

Visit Gateway at: <https://wcbgateway.wcb.in.gov/wcbgateway>

Adjustment Of Claim

Attorney user guide

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How do I get to the Attorney application screen in Worker's Compensation Board Gateway?

As an authorized user of the WCB Indiana Gateway Portal ("Gateway"), users will have a username and password that will allow access to the program. The username is the email address on file with the Workers Compensation Board ("WCB"). The WCB will assign an initial password, which should then be changed by the owner to something unique and confidential. Users are responsible for all information entered into Gateway under the authorized user's username and password.

To access Gateway, open Firefox or Google Chrome and type <https://wcbgateway.wcb.in.gov/wcbgateway> into the browser, and then hit "Enter" on a standard keyboard. Gateway works best using Firefox or Google Chrome. Internet Explorer is not a supported browser.

Registering for the WCB AOC portal

To register for the Adjustment of claim portal, navigate to the login page here:

<https://wcbgateway.wcb.in.gov/wcbgateway> Registration for the Adjustment of claim may be completed by clicking (**Register**) from the login page. On the registration page, select Role (**Attorney**) at the top center of the page, you will then add your email/username (**required**), your first and last name (**required**), contact information (**mailing address required**) and Attorney Number (**required**). After the required fields have been populated, to complete your registration click Register. You may clear up all the information entered by clicking Clear. Clicking Cancel will return you to the login page. After registration has been completed, the WCB will verify and approve, and a temporary password will be emailed to the registrant. The registrant may then login to the Adjustment of claim portal, using the temporary password. PLEASE update your temporary password to a unique and confidential password.

A Forgot Password link is available on the login page, if the password needs to be reset, or has been forgotten.

The screenshot shows the "Attorney Registration" form. At the top, there is a green header with the WCB logo and the text "Worker's Compensation Board of Indiana Gateway". Below the header, the form title "Attorney Registration" is centered. A dropdown menu for "Please Choose Role" is set to "Attorney". The form is divided into several sections:

- User Information:** Fields for "User Name/Email" (Email Address), "Primary Role" (Select Primary Role), "First Name", "Last Name", and "Attorney Number".
- Mailing Address:** Fields for "Address", "City", "State" (dropdown), "Zip Code", and "Phone Number". There are checkboxes for "Include Address In Public Directory" and "Include Phone In Public Directory".
- Firm Details:** Fields for "Name" (Firm Name), "Phone Number" (Firm Phone Number), and "Website" (Firm Website). There is a checkbox for "Include Firm Detail in Public Directory".
- Attorney Assistants Details:** Fields for "Assistant1 First Name", "Assistant2 First Name", "Assistant3 First Name", "Last Name", and "Email" for each assistant. There are checkboxes for "Email Notice(s)" for each assistant.
- Oath:** A section with the text: "The undersigned affirms under the penalties for perjury that they have been duly admitted to practice in the Circuit and/or Superior Courts and the Supreme Court of the State of Indiana, and are in good standing as a practitioner before these Courts on the date of this Oath." Below this is an "Initials" field and a checkbox.

At the bottom of the form, there are three buttons: "Register", "Cancel", and "Clear". A copyright notice is visible at the very bottom: "Copyright © 2021 Worker's Compensation Board Of Indiana. All Rights Reserved."

Home Page for Attorneys

Menu options

- My cases
- 38911 Response
- Attorney List
- Appearance
- Suspension of Benefits
- Adjustment of Claims
 - New Claim
 - Dashboard
- My Profile
- Help

 Worker's Compensation Board of Indiana Gateway
THIS IS QA/TEST SYSTEM

My Cases 38911 Response Attorney List Appearance Suspension of Benefits Adjustment of Claim  My Profile  Help  Logout

THIS IS QA/TEST SYSTEM



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Adjustment of Claims – Dashboard

The Adjustment of Claim dashboard is the location in the Portal where an Attorney can see the status of their filings with WCB. Under the drop-down menu “Claim Status.”

1. All - All statuses can be sorted by selecting one of the options from the drop-down menu.
 2. Filed - All Filed and Approved 29109s will be available for download as a link.
 3. Pending Review – Shows all filings submitted and waiting for review and approval by WCB.
 4. Correction(s) Requested – Shows all filings where corrections have been requested by WCB.
 5. Closed - Cases closed due to various reasons will be displayed in “All” or in “Closed” grouping.
- You can always export it to Excel.

