Open Correspondence (cont.)

- On the next page, scroll down to Document Type and Description columns. Document Type is a hyperlink – click on it to open the document.
 - When the document is open, the screen will also display the buttons you need to respond to the correspondence.
 - The Back button returns to the View Open Correspondence screen.

Click on the Document Type link to view the document.

Document Type Description

SWC86G

SEND PAYMENT INFO-2ND REQ - SURCHARGE

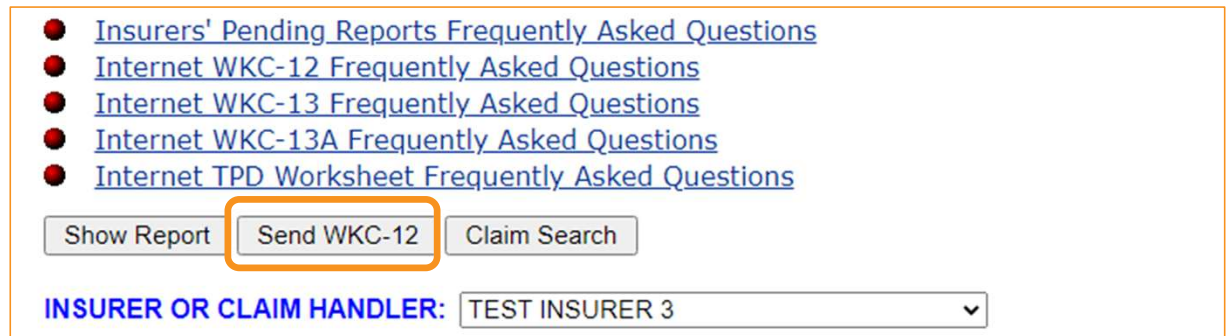


Questions?



Pending Reports: Submitting a WKC-12

- Log in to Pending Reports.
- Choose the appropriate carrier, TPA, or self-insured employer from the “Insurer or Claim Handler” drop down.
- Click the Send WKC-12 button – the form opens.



The screenshot shows a user interface for submitting reports. It features five red circular icons, each followed by a blue hyperlink: 'Insurers' Pending Reports Frequently Asked Questions', 'Internet WKC-12 Frequently Asked Questions', 'Internet WKC-13 Frequently Asked Questions', 'Internet WKC-13A Frequently Asked Questions', and 'Internet TPD Worksheet Frequently Asked Questions'. Below these links are three buttons: 'Show Report', 'Send WKC-12' (which is highlighted with an orange border), and 'Claim Search'. At the bottom, there is a label 'INSURER OR CLAIM HANDLER:' followed by a dropdown menu currently displaying 'TEST INSURER 3'.



Notes for Completing the WKC-12

- Name fields do not need to be capitalized
- Pay attention: first name first, then last name
- SSN and Employer FEIN: just use numbers – no dashes
- All date fields:
 - No dashes, format is mm/dd/yyyy

Employee Name (First, Middle, Last):	<input type="text" value="mickey"/>	<input type="text"/>	<input type="text" value="mouse"/>
Employee SSN:	<input type="text" value="526585985"/>		
Date of Birth (mm/dd/yyyy):	<input type="text" value="05051969"/>	<input type="text"/>	



More Number Formats

- Phone numbers: Straight 10-digit number: no dashes or parentheses. Must include area code.

Home Phone (999 999-9999):

6082660434

- Employer FEIN: Straight 9-digit number: no dash between the second and third digits.

Employer Name:

jane's breakfast nook

Employer FEIN:

371562565

Address

18 king st

- **NOTE:** If you make a mistake in the format of your entry, a help box will pop up



Insurer, Claim Administrator, Claim Handling Address

- Be very careful if you report claims for a large TPA!
- Be sure to choose the correct carrier, claim administrator, and claim handling address from the drop-down menu!
 - Making a mistake on the WKC-12 will cause problems later when you can't find the claim in Pending Reports for future reporting!



Death Claims

NOTE: if the injury is a fatality, DO NOT submit the First Report via the Pending Reports application.

Fax a copy of the paper WKC-12 to 608-267-0394.



Cause and Nature of Injury; Part of Body

- Drop down menus for Cause of Injury, Nature of Injury, and Part of Body
- Each field determines the options available in the next field

Cause of Injury:	<input type="text" value="STRUCK OR INJURED BY"/>
	<input type="text" value="FALLING OR FLYING OBJECT"/>
Nature of Injury:	<input checked="" type="radio"/> Traumatic <input type="radio"/> Non-Traumatic
	<input type="text" value="WOUNDS, BRUISES, AND BURNS"/>
	<input type="text" value="LACERATION"/>
Part of Body:	<input type="text" value="UPPER EXTREMITIES"/>
	<input type="text" value="LOWER ARM"/>
Side of body:	<input checked="" type="radio"/> Left <input type="radio"/> Right <input type="radio"/> Both <input type="radio"/> Unknown



Injury Description

- You will also be required to enter a text injury description.
- Please be as concise and accurate as possible.

Injury Description:

Please describe the cause of the injury sustained, and what activity the employee was doing. For example, "The employee was carrying roofing material up a ladder and slipped"

cleaning a table

Please describe the nature of the injury, side of body and body parts injured. For example, "Broke his left wrist, and dislocated his left shoulder".

laceration to left forearm

Please describe the objects or substances involved in the injury. For example, "Employee hit ladder during fall and landed on an asphalt driveway".

chandelier fell from ceiling and landed on left forearm



Mandatory Information

You **must** report the **Insurer Claim Number** and **Insurer Contact**:

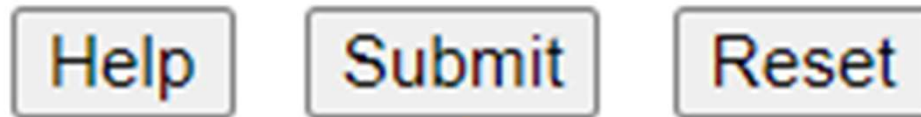
- Enter your internal claim number (if you have it)
- Enter the name, phone number, and email address of the adjuster who is handling the claim

Insurer Claim Number:	<input type="text" value="20212345678"/>
Insurer Contact:	<input type="text" value="Terry Adjuster"/> Phone (999 999-9999):
	<input type="text" value="999 123-6789"/> <input type="text"/>
Insurer Contact Email:	<input type="text" value="t.adjuster@claimsrus.com"/>



A Closer Look at the WKC-12 Screen

At the bottom, note three important buttons:



Brings up helpful information and notes for completing the WKC-12

Sends your report to the WCD

Deletes all the information you just entered!

