Workers' Compensation Automation and Integration System





From the Navigation Bar on the WCAIS Dashboard, select My Matters and then Request for Entry of Appearance from the dropdown menu.





Request for Entry of Appearance

To submit a Request for Entry of Appearance, select a party below. Once a party is selected additional fields will display.

Please select the party on whose behalf you are entering your appearance (required)

- Select One -	~
- Select One -	
Claimant/Employee	
Defendant/Employer	
Healthcare Professional	
Healthcare Provider	
Insurer	
Fund	



Choose the party you are representing from the dropdown box.

There are three options in which to locate the appropriate claim:

WCAIS Claim Number and Injury Date (which is preferred) Claimant's SSN and Injury Date Claimant's First and Last Name, Birth Date, and Injury Date

Please select a criteria for identifying the claim (required)	
- Select One -	~
- Select One -	
WCAIS Claim Number and Date of Injury	
Claimant's SSN and Date of Injury	
Claimant's First Name, Claimant's Last Name, Claimant's Date of Birth and Date of Injury	



Request for Entry of Appearance Slide 5

You **must** certify that your appearance will be served on all parties in the appropriate manner in compliance with the PA Workers' Compensation Act and relevant regulations prior to pressing the Submit button.

Worker	rs' Com tegratic	ensation Automation System	~
=		All Matters Search Q	
Home		Request for Entry of Appearance	
Q Search			
? Helpline		To submit a Request for Entry of Appearance, select a party below. Once a party is selected additional fields will display.	
🛃 My Matters		Please select the party on whose behalf you are entering your appearance (required) 1 Please select a criteria for identifying the claim (required) 1	
VCAB		Defendant/Employer V WCAIS Claim Number and Date of Injury	
WCOA		Enter the WCAIS Claim Number and the Date of Injury	
😵 Healthcare		WCAIS Claim Number (required) Date of Injury (required)	
ISI UEGF	>		1
Profile	>	MM/DD/YYYY I hereby certify that I am this day serving my entry of appearance in the claim above upon all persons and entities associated with the claim, in a manner that satisfies the requirements of the Pennsylvania Workers' Compensation Act, 77 P.S. § 1, et seq. and relevant regulations. I understand that all parties to this matter must be provided with an electronic or paper copy of my entry of appearance in this matter. (required)	



If you are entering your appearance on behalf of an Additional Defendant, you will choose Defendant/Employer; however, a message will appear upon selecting Submit to select the party on whose behalf you are entering your appearance. This is because WCAIS found more than one of the chosen party types for the information provided. Choose the correct entity from the dropdown menu and select Submit again.

Request for Entry of Appearance	
 Please correct the following error(s) before proceeding: Please select the party on whose behalf you are entrering appearance 	
To submit a Request for Entry of Appearance, select a party below. Once a party is selected additi	onal fields will display.
Please select the party on whose behalf you are entering your appearance (required)	Please select a criteria for identifying the claim (required) 🚯
Defendant/Employer	WCAIS Claim Number and Date of Injury
Enter the WCAIS Claim Number and the Date of Injury	Date of Injury resident
	08/26/2022
Select the party on whose behalf you are entering appearance 🚺	
- Select One -	
Select One - Interested Party - Additional Defendant Permisylvaria vorkers compensation Act, 77 P.S. 91, et seq. and relevant regulations. Funder of appearance in this matter. (required)	persons and entities associated with the claim, in a manner that satisfies the requirements of the stand that all parties to this matter must be provided with an electronic or paper copy of my entry
Cancel	persons and entities associated with the claim, in a manner that satisfies the requirements of t stand that all parties to this matter must be provided with an electronic or paper copy of my ent Sub



If a claim cannot be found with the criteria entered, you will receive an alert advising that your Entry of Appearance Request has been denied and to contact the BWC Helpline for assistance.

(!) Please correct the following error(s) before proceeding:

 Your Entry of Appearance Request has been denied because the information submitted is not a match for any claims in the Workers' Compensation Automation & Integration System (WCAIS). Please validate the information and try resubmitting your request. If unsuccessful, or you have any questions, call our Information Services Helpline at 717.772.4447 or toll free at 1.800.482.2383.