Worker's Compensation Board of Indiana
THIS IS QA/TEST SYSTEM

Claims Dashboard New Claim <<Back User Name: [redacted] Role: [redacted] Email: [redacted] Logout

Claims Dashboard

Claim Status?: All

Show 20 entries Search:


JCN #	Disputed No	Employee Name	Date of Birth	Date of Injury	Change of Condition	User Submitted	Date Filed	Date Updated	Claim Status	Filed Claim
[redacted]	[redacted]	[redacted]	[redacted]	05/05/2025	No	Jabernathy@gamlawyers.com	05/14/2025	05/14/2025	Approved	29109
[redacted]	[redacted]	[redacted]	[redacted]	02/21/2025	No	Jabernathy@gamlawyers.com	05/14/2025		Pending Review	
[redacted]	[redacted]	[redacted]	[redacted]	12/05/2024	No	Jabernathy@gamlawyers.com	05/14/2025	05/14/2025	Approved	29109
[redacted]	[redacted]	[redacted]	[redacted]	03/04/2025	No	Jabernathy@gamlawyers.com	05/12/2025	05/12/2025	Approved	29109
[redacted]	[redacted]	[redacted]	[redacted]	03/03/2025	No	Jabernathy@gamlawyers.com	05/12/2025	05/12/2025	Approved	29109
[redacted]	[redacted]	[redacted]	[redacted]	02/25/2025	No	Jabernathy@gamlawyers.com	05/12/2025	05/12/2025	Approved	29109

Showing 1 to 20 of 168 entries Previous 1 2 3 4 5 ... 9 Next

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If you have any questions, please contact: IT@WCB.IN.GOV

AOC - New Claim

- Search with Jurisdiction Claim Number (JCN) or, if not available, Last name, Date of Injury (+/- 5 days) and date of birth (+/- 1 day).
- Search results show the details of the JCN in the grid.
- Use “File Claim” to file a new claim using information brought up. This is the preferred method as fields will self-populate.
- “New Claim” button is used to create and file a new claim when a JCN is not available, or claim brought up does not match the search criteria.


Worker's Compensation Board of Indiana
THIS IS QA/TEST SYSTEM

Adjustment of Claim | Dashboard | <<Back | User Name: [redacted] | Role: [redacted] | Email: [redacted] | Logout

Adjustment of Claim Search

Please enter Jurisdiction Claim Number or other three values. (For names pattern search enter 3 letters of the name)

Jurisdiction Claim No:
OR
 Last Name:
 Date of Birth:
 Date of Injury:

Results


JCN	Disputed No	Employee	Date of Birth	Employer	Insurance Carrier	Injury Date	Action
[redacted]	[redacted]	[redacted]	[redacted]	Culver Duck Farms Inc	Northstone Ins. Co.	04/14/2016	<input type="button" value="File Claim"/>

If you do not find a match, refine your search or file a new claim

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AOC – Message

29109 is filed upon initial submission but must be reviewed and approved before available for printing or distribution to Employer or Carrier. If a claim is in process (submitted and WCB is still reviewing before approval), you will see the message below.


Worker's Compensation Board of Indiana
THIS IS QA/TEST SYSTEM

Adjustment of Claim | Dashboard | <<Back | User Name: [redacted] | Role: [redacted] | Email: [redacted] | Logout

Adjustment of Claim Search

Please enter Jurisdiction Claim Number or other three values. (For names pattern search enter 3 letters of the name)

Jurisdiction Claim No:
OR
 Last Name:
 Date of Birth:
 Date of Injury:

There is an active, open claim with Cause Number: [redacted] for JCN [redacted]. Therefore, you cannot file a new dispute based on those parameters at this time. If you have questions, please contact wcbclaims@wcb.in.gov with details of your search parameters.
 Search returned zero records, refine your search or file a new claim

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If you have any questions, please contact: IT@WCB.IN.GOV

AOC – File Claim

File Claim button navigates to the below screen, data will be populated from FROI. You can change the information of the employee by clicking on “Edit Employee” button.

Worker's Compensation Board of Indiana
THIS IS QA/TEST SYSTEM

Adjustment of Claim <<Back User Name: [redacted] Role: Attorney Email: [redacted] Logout

****It is your obligation to serve this upon the Employer. The Board currently has no way to email this to the Employer.**

Jurisdiction Claim Number: [redacted]

Employee Information

First Name: [redacted]
 Last Name: [redacted] DOB: [redacted]
 Address: [redacted]
 City: Ligonier
 State: IN Zip: 46767 Phone: [redacted]
 Email: [redacted]
[Edit Employee](#)

Employer Information

Name: Culver Duck Farms Inc
 Address: 12215 County Road 10
 City: Middlebury
 State: IN Zip: 465409694
 Phone: [redacted]
 Add to Claim?: [Add / View Employer\(s\)](#)

