



INTEGRATED CLAIMS MANAGEMENT SYSTEM (ICMS)

How Do I File A Form With Attachments?



State Board of Workers' Compensation
270 Peachtree Street, N.W.
Atlanta, GA 30303-1299
<http://sbwc.georgia.gov>

404-656-3818

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Board Forms With Attachment Links

Below is a list of forms that you have the ability to attach documents to and the steps to filing these documents:

- MC-NFN-12 - Rehab Objection
- WC-102D - Motion/Objection To Motion (For Motion for Reconsideration is to be filed under **Submit Non-Form Docs** tab it should not be filed using this form)
- WC-108A - Attorney Fee Approval
- WC-108B - Attorney Withdrawal / Lien
- WC-200A - Change of Physician/Additional Treatment w/Consent
- WC-200B - Request for Change of Physician/Additional Treatment
- WC-25 - Request for Lump Sum or Advance Payment
- WC-R1 - Request for Rehabilitation
- WC-R2 - Rehabilitation Transmittal Forms
- WC-R3 - Request for Rehabilitation Closure
- WC-R1CATEE

1. Under **Attorney Functions** select **My Claim Files** on the home page.

Step 1

The screenshot shows the ICMS Integrated Claims Management System home page for an attorney. The page is displayed in Microsoft Internet Explorer. The browser address bar shows the URL: https://icms-dev.sbcw.ga.gov/ICMS-P3B-APP065/Web/Common/StaffHome_ExternalUser.aspx. The page header includes the State Board of Workers' Compensation logo and the ICMS Integrated Claims Management System logo. The user is logged in as an attorney, with the role 'Attorney' displayed. The 'Attorney Functions' menu is visible on the right side of the page, with 'My Claim Files' highlighted. A red arrow points from the text 'Step 1' to the 'My Claim Files' link. The main content area lists various functions and their descriptions:

- My Claim Files: Submit forms/attachments etc. online using this link.
- Create New User(Secondary): Use this link to change your registration information.
- Scheduled Hearing/Mediations: Search and view Scheduled Hearing/Mediations using this link.
- Claim Search: Use this link to search for existing claims.
- Insurer File: Use this link to open the file for logged in Insurer/Self Insurer/Group Fund.
- Change Password: Change your password using this link.
- Change Party Address: Change your user information using this link.

The page footer includes the version number 'V1.0' and the identifier 'OL01-GN01'. The taskbar at the bottom shows the start button and several open applications, including 'Inbox - Mic...', 'Emailing: SB...', 'Emailing: Ho...', 'FW: Employ...', 'Staff Home ...', 'Microsoft...', and 'Microsoft Po...'. The system clock shows the time as 8:50 AM.

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2. Click **Existing Filed Claims** tab. Enter claim number, SSN, or first and last name of the claim you want to file documents for and then click **Search**.

The screenshot shows a web browser window titled "Claim - Search - Microsoft Internet Explorer". The address bar displays the URL: https://wconline.sbwcc.ga.gov/ICMS/Web/WebSubmission/ClaimRelated/Existing_Claims_Search.aspx. The page header includes the State Board of Workers' Compensation logo and the text "ICMS Integrated Claims Management System". The navigation menu shows "ICMS > Home > Claim Search". The main content area is titled "Claim - Search" and features a tabbed interface with the following tabs: "Existing Filed Claims" (highlighted with a red circle), "Submit New Claim", "Submit Non Claim Documents", "Attorney Documents", and "Pending Forms". Below the tabs, there is a search form with the following fields: "Claim Number" (text input with value "2002000059"), "SSN" (text input with dashes), "Claimant Last Name" (dropdown menu with "Begins With" and a text input), "Claimant First Name" (dropdown menu with "Begins With" and a text input), "Date Of Injury" (text input with a calendar icon), "County of Injury" (dropdown menu with "--Select--"), and "Claim Status" (dropdown menu with "--Select--"). A large "Step 2" watermark is overlaid on the left side of the form. At the bottom of the form, there are "SEARCH" and "CLEAR" buttons, both highlighted with red circles. The footer of the page includes "v1.0" on the left and "OL01 - CP35" on the right, along with links for "Release Notes", "Privacy", "Important Notices", and "Contact us". The Windows taskbar at the bottom shows the Start button and several open applications, including "Inbox - Microsoft...", "Direct Route Que...", "Claim - Search - Mi...", "How to file attach...", and "sbwcc-ICMS tabs a...". The system clock shows "7:49 AM".