To change information in just one field, highlight the text and delete or key over it.

Click Submit to send your report to the WCD



Successful Transmission of WKC-12

- Confirmation screen only appears if:
 1. All mandatory information has been entered,
 2. It is in the correct format, and
 3. It has been successfully sent to the WCD.
- For a paper copy of the WKC-12, click [View Printable WKC-12](#) and print the page.



Successful Transmission of WKC-12 (cont.)

Next options:

- Navigate back to confirmation screen: Back button at bottom of View Printable copy
- Submit first payment WKC-13 for this claim: Click Enter WKC-13
- Submit WKC-13A for this claim: Click Enter WKC-13-A
- Enter a WKC-12 for a different injured worker: Click Enter another WKC-12



What If I Need to Change Information?

- If you find errors **before** submitting your report, highlight the error and delete it or highlight the error and key in the correct information.
- If you find errors **after** submitting your report, you need to wait until you submit the WKC-13 to correct them.
- **After** submitting the WKC-12, the layout information is lost.



Questions?



Submitting the First Payment WKC-13

- If you are ready to submit information about the first payment (WKC-13) right away, click on the claim you just entered and then click on the Send WKC-13 button.
- If you need to wait until after you have submitted the WKC-12 to submit the WKC-13, search in pending reports for the claim that needs the WKC-13, then click on the WC Number to access the claim detail screen.

Search by: SSN WC Claim Number Ins. Claim Number Claimant Name

Search for: Claim pending required report Claim not pending required report
(Closed, Filing Complete, Ready to Close, Litigated)

You are currently searching for claims under ALL INSURERS

Please enter 10 digit WC Claim Number

WC Number	Ins. Claim No.	SSN	Claimant Name	Injury Date	Current Status	Due Date	Employer
2019024149			MOUSE, MICKEY	08/01/2019	WAITING FOR FIRST SUPPLEMENTAL REPORT WKC13	08/31/2019	DISNEY



Accessing the First Payment WKC-13

- Click on the Send WKC-13 button to access the screen to input the first payment WKC-13.

This claim requires a first WKC13 showing the first payment date and first payment amount.

WC Claim Number:	2019024149	Ins. Claim Number:	
Claimant Name:	MOUSE, MICKEY	SSN:	██████████
Injury Date:	08/01/2019	Due Date	08/31/2019

Send first WKC13 showing first payment amount and first payment date



Changes You Can Make

Changes you can make without entering payment info:

- Insurer claim number
- Insurer contact information
- Last day worked
- Date of injury (+/- 6 days from date originally entered)
- If change to date of injury is outside this parameter, use the Email Reply feature to contact WCD staff

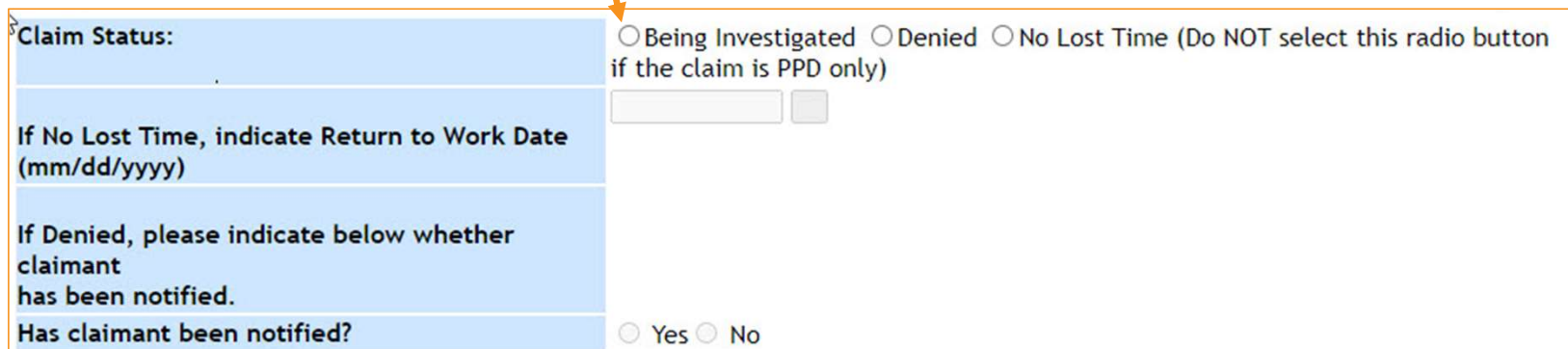
WC Claim Number	2019024149	Ins Claim Number	<input type="text"/>
Employee Name	MOUSE, MICKEY	SSN	<input type="text"/>
Injury Date	<input type="text" value="08/01/2019"/>	Due Date	08/31/2019
Employer	DISNEY		
Address1			
Address2	303 DISNEY WAY		
City State Zip	MILWAUKEE, WI 53208		
Insurer	TEST INSURER 1		
Claim Handling Name	TEST INSURER 1		
Address1			
Address2	ONE MAIN ST		
City State Zip	DOVER, NH 03822		
Date of 1st Compensation Payment: (mm/dd/yyyy)	<input type="text"/>		<input type="checkbox"/>
Type:			<input type="text" value="v"/>
Amount of 1st Payment:	<input type="text"/>		
Weekly Wage Used to set TTD Rate:	<input type="text"/>		
Last Day Worked: (mm/dd/yyyy)	<input type="text" value="08/01/2019"/>		<input type="checkbox"/>



First Payment WKC-13 Claim Status

The Being Investigated radio button

- Select the Being Investigated radio button and submit the form



Claim Status: Being Investigated Denied No Lost Time (Do NOT select this radio button if the claim is PPD only)

If No Lost Time, indicate Return to Work Date (mm/dd/yyyy)

If Denied, please indicate below whether claimant has been notified.