Insurer Information

Name: [redacted]
 Address: [redacted]
 City: Charleston
 State: WV Zip: 253012010
 Phone: [redacted]
 Email: [redacted]
 Add to Claim?: [Add / View Insurer\(s\)](#)

Claim Administrator Information

[Add / View Claim Administrator\(s\)](#)

Accident Information **Injury Description ***

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 If you have any questions, please contact: IT@WCB.IN.GOV

“Add/View Employers” will show the list of employers attached to the accident. You can add employers by searching by Employer name, Employer city and Employer Zip Code. By choosing Action button and Select & Save you may add the employer to the accident. New Employer button at the bottom of the screen to create and add an employer to the accident.

Search and Add Employer(s) [Close]

Employer Name: Employer City: Employer Zip:

[Search](#) [Cancel](#) [Select & Save](#)

Name	Address	City	State	Zip	Action
Liberty Mutual Holding Company	100 Lincolnway W	Mishawaka	IN	465440000	<input type="radio"/>
Liberty Mutual Holding Company	11611 N Meridian St	Carmel	IN	460320000	<input type="radio"/>
Liberty Mutual Holding Company	175 Berkeley Street	Boston	MA	021170000	<input type="radio"/>
Liberty Mutual Holding Company	310 E 96Th St	Indianapolis	IN	46240	<input type="radio"/>

Search did not find a match, enter new employer.

[New Employer](#)

Representing value is a mandatory field to choose from the dropdown. “Add/View Insurer” will show the list of Insurers attached to the accident.

You can add Insurer by searching by Insurer name, Insurer city and Insurer Zip Code.
 By choosing Action button and Select & Save can add the Insurer to the accident.
 New Insurer button at the bottom of the screen to create and add an Insurer to the accident.

Search and Add Insurer(s) ×

Representing: *

Insurer Name: * Insurer City: Insurer Zip:

Name	Address	City	State	Zip	Phone	Action
Liberty Insurance Co	P.O. Box 6561	Scranton	PA	185056561	8007485161	<input type="radio"/>
Liberty Insurance Corp	Po Box 14350	Lexington	KY	405124350	4049056800	<input type="radio"/>
Liberty Insurance Corporation	13830 Ballantyne Corporate Pl	Charlotte	NC	28277	8334574334	<input type="radio"/>
Liberty Insurance Corporation	2 East Main St Towne Centre B	Danville	IL	618325852	6306496093	<input type="radio"/>

Search did not find a match, enter new insurer.

Representing value is a mandatory field to choose from the dropdown.
 "Add/View Claim Administrator" will show the list of Claim administrators attached to the accident.
 You can add Claim Administrator by searching by Claim administrator name, Claim administrator city and Claim administrator Zip Code.
 By choosing Action button and Select & Save, add the Claim administrator to the accident.
 New Claim Administrator button at the bottom of the screen to create and add an Claim administrator to the accident.

Search and Add Claim Administrator(s) ×

Representing: *

Claim Administrator Name: * Claim Administrator City: Claim Administrator Zip:

Name	Address	City	State	Zip	Phone	Action
Liberty Insurance Co	P.O. Box 6561	Scranton	PA	185056561	8007485161	<input type="radio"/>
Liberty Insurance Corp	Po Box 14350	Lexington	KY	405124350	4049056800	<input type="radio"/>
Liberty Insurance Corporation	13830 Ballantyne Corporate Pl	Charlotte	NC	28277	8334574334	<input type="radio"/>
Liberty Insurance Corporation	2 East Main St Towne Centre B	Danville	IL	618325852	6306496093	<input type="radio"/>

Search did not find a match, enter new Claim Administrator.

Accident information can be updated by clicking on "Edit Accident" button.

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Adjustment of Claim <<Back User Name [redacted] Role: Attorney Email: [redacted] Logout

Claim Type:* Please Select

Is it Change of Condition?: Weekly Wage: 0

Edit Accident

characters remaining: 750

Dispute Comments

characters remaining: 1500

If an employee has died as a result of the injury / exposure, complete this section for all persons surviving as all and only dependents.

First Name	Last Name	Age	Relationship	Dependency	Address	Action
No data available.						

Adjustment of Claim Filing, contd.

Accident information pre-populated

Ability to add Dependents

Representing value is mandatory

Add Dependents

Representing:* Please Select

Submit Cancel

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Claim type is a mandatory field.

