



# OKLAHOMA WORKERS' COMPENSATION COMMISSION

1915 N. STILES AVE · OKC, OK · 73105 · (405) 522-3222 · WCC.OK.GOV

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Chairman Jordan K. Russell · Commissioner Megan Tilly · Commissioner Scott Biggs

Executive Director Hopper Smith

April 13, 2022

## **UPDATED FORMS: MFDR FORM 19 AND COPIER CHARGE ACCOUNT MAINTENANCE FORM**

Effective May 1, 2022, the Commission's MFDR Form 19 will be updated to reflect efficiencies created by the new CaseOK system and included additional fields to the Copier Charge Account Maintenance Form.

Previously, Form 19 matters and MITF cases were attached to the underlying claim and utilized the underlying case number. Now, in CaseOK, these cases will be assigned a new number by the Commission.

When filing a Form 19 or MITF case, attorneys should not complete the form field for "Commission File No." This field is to be completed by Commission staff members only. See the highlighted field in the sample form below.

### MFDR FORM 19

Send Original to  
Workers' Compensation Commission and 1 copy to  
Insurance Carrier, Self-Insured Employer/Own Risk  
Group or Uninsured Employer

In re claim of:

Full Name of Injured Employee (Claimant)
Employee's Social Security Number (LAST 5 DIGITS ONLY) XXX-X _____
Name of Employer (Respondent)
Employer's Insurance Carrier, Permit # for Commission Approved Individual Self-Insured or Own Risk Group, Uninsured
Name of Provider

WORKERS' COMPENSATION COMMISSION  
1915 NORTH STILES AVENUE  
OKLAHOMA CITY, OK 73105

**PROVIDER REQUEST FOR  
MEDICAL FEE DISPUTE RESOLUTION**

THIS SPACE FOR COMMISSION USE ONLY

**COMMISSION FILE NO.**  
(To be completed by Commission  
Staff only)

Date of Injury