Has claimant been notified? Yes No



Claim Denials: No Payments Made

Denying the claim without making any payments

- Select the Denied radio button
- Answer YES or NO to the question “Has claimant been notified?”
- Click Submit

Claim Status:	<input type="radio"/> Being Investigated if the claim is PPD only	<input checked="" type="radio"/> Denied	<input type="radio"/> No Lost Time (Do NOT select this radio button if the claim is PPD only)
If No Lost Time, indicate Return to Work Date (mm/dd/yyyy)	<input type="text"/>	<input type="text"/>	
If Denied, please indicate below whether claimant has been notified.			
Has claimant been notified?	<input type="radio"/> Yes	<input type="radio"/> No	

NOTE: If claim is denied through Pending Reports, you **must** send WCD a copy of the denial letter because no payment information will be on the claim.



No Lost Time without PPD

If the injured worker did not lose compensable time from work and there is **no** Permanent Partial Disability (PPD):

- Click the No Lost Time radio button.
- Enter the Return to Work date.
- Click Submit.



No Lost Time with PPD

If the injured worker did not lose compensable time from work and there **will be** PPD:

- Use the email reply feature to notify us that there will be PPD even though there is no lost time.
- **Do not** select the No Lost Time radio button.



Questions?



Hands on Training

- Enter date of first payment (mm/dd/yyyy):
 - Class must enter same date
 - Caveat: Date cannot be a date earlier than present date or today's date and cannot be more than 4 months in the future
- Using TTD (easiest) Select payment type from drop-down menu.
- Enter the amount of first payment (no dollar sign).
- Enter the weekly wage (no dollar sign) if it is not already present.
- Did you enter the insurer contact information on the WKC-12? If not, you must enter it now to be able to submit the WKC-13!
- Click Submit.



First Payment Information – WKC-13

NOTE: If last day worked is wrong, enter correct date. Also, if applicable, select a late reason from the drop-down menu. If payment type is PPD, leave last day worked alone. The application will ignore last day worked when PPD payments are reported.

Date of 1st Compensation Payment: (mm/dd/yyyy)	08/15/2019	<input type="checkbox"/>
Type:	TEMPORARY TOTAL DISABILITY 102.43	▼
Amount of 1st Payment:	250.00	
Weekly Wage Used to set TTD Rate:	450.00	
Last Day Worked: (mm/dd/yyyy)	08/01/2019	<input type="checkbox"/>
If 1st Payment was late (more than 14 days after injury date), please choose a reason:		▼
Does the employee work on Sunday?:	<input type="radio"/> Yes <input checked="" type="radio"/> No	



Confirmation Screen

If all mandatory information in the correct format has been entered, the confirmation screen displays when the data has been successfully sent.



Confirmation Screen (cont.)

- For a hard copy of your WKC-13 report, click on the View Printable WKC-13 form button to print page.
 - NOTE: When navigating back to the confirmation screen, use the Back button on the bottom of the View Printable WKC-13 screen.
- View Payments button: You will see claim's complete payment history, same as what you just submitted (this is the first payment report).

WC Claim Number	2019024144	Ins Claim Number	223456
Employee Name	MOUSE, MICKEY	SSN	888556823
Injury Date	08/01/2019	Due Date	07/21/2022
Balance Due	0.00		

Your WKC13 has been successfully processed.
The claim status is now in Waiting for Final WKC13.

Do you want to enter more payment information for this claim, now?

Yes No

[View Printable WKC13 form](#)

[View Payments](#)

[Send WKC13A](#)



Confirmation Screen (cont.)

- To continue to report payment information for this claim, select YES in response to the question on the screen. If you do not have more payment information to submit right now, select NO.
- To submit a WKC-13A for this claim, click the Send WKC-13A button.

WC Claim Number	2019024144	Ins Claim Number	223456
Employee Name	MOUSE, MICKEY	SSN	888556823
Injury Date	08/01/2019	Due Date	07/21/2022
Balance Due	0.00		

Your WKC13 has been successfully processed.
The claim status is now in Waiting for Final WKC13.

Do you want to enter more payment information for this claim, now?

Yes No

[View Printable WKC13 form](#)

[View Payments](#)

[Send WKC13A](#)



Subsequent WKC-13

- You do not need to send payment information if you are just changing the:
 - Injury date (*but only to a date that is plus or minus six days from the displayed value and that does not come after the last day worked*);
 - Last day worked;
 - Insurer claim number; or
 - Insurer contact information.
- Enter the new information and click Submit.



Submitting a Subsequent WKC-13

NOTE: The screen shots below will often be portions of the screen, rather than the whole screen.

- Search pending reports for the claim that needs the subsequent payment WKC-13.
- When you find the claim, click on WC Number to access the claim detail screen.

Search by: SSN WC Claim Number Ins. Claim Number Claimant Name

Search for: Claim pending required report Claim not pending required report
(Closed, Filing Complete, Ready to Close, Litigated)

You are currently searching for claims under ALL INSURERS

Please enter 10 digit WC Claim Number

WC Number	Ins. Claim No.	SSN	Claimant Name	Injury Date	Current Status	Due Date	Emplo
2019024144	223456	888556823	MOUSE, MICKEY	08/01/2019	WAITING FOR LAST SUPPLEMENTAL REPORT WKC13	07/21/2022	DISNEY



Accessing the Subsequent Payment WKC-13

Click on the Send WKC-13 to access the subsequent payment WKC-13.



E-mail Reply			
Send WKC-13		Send WKC-13A	View Payments
WC Claim Number:	2019024144	Ins. Claim Number:	223456
Claimant Name:	MOUSE, MICKEY	SSN:	888556823
Injury Date:	08/01/2019	Due Date	07/21/2022

Send a WKC13 showing all dates of disability and all amts paid to date
Received a NOT FINAL WKC13 as of 11/15/2019



WKC-13A Expected Date

Still waiting for the wage information to submit the WKC-13A?

- Enter the date you expect to send this information.
- If you have already entered an expected date on the WKC-13 and it needs to be changed, enter the new date and click Submit.



Final Medical Report Fields

Date Final Medical Report Anticipated

- Medical reports are due with the final WKC-13 (30 days) after final payment.
- If you know you will need to submit a final medical report but you do not have it yet, enter its expected date and click Submit.
- If you have already entered an expected date but need to change it, enter the new date and click Submit.