Edit Accident

Address:*

City:*

State: *

Zip: * 46540 County:* 20 - ELKHART

Date of Injury:* 04/14/2016

Date Employer Notified: 04/14/2016

Claim Type:* Please Select

Is it Change of Condition?:

Weekly Wage: 0

Save Cancel

Injury description and Accident description hold 750 characters each and are mandatory fields. Add Dependents allows you to add dependent information.

Add Dependent(s)



First Name:*
Last Name:*
Age:*
Relationship:*
Dependency:*
Address:

Save Close

Adjustment of Claims - New claim Notification

After filing a new claim an email will be sent to filing attorney upon receipt of 29109 but before Application is approved.

New Adjustment of Claim Received for [REDACTED]



To: [REDACTED]



Tue 6/10/2025 1:49 PM

From: noreply@wcb.in.gov <noreply@wcb.in.gov>

Sent: Monday, June 9, 2025 2:33 PM

To: [REDACTED]

Cc: #WCB Claims <wcbclaims@wcb.in.gov>

Subject: New Adjustment of Claim Received for [REDACTED]

Dear **Edward Lawhead**

Your Adjustment of Claim for [REDACTED] has been filed. Upon review, you will receive an email regarding its status. If it requires any corrections, you will be notified by email. This will require you to file a Corrected Application with the required information.

Attorneys with valid WCB Portal accounts can view their submission by clicking [here](#).

If you have any questions please contact wcbclaims@wcb.in.gov

Thank you.

IN WCB

New Claim Notification

Claim notification received, emailed to all parties

New Claim without FROI information,

Worker's Compensation Board of Indiana
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Adjustment of Claim | Dashboard | <<Back | User Name: [redacted] | Role: Attorney | Email: [redacted] | Logout

Adjustment of Claim Search

Please enter Jurisdiction Claim Number or other three values. (For names pattern search enter 3 letters of the name)

Jurisdiction Claim No: [input]
OR
Last Name: [input]
Date of Birth: [input]
Date of Injury: [input]

Search Clear

Results

JCN	Disputed No	Employee	Date of Birth	Employer	Insurance Carrier	Injury Date	Action
[redacted]	[redacted]	[redacted]	[redacted]	Culver Duck Farms Inc	Northstone Ins. Co.	04/14/2016	File Claim

If you do not find a match, refine your search or file a new claim [New Claim](#)

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If you have any questions, please contact: IT@WCB.IN.GOV

Click on new claim button will provide below options to choose from,

- Use Current Employee Information – this option works when search returned a result but attorney choose to create new application for same employee with different injury date. And, this option will auto populate the employee information from the current search results if found any.
- Start New – Attorney needs to enter all the details including employee information.

Do you want to use the employee displayed to start a new claim?

Use Current Employee Information

Start New

Attorney must click on one of above buttons to proceed further followed by entering all the required information shown in below images and submit the application for WCB staff review.

Worker's Compensation Board of Indiana
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New Adjustment of Claim
<<Back
User Name:
Role:
Email:
Logout

**It is your obligation to serve this upon the Employer. The Board currently has no way to email this to the Employer.

Employee Information First Name: * <input type="text"/> Last Name: * <input type="text"/> DOB: * <input type="text"/> Address: * <input type="text"/> City: * <input type="text"/> State: * <input type="text"/> Zip: * <input type="text"/> Phone: <input type="text"/> Email: <input type="text"/>	Employer Information * Add / View Employer(s)
Insurer Information Add / View Insurer(s)	Claim Administrator Information Add / View Claim Administrator(s)
Accident Information Address: * <input type="text"/> City: * <input type="text"/> State: * <input type="text"/> Zip: * <input type="text"/> County: * <input type="text"/> Date of Injury: * <input type="text"/>	Injury Description * <input style="width: 100%; height: 30px;" type="text"/> <small>characters remaining: 750</small> Accident Description * <input style="width: 100%; height: 30px;" type="text"/>

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 If you have any questions, please contact: IT@WCB.IN.GOV

Worker's Compensation Board of Indiana
THIS IS QA/TEST SYSTEM

New Adjustment of Claim
<<Back
User Name:
Role: Attorney
Email:
Logout

Date of Injury: * <input type="text"/> Date Employer Notified: <input type="text"/> Claim Type: * <input type="text" value="Please Select"/> Is it Change of Condition?: <input type="checkbox"/> Weekly Wage: <input type="text"/>	Accident Description * <input style="width: 100%; height: 30px;" type="text"/> <small>characters remaining: 750</small>
Dispute Comments <input style="width: 100%; height: 30px;" type="text"/> <small>characters remaining: 1500</small>	

If an employee has died as a result of the injury / exposure, complete this section for all persons surviving as all and only dependents.

