



Request SVR Payment

General

Dates

SVR

Claim

Costs

Tracking

Remarks

Reference

General Information

***SSN:** [?](#)

123-45-6789

***Beneficiary Name:**

*First

Middle

*Last

Suffix

***Type of claim:** [?](#)

Initial Claim Supplemental Reconsideration

***Claim based on:** [?](#)

Continuous Period of SGA Medical Recovery during VR (301)

Next

Cancel



Request SVR Payment

General

Dates

SVR

Claim

Costs

Tracking

Remarks

Reference

SSN:

Beneficiary Name:

Type of claim: Initial Claim

Claim based on: Continuous Period of SGA

Dates

***Date Client Entered VR:** ?

mm/dd/yyyy

***Date Signed IPE:** ?

mm/dd/yyyy

***Date Employment began:** ?

mm/dd/yyyy

***Date of Final VR Closure:** ?

mm/dd/yyyy

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Cancel



Request SVR Payment

General

Dates

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Remarks

Reference

SSN:

Type of claim: Initial Claim

Date Client Entered VR: 07/01/2011

Date Employment began: 07/01/2011

Beneficiary Name:

Claim based on: Continuous Period of SGA

Date Signed IPE: 07/01/2011

Date of Final VR Closure: 12/01/2015

SVR Information

SVR Contact Information

Contact Name: ?

Contact Phone: ?

SVR Authorizing Information

*Authorizing Official Name: ?

*Authorizing Title: ?

*Authorization Date: ?

mm/dd/yyyy

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Request SVR Payment

General Dates SVR Claim Costs Tracking Remarks Reference

SSN:	Beneficiary Name:
Type of claim: Initial Claim	Claim based on: Continuous Period of SGA
Date Client Entered VR: 07/01/2011	Date Signed IPE: 07/01/2011
Date Employment began: 07/01/2011	Date of Final VR Closure: 12/01/2015

Claim Information

***SSA Benefit Status** ?
 SSDI Only SSI Only Both SSI and SSDI

Claim SSDI SSN: ?

123-45-6789

***Claim SSDI BIC:** ?

***Is beneficiary blind?** ?
 Yes No

***Were medical services provided?** ?
 Yes No Unknown

Claim Costs

***Total Direct Costs:** ?
\$

***Total ACP Costs:** ?
\$

***Total Tracking Costs:** ?
\$

***Total Other Costs:** ?
\$

***Total Costs:** ?
\$

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Request SVR Payment

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SSN:	Beneficiary Name:
Type of claim: Initial Claim	Claim based on: Continuous Period of SGA
Date Client Entered VR: 07/01/2011	Date Signed IPE: 07/01/2011
Date Employment began: 07/01/2011	Date of Final VR Closure: 12/01/2015

Cost Itemization

Cost Itemization

*Type of Cost: [?](#)

Direct Other

*RSA Expense Code: [?](#)

123

[Look up RSA expense code](#)

*Service Start Date: [?](#)



mm/dd/yyyy

Service End Date: [?](#)



mm/dd/yyyy

*Service Amount: [?](#)

\$

Optional SVR Reference: [?](#)

Optional SVR Cost Description: [?](#)

You can only use letters, upper or lower case, numbers, spaces, and these special characters: \$ () * + , - . / : = ? @ _

Characters remaining: 500



Request SVR Payment

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For Your Information:

Total of all Direct and Other costs on this tab must be \$5000. You have entered \$5000.

SSN:

Beneficiary Name:

Type of claim: Initial Claim

Claim based on: Continuous Period of SGA

Date Client Entered VR: 07/01/2011

Date Signed IPE: 07/01/2011

Date Employment began: 07/01/2011

Date of Final VR Closure: 12/01/2015

Cost Itemization

Type of Cost	Service Start Date	Service End Date	Expense Code	Service Amount	Actions
Direct	07/02/2011	12/01/2015	171	\$5,000.00	Edit Delete

Add Direct or Other Cost Itemizations?

Yes No

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[Submit Claim](#)

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Request SVR Payment

General Dates SVR Claim Costs Tracking Remarks Reference

SSN:	Beneficiary Name: Darrell Church Jr
Type of claim: Initial Claim	Claim based on: Continuous Period of SGA
Date Client Entered VR: 01/01/2014	Date Signed IPE: 01/01/2014
Date Employment began: 06/01/2014	Date of Final VR Closure: 06/01/2015

Tracking Months

Tracking Months

*Tracking Month: ⓘ
Enter a tracking month in MM/YYYY format.

MM/YYYY

Save

Delete this entry

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Submit Claim



Upload SVR Claim file [?](#)

OMB No. 0960-0644
Paperwork Reduction Act

***Enter a unique identifier for this request file that you have never used before and will never use again and then select the Verify button. Only numbers or upper case letters are valid. [?](#)**

Verify

11111111111111

***Select one of the following types of basic claims to upload: [?](#)**

- 1: Initial/Reconsideration VR Claim file
- 2: Supplemental VR Claim file

*** Browse to the file you intend to upload**

Browse...

Test Only [?](#)

***Email Notification: [?](#)**

Yes No

Upload

Cancel

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