North Carolina Industrial Commission

NOTICE TO THE COMMISSION OF ASSIGNMENT OF REHABILITATION PROFESSIONAL

IC File #_____

Emp. Code #_____

Carrier Code #_____

Carrier File #_____

Employee's Name _____ Email Address _____

Address _____

City _____ State _____ Zip _____

( ) - _____ ( ) - _____

Home Telephone _____ Work Telephone _____

XXX-XX _____ ☐ M ☐ F _____ / /

Last 4 Digits of SSN _____ Sex _____ Date of Birth _____

Employer's Name _____ Email Address _____ ( ) - _____

Telephone Number

Employer's Address _____ City _____ State _____ Zip _____

Insurance Carrier _____

Carrier's Address _____ City _____ State _____ Zip _____

( ) - _____

Carrier's Telephone Number _____ Adjusters Name _____ Email Address _____

1. The case has been assigned to the following rehabilitation professional who meets the qualifications as outlined in Rule 11 NCAC 23C .0105 of the Industrial Commission Rules for Utilization of Rehabilitation Professionals in Workers' Compensation Claims.

   Name of RP: _____ Telephone Number: ( ) - _____

   _____ Fax Number: ( ) - _____

   Name of Supervisor of Conditional Provider if Applicable

   Company: _____ Type of Certification: _____

   Address: _____ Certificate Number: _____

   CHECK ONE: ☐ **FIELD/ON SITE CASE MANAGEMENT** ☐ **TELEPHONIC CASE MANAGEMENT**

2. The purpose of this rehabilitation assignment is:

   Purpose (check all that apply): ☐ **Medical Case Management** ☐ **Vocational Rehabilitation**

   Date of Injury: / /

   Type of Injury:

3. This rehabilitation professional was assigned by the following carrier, self-insured employer, or third-party administrator:

   Date Completed: _____ Company Name: _____

   Signed By: _____ Official Title: _____

   Print Name: _____ cc: Plaintiff's Attorney _____

4. The Commission should return this completed form to _____ (Name) at E-Mail: _____ (E-Mail Address)

By accepting this assignment, the above-named Rehabilitation Professional agrees that he/she meets the qualifications of a qualified/conditional rehabilitation provider as outlined in Rule 11 NCAC 23C .0105 of the Industrial Commission Rules for Utilization of Rehabilitation Professionals.

NORTH CAROLINA INDUSTRIAL COMMISSION
THE FOREGOING ASSIGNMENT IS HEREBY ACKNOWLEDGED:

FORM 25N

FILE VIA EDFP (MAY BE FILED WITHOUT IC FILE NUMBER IF NOT YET ASSIGNED)
HTTPS://WWW.IC.NC.GOV/DOCFILING.HTML
NCIC-NURSES SECTION
TELEPHONE: (919) 807-2616 HELPLINE: (800) 688-8349
WEBSITE: HTTPS://WWW.IC.NC.GOV