Final Medical Report Fields (cont.)

Medical Report Comments

- Only enter useful comments in the Medical Report Comments field, such as: “Claimant was offered light duty and refused to work since then,” “Have sent comparative X-rays,” etc.
- Do not send redundant comments such as “The IME is the final med,” “The med report is final,” “We have closed this file,” etc.



Final Indemnity Payment Date

- If the claimant has RTW or has been released to RTW, or all PPD has been paid, enter the final payment date and use the drop-down menu to select the correct payment type.
- The question about return to work applies when the claimant has reached end of healing, permanent restrictions have been assigned, and there is no actual knowledge or documentation that the employer provided work paying at least 90% of the claimant's pre-injury wage. Select YES or NO as appropriate.

Final Indemnity Payment Date:	<input type="text"/>	<input type="checkbox"/>
Type of Payment:	<input type="text" value=""/>	
Has the worker returned to work paying at least 90% of the wage at the time of injury after having reached the end of healing?	<input type="radio"/>	Yes
	<input type="radio"/>	No
	<i>(This question is only applicable if (1) the claimant has PPD for an unscheduled injury or (2) there is more than 13 weeks total of disability).</i>	



Type of Payment and Last Day Worked

Type of Payment and Last Day Worked

- If there is an open period of temporary disability, these two protected fields will be pre-filled and **cannot** be changed via Pending Reports.
- Use Email Reply feature to request any needed changes or deletion of the period.

Type of Payment	Last Day Worked	Returned to Work	Employer Paid Holidays	Amount Comp. Paid	Attorney Fees
TEMPORARY TOTAL DISABILITY 10% ▾	03/10/2006	<input type="checkbox"/>	<input type="checkbox"/>	250.00	<input type="radio"/> Withheld <input type="radio"/> Paid



Amount of Compensation Paid

Amount Comp. Paid:

- This field pre-fills with what has been previously reported. If the claimant is still off work on the same payment type, enter the new amount paid (no dollar sign) and click Submit.

Type of Payment	Last Day Worked	Returned to Work	Employer Paid Holidays	Amount Comp. Paid	Attorney Fees
TEMPORARY TOTAL DISABILITY 102.43	03/10/2006			250.00	

Withheld Paid

NOTE: This is not a calculating field. Do not enter just the latest amount paid (or latest check amount) because it will **not** be added to what was previously entered. In this field you must enter the **total** amount paid to date, regardless of what was previously reported, for the period of disability in question.



Reporting Amount Paid to Date When TD is Ongoing

The claimant is still off work without a change in disability type, but I want to report the total amount paid to date:

- Enter the total paid to date (not just the latest check amount) in the Amount Comp Paid field.
- Click Submit.

Type of Payment	Last Day Worked	Returned to Work	Employer Paid Holidays	Amount Comp. Paid	Attorney Fees
TEMPORARY TOTAL DISABILITY 10% ▾	03/10/2006			750.00	<input type="radio"/> Withheld <input type="radio"/> Paid



Start to Submit Payment Information

- Enter a return to work (RTW) date, amount paid, new line of TTD, its last day worked (LDW), and its amount paid.
- Click Submit.
- At the confirmation screen, remember the View Printable button and the View Payments button.
- Select No to return to Pending Reports screen.
- Find the claim, click on it and click the View Payments button. Note down the dates and I will illustrate changing the RTW date, and the amount paid for the closed period of disability. Click on the Send WKC-13 button.



Reporting All TD Paid after RTW

To report the RTW date, the total amount comp paid, and to indicate that the WKC-13 is final when the claimant has RTW at full duty:

- Enter the RTW date (in mm/dd/yyyy format),
- Total amount paid to date,
- Any other applicable information, and
- Click Submit.

Type of Payment	Last Day Worked	Returned to Work	Employer Paid Holidays	Amount Comp. Paid	Attorney Fees
TEMPORARY TOTAL DISABILITY 102 ▾	03/10/2006	04/01/2006		900.00	<input type="radio"/> Withheld <input type="radio"/> Paid



Claimant Receiving a Different Type of TD after RTW

When claimant is off work again on a different type of disability after returning to work:

- Enter the RTW date (in the mm/dd/yyyy format),
- Total amount paid to date for the first disability type, and
- On next open line choose new disability type from the drop-down menu,
- Enter the last day worked date and click Submit.

Type of Payment	Last Day Worked	Returned to Work	Employer Paid Holidays	Amount Comp. Paid	Attorney Fees
TEMPORARY TOTAL DISABILITY 102	03/10/2006	04/03/2006		950.00	<input type="radio"/> Withheld <input type="radio"/> Paid
SALARY CONTINUED + SICK LV 102	04/07/2006				<input type="radio"/> Withheld <input type="radio"/> Paid

NOTE: The system will automatically generate Amount Comp paid when Salary Continued is selected and return to work date is entered. For all other payment types, you must enter the Amount Comp Paid.



Successful Submission on Confirmation Screen

- Confirmation screen displays when submission is successful.
- For a copy of the information just submitted, click View Printable button.

Your WKC13 has been successfully processed.
The claim status is now in Waiting for Final WKC13.

Do you want to enter more payment information for this claim, now?

Yes No

[View Printable WKC13 form](#)

[View Payments](#)

[Send WKC13A](#)

NOTE: when navigating back to the confirmation screen, use the Back button on the bottom of the View Printable copy. To see complete payment record for claim, click View Payments. If you do not want to enter more payment information on this claim, select NO to the question on the screen.



Changing RTW Date on Previously Reported Disability

To change RTW date on a previously reported period of disability:

- Go to View Payments screen to see the exact payment type and last day worked for the disability period in question. Note down this information and click Send WKC13.

Wage Reported	450.00						
Payments to Claimants:							
Type of Payment	Last Day Worked	Returned to Work	Employer Paid Holidays	Payment Calculated	Amount Comp. Paid	Attorney Fees	
TEMPORARY TOTAL DISABILITY 102.43	03/10/2006		0	950.00	950.00	0.00	
SALARY CONTINUED+SICK LV 102.43	04/07/2006		0	0.00	0.00	0.00	
Balance Due:					0.00		



Changing RTW Date on Previously Reported Disability

Disability periods with a RTW date do not pre-fill on WKC-13 screen.