First Name	Last Name	Age	Relationship	Dependency	Address	Action
Add Dependents						
Representing: * <input type="text" value="Please Select"/>						
Submit Cancel						

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 If you have any questions, please contact: IT@WCB.IN.GOV

Adjustment of Claims - New Claim without FROI Information

An email will be sent to filing attorney upon receipt of 29109 but before Application is approved. (No FROI information)

New Adjustment of Claim Received for Injured Worker - [REDACTED]



To [REDACTED]



Tue 6/10/2025 2:50 PM

From: noreply@wcb.in.gov <noreply@wcb.in.gov>

Sent: Monday, June 9, 2025 5:24 PM

To: [REDACTED]

Cc: #WCB Claims <wcbclaims@wcb.in.gov>

Subject: New Adjustment of Claim Received for Injured Worker - [REDACTED]

Dear **Steven W Etzler**

Your Adjustment of Claim for [REDACTED] has been filed. Upon review, you will receive an email regarding its status. If it requires any corrections, you will be notified by email. This will require you to file a Corrected Application with the required information.

Attorneys with valid WCB Portal accounts can view their submission by clicking [here](#).

If you have any questions please contact wcbclaims@wcb.in.gov

Thank you.

IN WCB

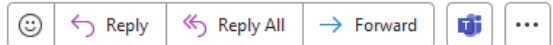
Adjustment of Claims - Corrections requested by Board

An email will be sent to Attorney requesting corrections if needed any.

Adjustment of Claim - Correction(s) Required for [REDACTED]



To [REDACTED]



Wed 6/11/2025 12:23 PM

From: noreply@wcb.in.gov <noreply@wcb.in.gov>

Sent: Wednesday, April 16, 2025 8:41 AM

To: [REDACTED]

Cc: #WCB Claims <wcbclaims@wcb.in.gov>

Subject: Adjustment of Claim - Correction(s) Required for [REDACTED]

Dear **Chelsey Lang**

Your electronic submission of an Application for Adjustment of Claim for [REDACTED] has been filed but requires correction(s). The filing date will stand. Please send a Corrected Application with the following errors corrected:

Notes : [REDACTED]

Attorneys with a valid WCB portal account, can view their submission by clicking [here](#).

If you have any questions please contact wcbclaims@wcb.in.gov

Thank you.

IN WCB

Updated June-25

Adjustment of Claims - Corrected Application submitted by attorney

An email confirmation will be sent when an attorney submits corrected application.

Corrected Adjustment of Claim Submitted for [REDACTED]



Wed 6/11/2025 12:24 PM

From: noreply@wcb.in.gov <noreply@wcb.in.gov>
Sent: Monday, June 2, 2025 12:16 PM
To: [REDACTED]
Cc: #WCB Claims <wcbclaims@wcb.in.gov>
Subject: Corrected Adjustment of Claim Submitted for [REDACTED]

Dear **Charles Hewins**

Your submission of a Corrected Application for Adjustment of Claim for [REDACTED] with additional/substituted information has been received. Following review, you will receive a notice of the status of the Application.

Attorneys with valid WCB Portal accounts can view their submissions by clicking [here](#).

If you have any questions please contact wcbclaims@wcb.in.gov

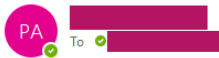
Thank you.

IN WCB

Adjustment of Claims - Approved Notifications

Approved – Attorneys and parties for whom an email address has been provided will receive an email for each Filed and Approved Application only. The filed and approved 29109 will be stamped with a date seal and will be attached to the email as a pdf document. If the 29109 is completed from a FROI, the filer of the FROI will be served with a copy of the 29109. It is the obligation of the attorney filing the Application to serve it upon the Employer. If there is no email address for Employer or Insurer, WCB cannot send to either and attorney must do so.

Adjustment of Claim Filed and Assigned a Disputed No: [REDACTED] JCN-[REDACTED]



Wed 6/11/2025 12:12 PM

From: noreply@wcb.in.gov <noreply@wcb.in.gov>
Sent: Tuesday, June 10, 2025 10:21 AM
To: [REDACTED]
Cc: #WCB Claims <wcbclaims@wcb.in.gov>
Subject: Adjustment of Claim Filed and Assigned a Disputed No: [REDACTED] JCN-[REDACTED]

Dear **Paul Brizendine**

Congratulations. Attached is the filed and approved Application for Adjustment of Claim that has been filed based on your electronic submission for [REDACTED]

Attorneys with a valid WCB portal account, can view/print their submission by clicking [here](#).

It is your obligation to serve this upon the Employer. The Board currently has no way to email this to the Employer.

