



**WC/PDB**

**WC/PDB CLAIM DATA**

Ln	0	1	2	3	4	5	6	7	7	8	
No	1	2345678901234567890123456789012345678901234567890123456789012345678901234567890								0	
1	C	COMM WC/PDB CLAIM DATA WPCL TZW								1	
2	O	NUMBER HOLDER SSN: SSS-SS-SSSS				NUMBER HOLDER NAME: SSSSS SSSSSSSSSS					
3	L	*INJURY/ILLNESS DATE (MMDDCCYY): 99999999				*SOURCE OF COMPENSATION: XX					
4	U	*WC/PDB CLAIM NUMBER: XXXXXXXXXXXXXXXXXXXXXXXXX				INJURY/ILLNESS STATE: XX					
5	M										
6	N	*PERIODIC PAYMENTS AWARDED (Y/N): X				*LUMP SUM AWARDED (Y/N): X					
7	*	*WC/PDB CLAIM PENDING (Y/N): X				*CLAIM DENIED (Y/N): X					
8	O	*APPEAL PENDING (Y/N): X				IF YES, EXPECTED DECISION DATE (MMDDCCYY): 99999999					
9	N	INTEND TO FILE (Y/N): X									
10	E	WILL BE DELETED FROM THIS INJURY - CONTINUE (Y/N): X									
11		*REVERSE JURISDICTION INVOLVED (Y/N): X									
12	R	IF YES, START (MMDDCCYY): 99999999				STOP (MMCCYY): 999999					
13	E										
14	S	DO THE PDB'S MEET THE COVERED SERVICE EXCLUSION (Y/N): X									
15	E	COVERED EARNINGS PERCENTAGE: 999									
16	R	DO YOU NEED TO MANUALLY ENTER A HIGHER ACE (Y/N): X									
17	V	IF YES, MANUAL 100 PERCENT ACE: 99999									
18	E	SELECT METHOD USED: 9									
19	D	1=HIGH 1		2=HIGH 5		3=AVERAGE MONTHLY WAGE.					
20		DELETE THIS CLAIM (Y/N): N									
21		THIS OCCURRENCE OF DATA WILL BE DELETED FROM CLIENT AND MBR-CONTINUE (Y/N): X									
22		PF1 HELP AVAILABLE								TRANSFER TO: XXXX	
23		*****APPLICATION ERROR MESSAGE*****									
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****									

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**WC/PDB**

**WC/PDB CLAIM DATA EMPLOYER/PAYER NAME AND ADDRESS**

Ln	0	1	2	3	4	5	6	7	7	8
No	1	23456789012345678901234567890123456789012345678901234567890123456789								0
1	C	COMM	WC/PDB CLAIM DATA EMPLOYER/PAYER NAME AND ADDRESS						WPAD TZW	2
2	O	NUMBER HOLDER SSN: SSS-SS-SSSS			NUMBER HOLDER NAME: SSSSS SSSSSSSSSSS					
3	L	INJURY/ILLNESS DATE: SSSSSSSS						SOURCE OF COMPENSATION: SS		
4	U	WC/PDB CLAIM NUMBER: SSSSSSSSSSSSSSSSSSSSSSSSSSSSS						INJURY/ILLNESS STATE: SS		
5	M									
6	N									
7	*	EMPLOYER NAME: <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>								
8	O	ADDRESS 1: <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>		ADDRESS 2: <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>						
9	N	ADDRESS 3: <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>		ADDRESS 4: <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>						
10	E	CITY: <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>		STATE: <u>XX</u>	ZIP: <u>99999</u>					
11		CONTACT: <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>		PHONE: <u>XXXXXXXXXXXX</u>	EXTENSION: <u>9999</u>					
12	R	E-MAIL: <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>		FAX: <u>XXXXXXXXXXXX</u>						
13	E									
14	S									
15	E	PAYER NAME: <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>								
16	R	ADDRESS 1: <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>		ADDRESS 2: <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>						
17	V	ADDRESS 3: <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>		ADDRESS 4: <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>						
18	E	CITY: <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>		STATE: <u>XX</u>	ZIP: <u>99999</u>					
19	D	CONTACT: <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>		PHONE: <u>XXXXXXXXXXXX</u>	EXTENSION: <u>9999</u>					
20		E-MAIL: <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>		FAX: <u>XXXXXXXXXXXX</u>						
21										
22		PF1 HELP AVAILABLE								TRANSFER TO: <u>XXXX</u>
23		*****APPLICATION ERROR MESSAGE*****								
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****								