- On the first open line, choose the new disability type from drop down menu,
- Enter last day worked for the disability period in question,
- Enter new RTW date and adjusted Amount Comp Paid (if applicable), and
- Click Submit.

Type of Payment	Last Day Worked	Returned to Work	Employer Paid Holidays	Amount Comp. Paid	Attorney Fees
SALARY CONTINUED + SICK LV 102 ▾	04/07/2006				<input type="radio"/> Withheld <input type="radio"/> Paid
TEMPORARY TOTAL DISABILITY 10: ▾	03/10/2006	04/05/2006		1050.00	<input type="radio"/> Withheld <input type="radio"/> Paid

NOTE: If new RTW date overlaps any other existing last day worked on the claim, you will receive an Overlapping Date error. Use Email Reply to request a change to existing RTW date if necessary.



Reporting PPD Payment

- On the first open line, choose correct type of PPD from the drop-down menu,
- Enter Amount Comp Paid and click Submit.
- Do not enter a last day worked or RTW date when reporting PPD payments.

Type of Payment	Last Day Worked	Returned to Work	Employer Paid Holidays	Amount Comp. Paid	Attorney Fees
PPD SCHEDULED 102.52, -.53, -.55				1500.00	<input type="radio"/> Withheld <input type="radio"/> Paid

NOTE: If the claimant has ratings for both PPD Scheduled and PPD Nonscheduled, PPD Nonscheduled takes priority. So, in this case all PPD payments should be reported as PPDNON.



Why Is Payment Line on WKC-13 Screen Blank?

Previously reported PPD payments never pre-fill on the WKC-13 screen. On the first open line:

- Choose the correct type of PPD from drop down menu,
- Enter **total** Amount Comp Paid to date for PPD, and
- Click Submit.

Type of Payment	Last Day Worked	Returned to Work	Employer Paid Holidays	Amount Comp. Paid	Attorney Fees
PPD SCHEDULED 102.52, -.53, -.55				3000.00	<input type="radio"/> Withheld <input type="radio"/> Paid



Report Previous Payment of Balance Due

To report the balance due that has been paid:

- Go to View Payments screen for the claim,
- Note down payment type, LDW, and RTW dates for underpaid period, and
- Click Send WKC13.

Wage Reported	450.00						
Payments to Claimants:							
Type of Payment	Last Day Worked	Returned to Work	Employer Paid Holidays	Payment Calculated	Amount Comp. Paid	Attorney Fees	
TEMPORARY TOTAL DISABILITY	102.43	03/10/2006	04/03/2006	0	950.00	750.00	0.00
					Balance Due:	200.00	



Report Balance Due That Has Been Paid

Disability periods with a RTW date, even if there is a balance due, do not pre-fill on the WKC-13 screen.

- On first open line, choose disability type from drop down menu,
- Enter exact last day worked and RTW dates for underpaid period of disability,
- Enter the **total** Amount Comp Paid and click Submit.

Type of Payment	Last Day Worked	Returned to Work	Employer Paid Holidays	Amount Comp. Paid	Attorney Fees
TEMPORARY TOTAL DISABILITY 102 ▾	03/10/2006	04/03/2006		950	<input type="radio"/> Withheld <input type="radio"/> Paid

NOTE: Amount Comp Paid in this case is the total paid: the amount previously paid plus the balance due.



Successfully Submitting Payment Information

Successful submission opens the confirmation screen:

- For a copy of information just submitted, click View Printable button.
- To see complete payment record for claim, click View Payments button.

Your WKC13 has been successfully processed.
The claim status is now in Waiting for Final WKC13.

Do you want to enter more payment information for this claim, now?

Yes No

[View Printable WKC13 form](#)

[View Payments](#)

[Send WKC13A](#)

NOTE: When navigating back to the confirmation screen, use the Back button on the bottom of the View Printable copy.



Successfully Submitting Payment Information (cont.)

IMPORTANT: If the WKC-13 you just submitted is final, select NO for the “Will there be more Temporary...?” question and the claim status will be recalculated.

- If temporary disability benefits paid are for more than three weeks, the claim will move to Waiting for Final Medical Report status if we do not already have a final medical report.
- If temporary disability benefits paid are for three weeks or less, the claim will close as paid in full or, if we do not have a WKC-13A or if there is an open wage investigation, will move to Expected Wage Information status.



Note: About WKC-13s

- Last Day Worked and Payment Type are protected fields. You cannot change them via Pending Reports!
- Deleting an entire period of disability cannot be done via Pending Reports!
- In each of these situations, you must contact the WCD and request that we make these changes.



Additional Points to Remember

Help and Reset Buttons

- The Help button provides answers to FAQ's when submitting WKC-13s on the Internet.
- **Remember:** Reset button will remove **all** information submitted on the form, so consider highlighting and deleting information or back spacing information submitted in error.



Supplement WKC-13: Wrap-up Comments

- Only need to re-enter past payment information for closed periods of disability if you are revising information for one of those periods.
- Claim information you can change via Pending Reports from the subsequent WKC-13 screen:
 - Date of injury (plus or minus six (6) days from the original date).



Supplement WKC-13: Wrap-up Comments (cont.)

Changes you can make without contacting WCD

- Insurer Claim number,
- Final Medical Report and WKC-13A expected dates,
- RTW Date (as long as there is no overlap with any other existing period of disability),
- The amount paid,
- The TPD Worksheet detail, and
- Insurer contact information.



Supplement WKC-13: Wrap-up Comments (cont.)

You must contact the WCD via email reply or phone to change the following claim information:

- Payment Type
- Last Day Worked
- Deletion of entire payment line



Questions?



Suspending Payments - Claim Status

If you are suspending payments because:

- There is no current medical report, or
- The claimant is not following doctor's orders,
 1. Select the Suspended box,
 2. Answer the "Has claimant been notified?" question either YES or NO,
 3. Click Submit, and
 4. Fax a copy of the suspension letter to WCD at 608-260-2503.



Other Remarks

Other Remarks box

- Enter useful comments such as “Paying child support” or “Taking 15% reduction in disability benefits for claimant’s safety violation”
- Do not enter redundant remarks like “RTW full wages,” “Still off work,” “TPD worksheet completed,” etc.



Questions?