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3. Once file is listed, click [Submit Forms](#).

The screenshot shows a Microsoft Internet Explorer browser window displaying the 'Claims - Result' page of the ICMS Integrated Claims Management System. The page header includes the State Board of Workers' Compensation logo and the ICMS logo. The main content area features a navigation menu with tabs for 'Existing Filed Claims', 'Submit New Claim', 'Submit Non Claim Documents', 'Attorney Documents', and 'Pending Forms'. Below the menu, the page title is 'Claims - Result'. A table displays one claim entry with the following details:

#	Claim Number	SSN	Claimant Name	Date Of Injury	Claim Status	Primary Employer	Submit Forms
1	2002-000059	258-72-9087	TEST, CLAIM	01/01/2002	Open		Submit Forms

The 'Submit Forms' link in the table is circled in red, and a red arrow points to it from the text 'Step 3' located below the table. The page footer includes links for 'Release Notes', 'Privacy', 'Important Notices', and 'Contact us'. The Windows taskbar at the bottom shows the Start button and several open applications, including 'Inbox - Microsoft...', 'Direct Route Que...', 'Claims - Result - M...', 'How to file attach...', and 'sbwc-ICMS tabs a...'. The system clock shows 7:51 AM.

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4. Select form type:

The screenshot shows a Microsoft Internet Explorer browser window titled "New Claim Forms - Microsoft Internet Explorer". The address bar displays the URL: https://icms-dev.sbcw.ga.gov/ICMS-P3B-APPDB5/Web/WebSubmission/ClaimRelated/New_Claim_Form_Submission.aspx. The page content is divided into three tabs: "Forms Filed", "New Forms Submission", and "Submit Non Form Docs". The "Forms Filed" tab is active and contains a table with 24 rows. A red rectangular box highlights the "Form #" column of this table. The text "Step 4" is overlaid on the right side of the table.

#	Form #	Form Name
1	CP-NFN-02	Change of Address
2	MC-NFN-12	Rehab Objection
3	WC-1	WC-1, Employers First Report of Injury
4	WC-100	WC-100 Request for Settlement
5	WC-102D	WC-102D Motion/Objection To Motion
6	WC-108A	WC-108A Attorney Fee Approval
7	WC-108B	WC-108B Attorney Withdrawal / Lien
8	WC-14	WC-14, Notice of Claim/Request for Hearing/Request for Mediation
9	WC-14A	WC-14A, Notice to Amend Information on a WC-14
10	WC-2	WC-2 , Notice of Payment or suspension of benefits
11	WC-200A	WC-200A, Chg of Phys/Add'l Trtmt (w/Consent)
12	WC-200B	WC-200B Request for Change of Physician/Additional Treatment
13	WC-243	WC-243, Credit/Reduction in Benefits
14	WC-25	WC-25 - Request for Lump Sum or Advance Payment
15	WC-262	WC-262, Wage Documentation of TPD payments
16	WC-2A	WC-2A, Notice of payment or Suspension of Death Benefits
17	WC-3	WC-3, Notice To Contovert
18	WC-4	WC-4, Case Progress Report
19	WC-6	WC-6, Wage Statement
20	WC-R1	WC-R1 Request for Rehabilitation
21	WC-R2	WC-R2, Rehabilitation Transmittal Forms
22	WC-R3	WC-R3 Request for Rehabilitation Closure
23	WC-R5	WC-R5 Request for Rehabilitation Conference
24	WC-R1CATEE	WC-R1CATEE,Request for Catastrophic Designation

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5. Enter information in the mandatory fields and click **Save**.
6. Then click **Attach**.