If you have any questions please contact wcbclaims@wcb.in.gov

Thank you.
IN WCB

Filed Notification

Approved notification from the board with 29109 form

Adjustment of Claims - Approved Copy

Approved 29109 form, remember you must serve this on the Employer. If an adjuster's email address was provided in FROI, service upon that party will be done the WCB.



APPLICATION FOR ADJUSTMENT OF CLAIM
State Form 29109 (R5 / 6-05)

FOR STATE USE ONLY

Application number
C - 253645

INDIANA WORKER'S COMPENSATION BOARD

402 West Washington Street, Room W196
Indianapolis, IN 46204-2753

Name of plaintiff / employee [Redacted] Address (number and street) 3529 MOLLER RD City, State, ZIP code INDIANAPOLIS, IN, 46224 Telephone Number (786) 803-1932	VS.	Name of defendant / employer Hampton Inn Airport Address (number and street) 9020 Hatfield Dr City, State, ZIP code Indianapolis, IN, 46241 Telephone number (786) 803-1932 Email _____ <small>* Please refer to second page for additional Employer details.</small>
---	------------	---

Employer's Worker's Compensation insurance company (if known)
 Travelers Cas Surety Company, P.o. Box 660456, Dallas, TX 752660456, (630) 848-5893,
 LAKEMIEDI@TRAVELERS.COM
* Please refer to second page for additional Insurance Company details.

The undersigned petitioner respectfully requests a hearing before a member of the Board for the following reasons. (please check one)

Worker's Compensation Claim
 Occupational Disease Claim
 Change of Condition

ATTENTION: ONLY ONE INJURY DATE PER FORM

Date of injury / last exposure / death 12/05/2024	Date employer notified of illness / injury / death 02/28/2025
Actual location of incident (number and street, city, state, ZIP code) 9020 Hatfield Dr, Indianapolis, IN 46241	County of incident MARION
Average weekly earning of the employee at the time of illness / injury / death \$ 0.00	
Briefly describe how the accident / exposure occurred. test	
Briefly describe Injury Description. test	

List of dependents

NAME	AGE	RELATIONSHIP	WHOLLY OR PARTIALLY DEPENDENT	ADDRESS
No Data Available.				

Name of Attorney [Redacted]	Attorney Number 4069-49
Address (number and street, city, state, ZIP code) 8900 Keystone Crossing Ste1100, Indianapolis, IN and 46240	
Telephone number (317) 843-2606	

Signature of petitioner [Redacted]	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> FILED 05/14/2025 Worker's Compensation Board of Indiana </div>
---------------------------------------	---

29109 PDF
Sample 29109 generated and sent by the Board

Any additional Employer, Insurer and Claim administrator will be displayed on the 2nd page of 29109 form.

Additional Employers 4 Daughters Farms Llc , 9139 W 950 S, Waldron,IN [REDACTED] Norton Healthcare , 4967 Us Highway 42 #100, Louisville,KY [REDACTED]
Additional Insurers None
Additional Claim Administrators None

29109 PDF
Additional Employers, Insurers,
Insurer Information

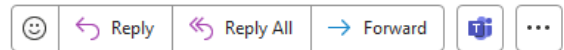
Adjustment of Claims - Amend Notification

An attorney may amend the application after approval. This Amended Application will go through the same process of review and approval as the original Application.

QA - Attorney Amendment of Claim Request for Disputed No: [REDACTED] JCN-[REDACTED]



To [REDACTED]



Wed 6/11/2025 11:51 AM

From: noreply@wcb.in.gov <noreply@wcb.in.gov>

Sent: Tuesday, May 13, 2025 12:44 PM

To: [REDACTED]

Cc: IT@wcb.in.gov <IT@wcb.in.gov>

Subject: QA - Attorney Amendment of Claim Request for Disputed No: O-253634 JCN-1662040

Dear **Laura Raiman**

Your Amended Application for Adjustment of Claim for [REDACTED] has been filed. Upon review, you will receive an email regarding its status.

Attorneys with a valid WCB portal account, can view their submission by clicking [here](#).

If you have any questions please contact wcbclaims@wcb.in.gov

**Notification to filing attorney
requesting change or addition of the
information submitted.**

Thank you.

IN WCB

Adjustment of Claims - Approved after Amendment

An email will be sent to the attorney and all the parties with approved 29109. Again, WCB can only notify parties for whom email addresses have been provided. The obligation to serve Employer or Insurer still falls to the attorney filing the Amended Application.

