

NOTICE TO THE COMMISSION OF ASSIGNMENT OF REHABILITATION PROFESSIONAL

IC File # _____

Emp. Code # _____

Carrier Code # _____

Carrier File # _____

Employee's Name _____		Email Address _____		Employer's Name _____		Email Address _____		() - Telephone Number _____	
Address _____				Employer's Address _____		City _____		State _____ Zip _____	
City _____		State _____ Zip _____		Insurance Carrier _____					
() - Home Telephone _____		() - Work Telephone _____		Carrier's Address _____		City _____		State _____ Zip _____	
XXX-XX Last 4 Digits of SSN _____		☐ M ☐ F Sex _____		Date of Birth _____		() - 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 _____ at E-Mail: _____
 (Name) (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