



ASSIGNMENT OF REIMBURSEMENT INSTRUCTIONS

PURPOSE

Used when an eligible individual receives cost services during his/her rehabilitation process. It is intended to repay to the North Carolina Division of Services for the Blind (DSB) Insurance monies received by an individual for recover of any claim. DSB will seek to receive or recover the amount entitled the eligible individual from Insurance claims or the actual amount expended by DSB whichever is less.

PREPARED BY

Vocational Rehabilitation (VR)/Independent Living Rehabilitation (ILR) Counselor

INSTRUCTIONS

I hereby authorize the _____: Enter the full title of the Insurance Company.

Address: Enter the most current address to include the street address, PO Box, city, state and five digit zip code of the Insurance Company.

Individual must date and sign the form.

If appropriate, a witness must sign the form.

Enter the typed name of the individual.

Address: Enter the individual's most current address to include the street address, PO Box, city, and five- digit zip code.

Phone: Enter the individual's phone number with area code and seven-digit number.

VR/ILR Counselor must sign the form.

Authorization No: Enter the authorization number identified to receive reimbursement.

Office Address: Enter the VR/ILR Counselor most current address to include the street address, city, and five-digit zip code.

Phone: Enter the VR/ILR Counselor's phone number with area code and seven-digit number.

Fax No: Enter the VR/ILR Counselor's fax number with area code and seven-digit number.

DISTRIBUTION

Original: Individual file

Copies: Follow instructions at the bottom of form