QA - Adjustment of Claim Filed and Amended for Disputed No: [REDACTED] JCN-[REDACTED]



Wed 6/11/2025 11:44 AM

Follow up. Completed on Wednesday, June 11, 2025.

From: noreply@wcb.in.gov <noreply@wcb.in.gov>

Sent: Tuesday, May 13, 2025 12:47 PM

To: [REDACTED]

Cc: IT@wcb.in.gov <IT@wcb.in.gov>

Subject: QA - Adjustment of Claim Filed and Amended for Disputed No: [REDACTED] JCN-[REDACTED]

Dear **Laura Raiman**

Congratulations. Attached is the filed and approved Amended Application for Adjustment of Claim based on your electronic submission(s) for [REDACTED].

Attorneys with a valid WCB portal account, can view their submission by clicking [here](#).

It is your obligation to serve this upon the Employer. The Board currently has no way to email this to the Employer.

If you have any questions please contact wcbclaims@wcb.in.gov

Thank you.

IN WCB

Adjustment of Claims - Dismissed Notification

Filing attorney may request that an Application for Adjustment of Claim be dismissed after it is filed but before approval. This is at the "pending review" stage. An email will be sent to the filing attorney confirming dismissal per request. This is appropriate where the application was a duplicate or in other situations where the filing may have been erroneous or untimely. It is the obligation of the attorney to notify Employer and/or Insurer of this action, if no email address has been provided for them.

QA - Adjustment of Claim Dismissed for Disputed No: [REDACTED] JCN-[REDACTED]



Tue 6/10/2025 3:04 PM

From: noreply@wcb.in.gov <noreply@wcb.in.gov>
Sent: Monday, April 21, 2025 3:32 PM
To: [REDACTED]
Cc: IT@wcb.in.gov <IT@wcb.in.gov>
Subject: QA - Adjustment of Claim Dismissed for Disputed No: [REDACTED] JCN: [REDACTED]

Dear **Herry Tracey**

Per your instructions the Application for Adjustment of Claim for [REDACTED] has been dismissed with or without prejudice.

Notes:
test125

Dismissed notification

Filing has been dismissed for some reason.
Could be duplicate, wrong filing etc.

Attorneys with a valid WCB portal account, can view their submission by clicking [here](#).

It is your obligation to serve this upon the Employer. The Board currently has no way to email this to the Employer.

If you have any questions please contact wcbclaims@wcb.in.gov

Thank you.
IN WCB

QA - Adjustment of Claim Dismissed for JCN: [REDACTED]



Tue 6/10/2025 3:18 PM

From: noreply@wcb.in.gov <noreply@wcb.in.gov>
Sent: Tuesday, April 29, 2025 3:38 PM
To: [REDACTED]
Cc: IT@wcb.in.gov <IT@wcb.in.gov>
Subject: QA - Adjustment of Claim Dismissed for JCN: [REDACTED]

Dear **Herry Tracey**

Per your instructions the Application for Adjustment of Claim for [REDACTED] has been dismissed with or without prejudice.

Notes:
test429

Attorneys with a valid WCB portal account, can view their submission by clicking [here](#).

It is your obligation to serve this upon the Employer. The Board currently has no way to email this to the Employer.

If you have any questions please contact wcbclaims@wcb.in.gov

Thank you.
IN WCB



Reply Reply All Forward [Icons]

Tue 6/10/2025 3:23 PM

From: noreply@wcb.in.gov <noreply@wcb.in.gov>
Sent: Tuesday, April 29, 2025 5:49 PM
To: [REDACTED]
Cc: IT@wcb.in.govxx <IT@wcb.in.govxx>
Subject: QA - Adjustment of Claim Dismissed for Injured Worker - [REDACTED]

Dear Jon C Abernathy

Per your instructions the Application for Adjustment of Claim for [REDACTED] has been dismissed with or without prejudice.

Notes:
test

Attorneys with a valid WCB portal account, can view their submission by clicking here.

It is your obligation to serve this upon the Employer. The Board currently has no way to email this to the Employer.

If you have any questions please contact wcbclaims@wcb.in.gov

Thank you.
IN WCB

Adjustment of Claims - Change of Condition

If a claim is already closed in the system and you would like to reopen the case due to a change in condition or otherwise, you can contact the "Court Reporters" by clicking on "Reopen the Dispute."