**WC/PDB**

**WC/PDB PERIODIC PAYMENTS**

Ln	0	1	2	3	4	5	6	7	7	8	
No	1	23456789012345678901234567890123456789012345678901234567890123456789	0	1	2	3	4	5	6	7	
1	C	COMM					WC/PDB PERIODIC PAYMENTS			WPPR TZW	3
2	O	NUMBER HOLDER SSN: SSS-SS-SSSS								NUMBER HOLDER NAME: SSSSS SSSSSSSSSSS	
3	L	INJURY/ILLNESS DATE: SSSSSSSS								SOURCE OF COMPENSATION: SS	
4	U	WC/PDB CLAIM NUMBER: SSSSSSSSSSSSSSSSSSSSSSSSSSSSS								INJURY/ILLNESS STATE: SS	
5	M										
6	N	[ *START	STOP		*PERIODIC	*FREQ	TYPE OF	*PAYMENT			
7	*	[ (MMDDCCYY)	(MMDDCCYY)		AMOUNT		PAYMENT	PROOF (Y/N)			
8	O	99999999	99999999		99999.99	X	XX	X			
9	N	99999999	99999999		99999.99	X	XX	X			
10	E	99999999	99999999		99999.99	X	XX	X			
11		99999999	99999999		99999.99	X	XX	X			
12	R	99999999	99999999		99999.99	X	XX	X			
13	E	99999999	99999999		99999.99	X	XX	X			
14	S	99999999	99999999		99999.99	X	XX	X			
15	E	99999999	99999999		99999.99	X	XX	X			
16	R										
17	V	IF PERIODIC PAYMENTS ARE TO BEGIN AGAIN, EXPECTED DATE (MMDDCCYY):	99999999								
18	E	ARE ONGOING PERIODIC EXPENSES INVOLVED (Y/N):	X								
19	D	ARE ONE-TIME EXCLUDABLE EXPENSES FROM PERIODIC PAYMENTS INVOLVED (Y/N):	X								
20		EXPENSES WILL BE DELETED FROM THIS INJURY - CONTINUE (Y/N):	X								
21		MORE PERIODIC PAYMENTS (Y/N):	X								
22		PF1 HELP AVAILABLE								TRANSFER TO: XXXX	
23		*****APPLICATION ERROR MESSAGE*****									
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****									

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### WC/PDB

#### WC/PDB PERIODIC PAYMENTS ONGOING EXPENSES

Ln	0	1	2	3	4	5	6	7	7	8	
No	1	23456789012345678901234567890123456789012345678901234567890123456789								0	
1	C	COMM WC/PDB PERIODIC PAYMENTS ONGOING EXPENSES WPOX TZW								4	
2	O	NUMBER HOLDER SSN: SSS-SS-SSSS				NUMBER HOLDER NAME: SSSSS SSSSSSSSSSS					
3	L	INJURY/ILLNESS DATE: SSSSSSSS				SOURCE OF COMPENSATION: SS					
4	U	WC/PDB CLAIM NUMBER: SSSSSSSSSSSSSSSSSSSSSSSSSSS				INJURY/ILLNESS STATE: SS					
5	M										
6	N										
7	*	[	START	STOP	PERIODIC	FREQ	TYPE OF	ONGOING	ONGOING	PROOF	
8	O	[	(MMDDCCYY)	(MMDDCCYY)	AMOUNT		PAYMENT	EXPENSES	PERCENT	(Y/N)	
9	N		SSSSSSSS	SSSSSSSS	SSSSSSSS	S	SS	99999.99	999	X	
10	E		SSSSSSSS	SSSSSSSS	SSSSSSSS	S	SS	99999.99	999	X	
11			SSSSSSSS	SSSSSSSS	SSSSSSSS	S	SS	99999.99	999	X	
12	R		SSSSSSSS	SSSSSSSS	SSSSSSSS	S	SS	99999.99	999	X	
13	E		SSSSSSSS	SSSSSSSS	SSSSSSSS	S	SS	99999.99	999	X	
14	S		SSSSSSSS	SSSSSSSS	SSSSSSSS	S	SS	99999.99	999	X	
15	E		SSSSSSSS	SSSSSSSS	SSSSSSSS	S	SS	99999.99	999	X	
16	R		SSSSSSSS	SSSSSSSS	SSSSSSSS	S	SS	99999.99	999	X	
17	V										
18	E										
19	D	IF PERIODIC PAYMENTS ARE TO BEGIN AGAIN, EXPECTED DATE (MMDDCCYY): PPPPPPP									
20											
21		MORE PERIODIC PAYMENTS (Y/N): X									
22		PF1 HELP AVAILABLE							TRANSFER TO: XXXX		
23		*****APPLICATION ERROR MESSAGE*****									
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****									