	Request for Entry of Appearance					
Q Search						
? Helpline	Please correct the following error(s) before proceeding: • Your Entry of Appearance Request has been denied because the information submitted is not a match for any claims in the Workers' Compensation Automation & Integration System (WCAIS). Please validate the information and try resubmitting your request. If workerseful does not be an any accurate value of the any claims in the Workers' Compensation Automation & Integration System (WCAIS). Please validate the information and try resubmitting your request. If workerseful does not be an any accurate value of the any claims in the Workers' Compensation Automation & Integration System (WCAIS). Please validate the information and try resubmitting your request. If workerseful does not be an any accurate value of the any claims in the Workers' Compensation Automation & Integration System (WCAIS).					
My Matters						
WCAB						
WCOA	Please select the party on whose behalf you are entering your appearance (required) Please select a criteria for identifying the claim (required) Please s					
💎 Healthcare	Defendant/Employer V WCAIS Claim Number and Date of Injury V					
ISI UEGF						
Profile	> Enter the WCAIS Claim Number and the Date of Injury					
	WCAIS Claim Number (required) Date of Injury (required)					
	02/14/2022					
	MM00/YYYY I hereby certify that I am this day serving my entry of appearance in the claim above upon all persons and entities associated with the claim, in a manner that satisfies the requirements of the Pennsylvania Workers' Compensation Act, 77 P.S. § 1, et seq. and relevant regulations. I understand that all parties to this matter must be provided with an electronic or paper copy of my entry of appearance in this matter. (required)					
	Cancel					

The BWC Helpline can also be reached via email:

RA-LI-BWC-Helpline@pa.gov



A success message is received when your Request for Entry of Appearance has been processed successfully. Use the <u>Click here</u> hyperlink to access the claim.

Request for Entry of Appearance							
Your Request for Entry of Appearance has been processed successfully. <u>Click here</u> to view the claim summary							
To submit a Request for Entry of Appearance, select a party below. Once a party is selected additional fields will display. Please select the party on whose behalf you are entering your appearance (required) • Select One -							



Correspondence will appear in the Correspondence grid of the WCAIS Dashboard for the filer to use to serve the required parties.

WCAIS does not serve documents on behalf of the filer. Correspondence provided here is considered a courtesy copy. If there is a delay or you would rather, you can create your own Proof of Service (also known as a Certificate of Service) document.





A Request for Entry of Appearance notification will appear on the WCAIS Dashboard for the Judge and Judge Secretary. Most entries of appearance are automatic but there are a few instances in which the judge's assistant must take action. Therefore, if you cannot access an open dispute, contact the assigned Judge's office for assistance.

Judges' Office Contacts





To withdra Navigatio Withdraw

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✿ Home Q Search >	Dashboard	Ф wcab		Request for Entry of Appearance	
? Helpline		WCOA		Manage Access of Law Firm User	-1
My Matters	Manage My Matters	💎 Healthcare		Multiple Request for Entry of	
🕰 wcab 📎	Request for Entry of Appearance			Appearance	
s wcoa s and a nd s and	Manage Access of Law Firm User	UEGF		Withdrawal of Appearance	
😻 Healthcare 💦 📏	Multiple Request for Entry of Appearance				ñ I
I UEGF	Withdrawal of Appearance				
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A filter has been added to allow the user to search for a specific claim or claims. Use data from any column type to filter. Also, all columns are sortable.

Withdrawal of Appearance

The grid below contains all of your Claims. In order to filter the results, enter text into the Filter Results field. As you type the system will apply the filter. If you enter multiple words into the filter and any one of the words does not match, then you will not get any results. You can filter, select rows and then filter again to withdraw from multiple Claims. Once a filter is applied, you can select the checkbox at the top of the first column to automatically select all of the results on that page. If there are results on other pages, then you will need to go to each page to select those results using either the individual checkboxes or the select all checkbox at the top of that page.

List of Claims (3174)

Filte	er Results			×			
	Claim Number [‡]	Claimant/Employee 🛊	Defendant/Employer 🛊	Insurer ‡	ТРА ‡	Date Of Injury [‡]	Matter Party Type
0	<u>101009</u>						Interested Party
0	<u>1024402</u>						Interested Party



Withdrawal of Appearance

Multiple claims can be selected across multiple pages.

V	Vith	ithdrawal of Appearance												
	The gr words Once a you wi	e grid below contains all of your Claims. In order to filter the results, enter text into the Filter Results field. As you type the system will apply the filter. If you enter multiple rds into the filter and any one of the words does not match, then you will not get any results. You can filter, select rows and then filter again to withdraw from multiple Claims ce a filter is applied, you can select the checkbox at the top of the first column to automatically select all of the results on that page. If there are results on other pages, then a will need to go to each page to select those results using either the individual checkboxes or the select all checkbox at the top of that page.												
	List o	f Clair Results	ms (3174)			×								
	•	laim Iumbe	r ‡ Claimant/Em	ployee 🕽	Defendant/Employer ‡	Insurer ‡		TPA ‡	Date Of Injury ‡	Matter Party Type	ţ.			
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_			2258249											Associated Recipient
			2357468											Associated Recipient
-		0	2368070											Associated Recipient
		Shov	ving 1 - 25 of 3173									«	< 1 2 3	4 > »
		Car	ncel											Save and Continue
													p	ennsylvania

DEPARTMENT OF LABOR & INDUSTRY

BUREAU OF WORKERS' COMPENSATION

The claims that were selected will appear for you to verify prior to clicking Submit. If you missed a claim from which to withdraw your appearance, choose the Back button to return to the List of Claims grid. If you see one listed that doesn't belong, choose the trashcan icon to delete it from this list.

