



## 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)

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## Request SVR Payment

General

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**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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## Request SVR Payment

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

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

[Save](#)

[Delete this entry](#)



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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	<a href="#">Edit</a>   <a href="#">Delete</a>

### Add Direct or Other Cost Itemizations?

Yes  No

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## Request SVR Payment

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