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WC/PDB

ONE-TIME ONLY EXCLUDABLE EXPENSES FOR PERIODIC PAYMENTS

Ln	0	1	2	3	4	5	6	7	7	8
No	1	23456789012345678901234567890123456789012345678901234567890123456789								0
1	C	COMM ONE-TIME ONLY EXCLUDABLE EXPENSES FOR PERIODIC PAYMENTS WPEX TZW								5
2	O	NUMBER HOLDER SSN: SSS-SS-SSSS				NUMBER HOLDER NAME: SSSSS SSSSSSSSSSS				
3	L	INJURY/ILLNESS DATE: SSSSSSSS				SOURCE OF COMPENSATION: SS				
4	U	WC/PDB CLAIM NUMBER: SSSSSSSSSSSSSSSSSSSSSSSSSSS				INJURY/ILLNESS STATE: SS				
5	M									
6	N									
7	*									
8	O									
9	N	ONE-TIME EXCLUDABLE ATTORNEY EXPENSES: <u>9999999.99</u>				PROOF (Y/N): X				
10	E									
11		ONE-TIME EXCLUDABLE MEDICAL EXPENSES: <u>9999999.99</u>				PROOF (Y/N): X				
12	R									
13	E	ONE-TIME EXCLUDABLE RELATED EXPENSES: <u>9999999.99</u>				PROOF (Y/N): X				
14	S									
15	E									
16	R	*SPECIFIED EXPENSE PERIOD START DATE (MMDDCCYY): <u>99999999</u>								
17	V									
18	E									
19	D									
20										
21										
22		PF1 HELP AVAILABLE				TRANSFER TO: <u>XXXX</u>				
23		*****APPLICATION ERROR MESSAGE*****								
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****								

WC/PDB

WC/PDB LUMP SUM AWARD DATA

Ln	0	1	2	3	4	5	6	7	7	8
No	1	23456789012345678901234567890123456789012345678901234567890123456789								0
1	C	COMM	WC/PDB LUMP SUM AWARD DATA						WPLS TZW	6
2	O	NUMBER HOLDER SSN: SSS-SS-SSSS							NUMBER HOLDER NAME: SSSSS SSSSSSSSSS	
3	L	INJURY/ILLNESS DATE: SSSSSSSS							SOURCE OF COMPENSATION: SS	
4	U	WC/PDB CLAIM NUMBER: SSSSSSSSSSSSSSSSSSSSSSSSSSSSS							INJURY/ILLNESS STATE: SS	
5	M									
6	N									
7	*	*LUMP SUM AMOUNT: <u>9999999.99</u>							*PROOF (Y/N): <u>X</u>	
8	O	*LUMP SUM START DATE (MMDDCCYY): <u>99999999</u>								
9	N	*RATE AT WHICH LUMP SUM IS TO BE PRORATED: <u>99999.99</u>								
10	E	*FREQUENCY FOR LUMP SUM PRORATION: <u>X</u>								
11		TYPE OF PAYMENT: <u>XX</u>								
12	R									
13	E	EXCLUDABLE ATTORNEY EXPENSES: <u>9999999.99</u>							PROOF (Y/N): <u>X</u>	
14	S	EXCLUDABLE MEDICAL EXPENSES: <u>9999999.99</u>							PROOF (Y/N): <u>X</u>	
15	E	EXCLUDABLE RELATED EXPENSES: <u>9999999.99</u>							PROOF (Y/N): <u>X</u>	
16	R	SPECIAL AMOUNTS TO BE DEDUCTED FROM LUMP SUM: <u>9999999.99</u>							PROOF (Y/N): <u>X</u>	
17	V									
18	E	IF DESIRED, SELECT PRORATION METHOD TO BE USED IN COMPUTATION: <u>9</u>								
19	D	1=METHOD A      2=METHOD B      3=METHOD C.								
20										
21										
22		PF1 HELP AVAILABLE							TRANSFER TO: <u>XXXX</u>	
23		*****APPLICATION ERROR MESSAGE*****								
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****								