Nithdrawal of Appearance											
Review the selected Claims. If you want to remove any Claims, then use the Delete action. If you want to add any Claims, then use the Back button to return to the previous page. If you have selected the correct Claims, then select the Submit button to proceed.											
List of Claims (1)											
Claim Number 🛊	Claimant/Employee 🕽	Defendant/Employer 🗅	Insurer ‡	ТРА ‡	Date Of Injury ‡	Matter Party Type 🗅	Action				
9017803	Claimant	Employer	Insurer		DOI	Interested Party	Î				
Showing 1 - 1 of 1											
Back Cancel Submit											



A confirmation message is received when your Withdrawal of Appearance Request has been processed successfully.

CAIS	Workers' Compensation Automation and Integration System	
		All Matters
С	onfirmation	
	Your Withdrawal of Appearance Request has been processed successfully for claims 1087786, 2007429 For further details, please call our Claims Information Helpline toll free inside Pennsylvania at 1-800-482-2383, or 717-772-4447 locally or outside of Pennsylvania.	
	Return to Dashboard	



You cannot withdraw your appearance from the WCAIS Dashboard if you are an <u>interested party</u> in an open dispute. Attempting to do so, will result in an error message. You should submit a Miscellaneous Request seeking leave to withdraw your appearance pursuant to Section 131.56(a) of the Judges' Rules.

Once you see that the request is approved, you may try again. If you again receive an error, reach out to the judge's office so you can be removed from the dispute prior to trying again.

Workers' Compensation Automation and Integration System					8					
			All Matters	Search	٩					
삼 Home		Confirmation								
Q Search										
? Helpline		Your Withdrawal of Appearance Request has been denied for claims								
🛃 My Matters		8659705								
Ф WCAB		An open dispute has been identified for this claim. Any withdrawal of appearance must be made in conformity with 34 Pa. Code § 131.56a of Compensation Judges. To make a request to withdraw an appearance before a Judge, please submit a Miscellaneous request from the Rec	An open dispute has been identified for this claim. Any withdrawal of appearance must be made in conformity with 34 Pa. Code § 131.56a of the Special Rules of Administrative Practice and Procedure Before Workers' Compensation Judges. To make a request to withdraw an appearance before a Judge, please submit a Miscellaneous request from the Requests tab of the Dispute Summary.							
> wcoa		For further details, please call our Claims Information Helpline toll free inside Pennsylvania at 1-800-482-2383, or 717-772-4447 locally or ou	tside of Pennsylvania.							
💎 Healthcare										
I UEGF		Return to Dashboard								
Profile	>									

Judges' Office Contacts



The Withdrawal of Appearance correspondence is shown here.

DEMANSYLVANIA DEMANMENT OF LABOR & INDUSTRY WORKERS' COMPENSATION OFFICE OF ADJUDICATION

Withdrawal of Appearance Claim Number: 101009

WITHDRAWAL OF APPEARANCE

Claimant/Employee:

Filed By: ESQ Date Filed: 3/3/2023

I hereby certify that I am this day serving my withdrawal of appearance in the claim above upon all persons and entities, as required to satisfy the requirements of the Pennsylvania Workers' Compensation Act, 77 P.S. § 1, et seq. and relevant regulations. I understand that all parties to this matter must be provided with an electronic or paper copy of my withdrawal of appearance in this matter.

Any Individual filing misleading or incomplete information knowingly and with intent to defraud is in violation of Section 1102 of the Pennslyvania Workers' Compensation Act, 77 P.S §1039.2, and may also be subject to criminal and civil penalties under 18 Pa. C.S.A. §4117 (relating to insurance fraud).



A Withdrawal of Appearance correspondence will appear in the Correspondence grid of the WCAIS Dashboard.





Request for Entry of Appearance / Withdrawal of Appearance

Bureau of Workers' Compensation (BWC)

Information Services Helpline:

Toll-Free inside PA: 800-482-2383

Local outside PA: 717-772-4447

Email: <u>ra-li-bwc-helpline@pa.gov</u>

Workers' Compensation Office of Adjudication (WCOA)

Phone: 844-237-6316

Email: wcoaresourcecenter@pa.gov

Workers' Compensation Appeal Board (WCAB)

Phone: 717-783-7838

Email: ra-li-wcab@pa.gov