Submitting a WKC-13A

General Comments

- Note: Please wait until you obtain complete and accurate wage information before submitting a WKC-13A.
- Note: The screen shots that follow will often be portions of the screen, rather than the whole screen.



Submit WKC-13A Supplemental Wage

- Locate the claim on the pending reports for which you need to submit the WKC-13A.
- When you find the claim, click on WC Number to access claim detail screen.

Search by: SSN WC Claim Number Ins. Claim Number Claimant Name

Search for: Claim pending required report Claim not pending required report
(Closed, Filing Complete, Ready to Close, Litigated)

You are currently searching for claims under ALL INSURERS

Please enter 10 digit WC Claim Number

WC Number	Ins. Claim No.	SSN	Claimant Name	Injury Date	Current Status	Due Date	Empl
2019024144	223456	888556823	MOUSE, MICKEY	08/01/2019	WAITING FOR LAST SUPPLEMENTAL REPORT WKC13	07/21/2022	DISNEY



Click Send WKC-13A Button

Click Send WKC-13A button to access WKC-13A.

<input type="button" value="E-mail Reply"/>			
<input type="button" value="Send WKC-13"/>		<input type="button" value="Send WKC-13A"/>	<input type="button" value="View Payments"/>
WC Claim Number:	2019024144	Ins. Claim Number:	223456
Claimant Name:	MOUSE, MICKEY	SSN:	888556823
Injury Date:	08/01/2019	Due Date	07/21/2022



Highlights: WKC-13A

- **Occupation:** Pre-fills from First Report of Injury.
- **Date of Birth** (mm/dd/yyyy): Pre-fills from First Report of Injury. If not previously reported or reported incorrectly, enter or change it here.
- **Is the claimant an agricultural employee?** Default response is NO. If claimant qualifies as an agricultural worker (see 102.04(3), Wis. Stats.) select YES.

WC Claim Number	2019024144	Ins Claim Number	223456
Employee Name	MOUSE, MICKEY	Insurer	TEST INSURER 1
SSN	888556823	Claim Handling Name	TEST INSURER 1
Injury Date	08/01/2019	Employer	DISNEY

SECTION 0. GENERAL INFORMATION

1. Occupation: CLOWN

2. Date of Birth (mm/dd/yyyy):

3. Is the claimant an agricultural employee? Yes No



Highlights: WKC-13A (cont.)

- **Hourly/Weekly/Monthly Rate:** Click radio button for applicable rate of pay. Enter amount (no dollar sign) but do not include a shift differential. Use Weekly or Monthly rates only for employees not paid by an hourly rate. Do not enter a rate if the employee is paid by commission, mileage, piece rate only, or some other method.
- **Pay Included Tips:** If not already done in Rate section, enter amount of Base Hourly Rate and then enter the amount of weekly tip average. No dollar signs needed.

SECTION 1. PAY INFORMATION

If The Claimant Is Paid Solely By Commission, Mileage, Or Some Other Method, Where Scheduled Hours Are Not Used, Skip Question 1 In Section 1 And Go On To Answer Any Of Questions 2 Through 6 That May Apply.

1. Hourly Rate Weekly Rate Monthly Rate

Note: One Of The Following May Also Apply.

2. Pay Included Tips:

Base Hourly Rate:

Average Tips Per Week:



Highlights: WKC-13A (cont.)

- **Paid by Piece Rate:** Total hours worked and total wages earned are prior to the week of injury. Do not include overtime hours or overtime pay. The latter will be included in the gross wages.
- **Wages Included Differential:** Enter differential paid per hour, if applicable.

3.	Paid By Piece Rate: Enter The Total Hours Worked And Wages Earned In The 52 Week Period Prior To The Injury (Excluding Overtime Hours). Hours: <input type="text"/> Wages: <input type="text"/>
4.	Wages Included Differential: If The Claimant's Hourly Wages Included Differential Per Hour At The Time Of Day When The Injury Occurred, Enter Differential Per Hour: <input type="text"/>



Highlights: WKC-13A (cont.)

- **Exceptional Basis of Pay and Wage Comments:** Make the appropriate choice from the drop-down menu in 5A. If you select “other,” you must fill in the description of the type of employment in 5B, Basis of Pay/Wage Comments. Use this field to send additional pertinent wage information. Wage presentation includes further detail.

5. Exceptional Basis Of Pay:	
A. Exceptional Basis Of Pay For Special Types Of Employment:	<input type="text"/>
B. Basis of Pay/Wage Comments:	<input type="text"/>



Highlights: WKC-13A (cont.)

- **Seasonal Employee:** The number of weeks worked for a seasonal employee cannot exceed 14. “Seasonal Employment” refers primarily to workers in the canning industry, Christmas tree harvesters, ice harvesters, etc.

6. **Seasonal Employee:**

If The Claimant's Occupation Is Seasonal,

Enter Number Of Weeks In The Season (Whole Number):



Highlights: WKC-13A (cont.)

- **Gross Wages:** Enter total taxable income for the 52 calendar weeks (or less if employed for less than 52 weeks) prior to week of injury. Include overtime, holiday/vacation/sick/personal pay, incentive pay, commissions and bonuses. Do not include unemployment or worker's compensation benefits (TTD and/or TPD), short-or long-term disability or unpaid leave, such as FMLA.

SECTION 2. GROSS WAGES

1. **Gross Taxable Wages In A 52 Week Period Prior To Week Of Injury:**

Exclude Week Of Injury And Tips.

Include Annual Commission, Overtime, And Bonuses.

2. **Number Of Weeks Worked In 52 Week Period Prior To Week Of Injury:**

Exclude Week Of Injury In The Number Of Weeks.

3. **Date of Hire (mm/dd/yyyy):**



Highlights: WKC-13A (cont.)

- **Number of Weeks Worked:** Enter the number of weeks employee worked prior to week of injury (partial week counts as a full week.) If employee is injured during first week of hire enter 1 for weeks worked. Include weeks when employee was paid vacation, sick leave, personal leave, or other employer paid time. Do not count weeks where employee was receiving unemployment or worker's compensation benefits (TTD and/or TPD, short-or long-term disability or unpaid leave such as FMLA.