WC-102D - Microsoft Internet Explorer

Address: https://icms-dev.sbwc.ga.gov/ICMS-P3B-APPDBS/Web/WebSubmission/TM/TM_WC102D_OnlineSubmission.aspx

Motion/Objection To Motion (Form WC-102D)

* Required Section

* Type: Motion Objection to Motion

B. Action Requested

* MOTION Submitted By: Claimant Employer Other Party.

Purpose: Discovery

* OBJECTION Submitted By: Claimant Employer Other Party.

Purpose: --Select--

Documents Attached

#	DocID	Document Name	Delete
No Records Found			

***C. Entry of Appearance**

I hereby Certify to the existence of a Valid Fee Contract in compliance of Board Rule 108 or a Form WC 102 filed in compliance with Board Rule 102(fee contract or form WC 102B has been previously filed or is attached.

***D. Certificate of Service**

I hereby Certify that the parties have made a good faith effort to reach agreement on this issue, but have failed to do so to date. I further certify that I have this day sent a copy of this information with supporting documents to all parties and counsel in this claim.

Submitter Details

Filing Party: Reddy, S. II

Submitter Name: [Redacted]

Signature Indicator: [Redacted]

Date: 04/20/2009

Phone: 912-489-4950 Extn:

Email: reddys1@sbwc.ga.gov

Step 5

WC-102D - Microsoft Internet Explorer

Address: https://icms-dev.sbwc.ga.gov/ICMS-P3B-APPDBS/Web/WebSubmission/TM/TM_WC102D_OnlineSubmission.aspx

* OBJECTION Submitted By: Claimant Employer Other Party.

Purpose: --Select--

Documents Attached

#	DocID	Document Name	Delete
No Records Found			

***C. Entry of Appearance**

I hereby Certify to the existence of a Valid Fee Contract in compliance of Board Rule 108 or a Form WC 102 filed in compliance with Board Rule 102(fee contract or form WC 102B has been previously filed or is attached.

***D. Certificate of Service**

I hereby Certify that the parties have made a good faith effort to reach agreement on this issue, but have failed to do so to date. I further certify that I have this day sent a copy of this information with supporting documents to all parties and counsel in this claim.

Submitter Details

Filing Party: Reddy, S. II

Submitter Name: [Redacted]

Signature Indicator: Yes

Date: 04/20/2009

Phone: 912-489-4950 Extn:

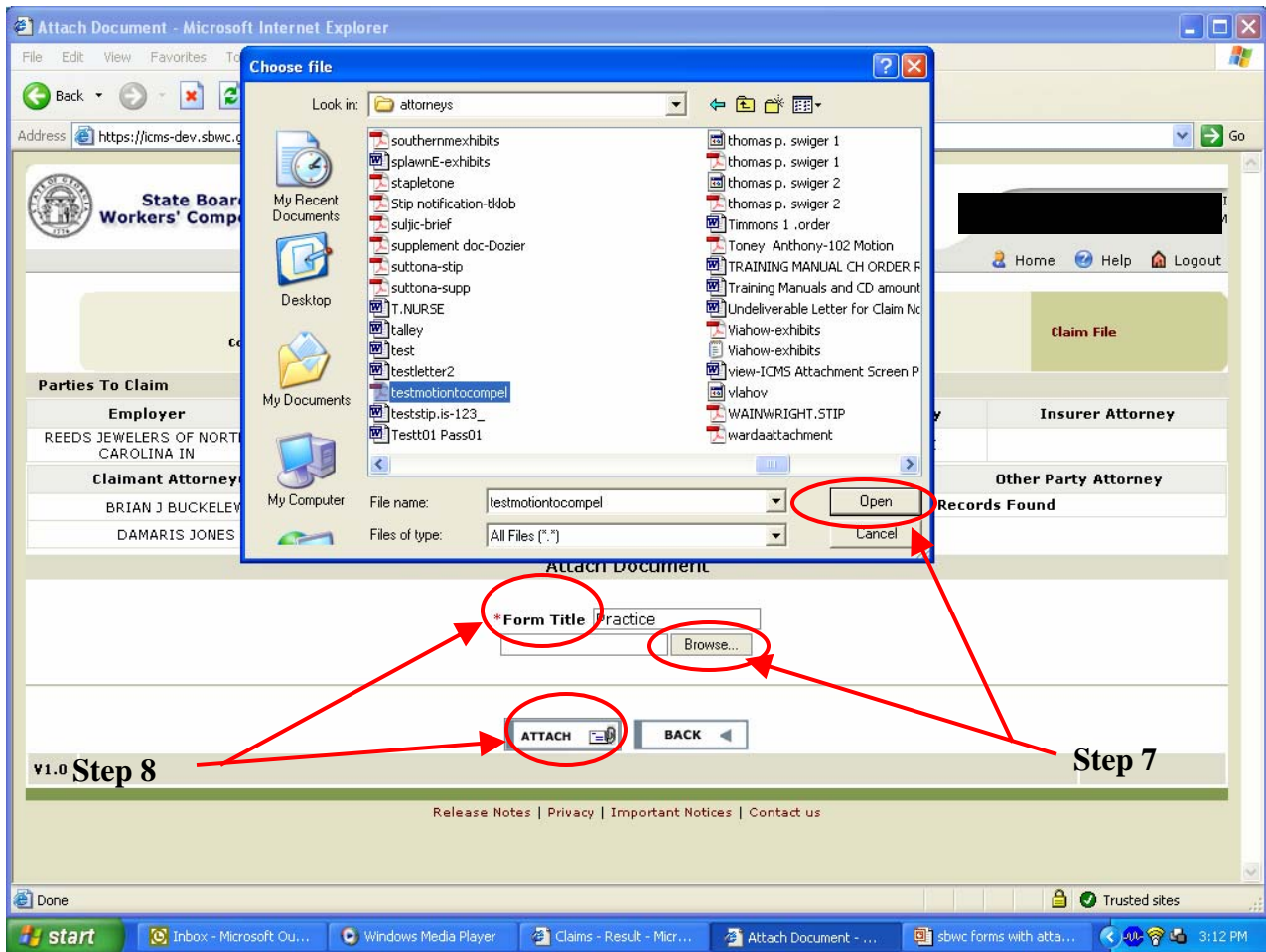
Email: reddys1@sbwc.ga.gov

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKER'S COMPENSATION AT 404-656-3818 OR 1-800-533-0692 OR VISIT <http://www.sbwc.georgia.gov> Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G.A. §34-9-18 and §4-9-19).

Step 6

SAVE SUBMIT **ATTACH** RESET BACK

7. Click **Browse** and select the document you want to attach from your list of files. Click the file or click **Open** to upload the document.
8. Name your attachment in the mandatory field titled ***Form Title** and click **Attach**. If document was uploaded successfully you will receive a message in green at the top of the screen indicating **Attachment Uploaded and Submitted Successfully**.



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9. Click **Submit**. Before submitting verify that attachment has been attached by the clicking the **Doc ID**. If necessary, you have the option to delete and reattach the document prior to submitting.

Now you will be able to view your document in the file.

WC-102D - Microsoft Internet Explorer

Address: https://icms-dev.sbwcc.ga.gov/ICMS-P3B-APPDB5/Web/WebSubmission/TM/TM_WC102D_OnlineSubmission.aspx

* OBJECTION Submitted By : Claimant Employer Other Party.

Purpose : --Select--

#	Doc ID	Document Name	Delete
1	5701229	test	Delete

* C. Entry of Appearance

I hereby Certify to the existence of a Valid Fee Contract in compliance of Board Rule 108 or a Form WC 102 filed in compliance with Board Rule 102(fee contract or form WC 102B has been previously filed or is attached).

* D. Certificate of Service

I hereby Certify that the parties have made a good faith effort to reach agreement on this issue, but have failed to do so to date. I further certify that I have this day sent a copy of this information with supporting documents to all parties and counsel in this claim.

Submitter Details

Filing Party: [REDACTED] II

Submitter Name: [REDACTED]

Signature Indicator: Yes

Date: 04/21/2009

Phone: 912- 489- 4950 Extn:

Email: reddys1@sbwcc.ga.gov

Step 9

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKER'S COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbwcc.georgia.gov>
Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G.A. §34-9-18 and 34-9-19).

SAVE SUBMIT ATTACH RESET BACK

V1.0 OL01-TM02

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