

NOTICE TO THE COMMISSION OF ASSIGNMENT OF REHABILITATION PROFESSIONAL

The Use of This Form Is Required Under the Provisions of the Workers' Compensation Act

IC File # _____
Emp. Code # _____
Carrier Code # _____
Carrier File # _____

Employee's Name _____		Employer's Name _____		Telephone Number () - _____	
Address _____		Employer's Address _____		City _____	State _____ Zip _____
City _____	State _____ Zip _____	Insurance Carrier _____			
() - _____	() - _____	Carrier's Address _____		City _____	State _____ Zip _____
Home Telephone XXX-XX _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Work Telephone / / _____		() - _____	() - _____
Last 4 Digits of SSN _____	Sex _____	Date of Birth _____		Carrier's Telephone Number _____	Fax Number _____

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

FILE WITH AN IC FILE NUMBER VIA EDPF
[HTTP://WWW.IC.NC.GOV/DOCFILING.HTML](http://www.ic.nc.gov/docfiling.html) OR
 IF NO IC FILE NUMBER, E-MAIL TO 25N@IC.NC.GOV
NCIC-NURSES SECTION
TELEPHONE: (919) 807-2616
HELPLINE: (800) 688-8349
WEBSITE: [HTTP://WWW.IC.NC.GOV](http://www.ic.nc.gov)