SECTION 2. GROSS WAGES

1. Gross Taxable Wages In A 52 Week Period Prior To Week Of Injury:
Exclude Week Of Injury And Tips.
Include Annual Commission, Overtime, And Bonuses.

2. Number Of Weeks Worked In 52 Week Period Prior To Week Of Injury:
Exclude Week Of Injury In The Number Of Weeks.

3. Date of Hire (mm/dd/yyyy):



Highlights: WKC-13A (cont.)

- **Date of Hire:** If there are multiple periods of employment, use most recent date hired by the employer of injury. The date entered must be in correct mm/dd/yyyy format. The gray button to the right of the field will display a calendar. Select the correct date from the calendar and the date will auto-fill in the field.

SECTION 2. GROSS WAGES

1. Gross Taxable Wages In A 52 Week Period Prior To Week Of Injury:
Exclude Week Of Injury And Tips.
Include Annual Commission, Overtime, And Bonuses.

2. Number Of Weeks Worked In 52 Week Period Prior To Week Of Injury:
Exclude Week Of Injury In The Number Of Weeks.

3. Date of Hire (mm/dd/yyyy):



Highlights: WKC-13A (cont.)

- **Free Meals** and **Daily Room**: Enter the number of these, per week, provided to employee.
- **Other Additions**: If other items of additional compensation, enter description in 3.A and their weekly monetary value in 3.B.
- **Did Claimant Continue**: Make sure to click on the YES or NO radio button as applicable.

SECTION 3. ADDITIONS TO CASH WAGE

1. Free Meals: Enter Number Of Meals Per Week.

2. Daily Room: Enter Number Of Days Per Week.

3. Other Additions To Cash Wage:

A. Enter Description Of Item (e.g. Fuel, Electricity, etc.):

B. Enter Weekly Value Amount:

4. Did Claimant Continue To Receive Additions To Cash Wage During The Healing Period? Yes No



Highlights: WKC-13A (cont.)

- **Normal Full Time Hours:** Enter number of normally scheduled hours, including number of hours paid at either time and a half or double time.
- **Regular Alternating Weekly Basis:** Enter number of scheduled hours for both the first and second weeks in the alternating schedule.
- **Time and a Half Pay:** Enter number of hours worked before time and a half is paid, if applicable.

SECTION 4. SCHEDULED HOURS AND OVERTIME INFORMATION	
1. Normal Full Time Hours Scheduled By The Employer For This Type Of Work:	<input type="text"/>
2. If Employer Scheduled Claimant To Work On A Regular Alternating Weekly Basis, Enter The Number Of Hours For The Regular Alternating Full Time Schedule:	
Alternating Schedule Week One:	<input type="text"/>
Alternating Schedule Week Two:	<input type="text"/>
3. Time And A Half Pay:	
If The Employer Paid Time And A Half, Enter The Number Of Hours Worked Before Time And A Half Was Paid:	<input type="text"/>



Highlights: WKC-13A (cont.)

- **Double Time Pay:** Enter the number of hours worked before double time is paid, if applicable.
- **Scheduled to Work Full Time:** You must click on the YES or NO radio button as applicable. If you select NO, you must fill out the applicable questions in Section 5.

4. Double Time Pay:
If The Employer Paid Double Time,
Enter The Number Of Hours Worked Before Double Time Was Paid:

5. Was Claimant Scheduled To Work Full Time In This Job Each Week? Yes No
If Yes, Part Of Class Information Completed In Section 5 Will NOT Be Saved.
If No, Complete Part Of Class Information In Section 5 Below.



Submitting Attorney Information

Note: The screen shots below will often be portions of the screen, rather than the whole screen.

To add an attorney to the claim:

- Locate the claim on Pending Reports.
- When you find the claim, click on the WC number to access claim detail screen.

Search by: SSN WC Claim Number Ins. Claim Number Claimant Name

Search for: Claim pending required report Claim not pending required report
(Closed, Filing Complete, Ready to Close, Litigated)

You are currently searching for claims under ALL INSURERS

Please enter 10 digit WC Claim Number

WC Number	Ins. Claim No.	SSN	Claimant Name	Injury Date	Current Status	Due Date	Employer
2019024149			MOUSE, MICKEY	08/01/2019	WAITING FOR FIRST SUPPLEMENTAL REPORT WKC13	08/31/2019	DISNEY



Submitting Attorney Information (cont.)

Click on Send WKC-13 to access subsequent payment WKC-13. The Attorney Info button is located in the right hand column after the payment information on this screen.

E-mail Reply

Send WKC-13 Send WKC-13A View Payments

WC Claim Number:	2019024144	Ins. Claim Number:	223456
Claimant Name:	MOUSE, MICKEY	SSN:	888556823
Injury Date:	08/01/2019	Due Date	07/21/2022

Send a WKC13 showing all dates of disability and all amts paid to date
Send WKC13A by 09/15/2019
Received a NOT FINAL WKC13 as of 11/12/2021
Return to Work date is missing for payment TTD for period starting 08/01/2019



Submitting Attorney Information (cont.)

If no attorney is assigned to the claim, the bottom of the screen will have the message “No attorneys are currently assigned to this claim.” To add an attorney, you must first search the WCD database. This search must be done for each attorney you wish to add.

If there are any attorneys currently assigned to the claim you will find them listed at the bottom of the page. If you need to update information for the existing attorney (or attorneys), click on the attorney's name, make the necessary corrections and click the Update button.

Before adding a new attorney to the claim, you must first perform a search to see if the attorney information already exists. Enter either the first, last or firm name, or any combination thereof, and click the Search button. If no results are returned, enter the attorney information and click the Add To Claim button.

WC Claim Number	2019024145	Ins Claim Number	12345
Employee Name	MOUSE, MICKEY	SSN	439349578
Injury Date	08/01/2019	Employer	DISNEY

Attorney Name (First, Middle, Last):

Firm Name:

Search by First, Last, Firm name

Attorney Agent Type:

Address:

City, State, Zip: Wisconsin

Phone (999 999-9999): **Extension:**



Submitting Attorney Information (cont.)

You can search by first name, last name, firm name, or any combination thereof.

Capitalization is not necessary. After entering your search criteria, click on the Search button.

If there are any attorneys currently assigned to the claim you will find them listed at the bottom of the page. If you need to update information for the existing attorney (or attorneys), click on the attorney's name, make the necessary corrections and click the Update button.