Worker's Compensation Board of Indiana
THIS IS QA/TEST SYSTEM
Adjustment of Claim Search
Please enter Jurisdiction Claim Number or other three values. (For names pattern search enter 3 letters of the name)
Jurisdiction Claim No: [REDACTED]
Last Name: [REDACTED]
Date of Birth: [REDACTED]
Date of Injury: [REDACTED]
Search Clear
File Change of Condition/Reopen the Dispute
If WCB has closed file in the system, can file Change of Condition.
Request Reopen the dispute
WCB has a closed file with Cause Number [REDACTED] for JCN - [REDACTED]. You may file a Change of Condition Application at this time. To take other actions related to JCN - [REDACTED], either contact the relevant Court Reporter or wcbclaims@wcb.in.gov for assistance.
Results
JCN Disputed No Employee Date of Birth Employer Insurance Carrier Injury Date Action
[REDACTED] Panera Holdings Corp The Standard Fire Ins Company 09/09/2022 File Change of Condition Reopen the Dispute
If you do not find a match, refine your search or file a new claim New Claim
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If you have any questions, please contact: IT@WCB.IN.GOV

Adjustment of Claims - Reopen the Dispute

Reopen the Dispute pops up a screen with Court Reporter name, email, judge name and county list.

Worker's Compensation Board of Indiana

Please contact the court reporter to reopen the case. You can find the court reporter details below,

Worker's Compensation Board of Indiana
THIS IS QA/TEST SYSTEM
County Court Reporters

Search:

COURT REPORTER NAME	EMAIL	JUDGE NAME	COUNTY LIST
CINDY RUBIO	CRUBIO@WCB.IN.GOV	A. JAMES SARKISIAN	ELKHART, JASPER, LA PORTE, MARSHALL, PORTER, PULASKI, ST JOSEPH, STARKE
JOYCE EMERSON	JEMERSON@WCB.IN.GOV	DANIEL G. FOOTE	ADAMS, ALLEN, BLACKFORD, CASS, DEKALB, DELAWARE, FULTON, GRANT, HOWARD, HUNTINGTON, JAY, KOSCIUSKO, LAGRANGE, MADISON, MIAMI, NOBLE, STEUBEN, TIPTON, WABASH, WELLS, WHITLEY

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If you have any questions, please contact: IT@WCB.IN.GOV

Change of condition can be filed for closed claim. Change of condition will let user edit Employee details , add/view a claim administrator details and dependent details.

Worker's Compensation Board of Indiana
THIS IS QA/TEST SYSTEM

Adjustment of Claim <<Back User Name: Role: Email Logout


****It is your obligation to serve this upon the Employer. The Board currently has no way to email this to the Employer.**

Jurisdiction Claim Number: [REDACTED]

Employee Information	Employer Information	Change of Condition
First Name: [REDACTED] Last Name: [REDACTED] DOB: 07/22/2003 Address: [REDACTED] City: Lafayette State: IN Zip: 47905 Phone: [REDACTED] Email: [REDACTED] Edit Employee	Name: Panera Holdings Corp Address: 4339 South St City: Lafayette State: IN Zip: 47905 Phone: [REDACTED] Add to Claim?: <input checked="" type="checkbox"/> Add / View Employer(s)	Should be able to change any Information of Employee, Claim Administrator, Dependent Information.
Insurer Information Name: The Standard Fire Ins Company Address: Po Box 660456 City: Dallas State: TX Zip: 752660456 Phone: [REDACTED] Email: [REDACTED] Add to Claim?: <input checked="" type="checkbox"/> Add / View Insurer(s)	Claim Administrator Information Name: P Address: P.O. Box 7099 City: Indianapolis State: IN Zip: 462077099 Phone: [REDACTED] Email: [REDACTED] Add to Claim?: <input type="checkbox"/> Add / View Claim Administrator(s)	
Accident Information	Injury Description *	

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If you have any questions, please contact: IT@WCB.IN.GOV

Change of condition requires date of Change of Condition as well as description.



Worker's Compensation Board of Indiana

THIS IS QA/TEST SYSTEM

Adjustment of Claim <<Back User Name: Role: Email: Logout

State: IN Zip: 47905
County: 79 - Tippecanoe
Date of Injury: 09/09/2022 Date Employer Notified: 09/09/2022
Claim Type: * Worker's Compensation Claim

Is it Change of Condition?: Weekly Wage: 0

[Edit Accident](#)

Dispute Comments **Change of Condition Cont.**

 characters remaining: 750

 characters remaining: 750

 characters remaining: 1500

Date of change of condition and description are mandatory
Representing value is mandatory

If an employee has died as a result of the injury / exposure, complete this section for all persons surviving as all and only dependents.

First Name	Last Name	Age	Relationship	Dependency	Address	Action
No data available.						

[Add Dependents](#)

Representing: * Please Select ▼

[Submit](#) [Cancel](#)

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If you have any questions, please contact: IT@WCB.IN.GOV