Before adding a new attorney to the claim, you must first perform a search to see if the attorney information already exists. Enter either the first, last or firm name, or any combination thereof, and click the Search button. If no results are returned, enter the attorney information and click the Add To Claim button.

WC Claim Number	2019024145	Ins Claim Number	12345
Employee Name	MOUSE, MICKEY	SSN	439349578
Injury Date	08/01/2019	Employer	DISNEY

Attorney Name (First, Middle, Last):

Firm Name:

Search by First, Last, Firm name

Attorney Agent Type:

Address:

City, State, Zip: Wisconsin

Phone (999 999-9999): **Extension:**



Attorney Search

If your search was successful, a text message reading “Select an attorney to assign to this claim:” will appear at the bottom of the screen, followed by a list of attorneys including their name, firm name, address, city, state, and zip.

Select an attorney to assign to this claim:

Attorney Name	Firm Name	Address	City, State, Zip
BAFFA, DAVID	SEYFARTH SHAW FAIRWEATHER GERALDSON	55 E MONROE ST STE #4200	CHICAGO, IL 60603-5803
BANGERT, DAVID	FIRST, BLONDIS, ALBRECHT	158 N BROADWAY #600	MILWAUKEE, WI 53202
BARRON, DAVID	ALANIZ AND SCHRAEDER, L.L.P.	16010 BARKER'S POINT STE 500	HOUSTON, TX 77079
BARTZ, DAVID	BARTZ, DAVID J	111 KING ST SUITE 34	MADISON, WI 53703



Adding an Attorney

- Click on the attorney's name to add an attorney returned by the search, and all required fields will automatically populate.
- Click the ADD to Claim button to assign the attorney to the claim.

WC Claim Number	2019024145	Ins Claim Number	12345
Employee Name	MOUSE, MICKEY	SSN	439349578
Injury Date	08/01/2019	Employer	DISNEY
Attorney Name (First, Middle, Last):	DAVID	S	BAFFA
Firm Name:	SEYFARTH SHAW FAIRWEATHER GERALDSON		
	<input type="button" value="Search"/> Search by First, Last, Firm name		
Attorney Agent Type:	ATTORNEY		
Address:	55 E MONROE ST STE #4200		
City, State, Zip:	CHICAGO	Illinois	60603-5803
Phone (999 999-9999):	(312) 346-8000	Extension:	
<input type="button" value="Help"/> <input type="button" value="ADD to Claim"/> <input type="button" value="Reset"/> <input type="button" value="Return to WKC-13"/>			



Successful Attorney Addition

If the transmission is successful, the fields on the screen will go blank and on the bottom of the screen the text, “Attorneys already assigned to this claim:” will appear with the just-added attorney information under it. You can assign as many attorneys as necessary by repeating the process described above.

Attorneys already assigned to this claim:

Attorney Name	Firm Name	Address	City, State, Zip
DOMER, THOMAS	DOMER LAW OFFICE	3970 N OAKLAND AVE #201	MILWAUKEE, WI 53211



Unsuccessful Attorney Search

If your search for an attorney was unsuccessful, then the message “No attorneys were found which match search criteria” will be displayed at the bottom of the screen.

No attorneys were found which match search criteria

If the search was unsuccessful (or the attorney for whom you are looking is not among those returned), enter the information in the requisite fields. Click the ADD to Claim button to assign the attorney to the claim.

Attorney Name (First, Middle, Last):	johnathan		swift
Firm Name:	gulivers llp		
	<input type="button" value="Search"/> Search by First, Last, Firm name		
Attorney Agent Type:	ATTORNEY ▾		
Address:	123 king st		
City, State, Zip:	madison	Wisconsin ▾	53707
Phone (999 999-9999):	6082544525	Extension:	526
<input type="button" value="Help"/>	<input type="button" value="ADD to Claim"/>	<input type="button" value="Reset"/>	<input type="button" value="Return to WKC-13"/>



Changing Attorney Information

To change attorney information:

- Find the claim on the pending reports for which you need to submit attorney information.
- Click on the WC Number to access the claim detail screen.
- Click on the Send WKC-13 button to access the subsequent payment WKC-13 screen. Attorney Info button is on this screen.
- Scroll down to Attorney Info button and click on it access the attorney information page.



Changing Attorney Information (cont.)

- Scroll to the bottom of the screen to find the attorney whose information you need to update.
- Click on attorney's name.

Attorneys already assigned to this claim:

Attorney Name	Firm Name	Address	City, State, Zip
<u>DOMER, THOMAS</u>	DOMER LAW OFFICE	3970 N OAKLAND AVE #201	MILWAUKEE, WI 53211
<u>SWIFT, JOHNATHAN</u>	GULLIVERS LLP	123 KING ST	MADISON, WI 53707

The attorney's information will auto-fill the requisite fields and the Add to Claim button will become an Update button. Enter the updated information and click the Update button (see next slide).



Changing Attorney Information (cont.)

WC Claim Number 2019024144 Ins Claim Number 223456
Employee Name MOUSE, MICKEY SSN 888556823
Injury Date 08/01/2019 Employer DISNEY

Attorney Name (First, Middle, Last): THOMAS DOMER
Firm Name: DOMER LAW OFFICE
 Search by First, Last, Firm name

Attorney Agent Type: ATTORNEY
Address: 3970 N OAKLAND AVE #201
City, State, Zip: MILWAUKEE Wisconsin 53211
Phone (999 999-9999): (414) 967-5656 Extension: 547

Attorneys already assigned to this claim:

Attorney Name	Firm Name	Address	City, State, Zip
DOMER, THOMAS	DOMER LAW OFFICE	3970 N OAKLAND AVE #201	MILWAUKEE, WI 53211
SWIFT, JOHNATHAN	GULLIVERS LLP	123 KING ST	MADISON, WI 53707



Changing Attorney Information (cont.)

The following changes cannot be made via the Pending Reports application. Please use the email reply feature or call the WCD (608-266-1340) and request these changes.

- Removing an attorney who was added to a claim by mistake.
- Correcting Attorney Fee withheld.





Questions?

Rod Gennrich

608-266-5523

Rodney.Gennrich@dwd.wisconsin.gov



DWD.WISCONSIN.GOV