

Request SVR Payment for:

### General Information

Type of claim:

- Initial Claim
- Supplemental
- Reconsideration

\*Claim based on:

- Pre-ETS
- Continuous Period of SGA
- Medical Recovery during VR (301)

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Request SVR Payment for:

### Dates

#### Payment Summary

Beneficiary Name:	Type of claim:	Claim based on:
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\*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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## SVR Information

### Payment Summary

Beneficiary Name:                      Type of claim:                      Claim based on:

Date Client Entered VR:              Date Signed IPE:                  Date Employment began:

Date of Final VR Closure:

### SVR Contact Information

Contact Name:

Contact Phone:

### SVR Authorizing Information

\*Authorizing Official Name:

\*Authorizing Title:

\*Authorization Date:  
 

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## Claim Information

### Payment Summary

Beneficiary Name:                      Type of claim:                      Claim based on:

Date Client Entered VR:              Date Signed IPE:                  Date Employment began:

Date of Final VR Closure:

### \*SSA Benefit Status

SSDI Only    SSI Only    Both SSI and SSDI

### \*Claim SSDI SSN:

\*\*\*-\*\*-\*\*\*\*   [SHOW](#)

123-45-6789

### \*Claim SSDI BIC:

A

### \*Is beneficiary blind?

Yes    No

### \*Were medical services provided?

Yes    No    Unknown

### \*Beneficiary occupation during continuous period of SGA:

3 Characters Allowed

[Show Beneficiary Occupation look up](#)

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**\*Service Type Code:**

SSA Codes
  RSA Codes

**Claim Costs**

**Total Direct Costs:**

\$

**\*Total ACP Costs:**

\$

**\*Total Tracking Costs:**

\$

**\*Total Other Costs:**

\$

**\*Total Costs:**

\$

## Cost Itemization

**Payment Summary**

Beneficiary Name:	Type of claim:	Claim based on:
Date Client Entered VR:	Date Signed IPE:	Date Employment began:
Date of Final VR Closure:		

**\*Type of Cost:**

Direct
  Other

**\*SSA Expense Code:**

123

[Look up SSA expense code](#)

**\*Service Start Date:**

**Service End Date:**

**\*Service Amount:**

\$

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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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## Cost Itemization

### Payment Summary

Beneficiary Name:

Type of claim:

Claim based on:

Date Client Entered VR:

Date Signed IPE:

Date Employment began:

Date of Final VR Closure:

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Only one cost item can be updated or deleted at a time.

Type of Cost	Service Start Date	Service End Date	Expense Code	Service Amount	Select
					<input type="checkbox"/>

Edit

Delete

\*Add Direct or Other Cost Itemizations?

Yes

No

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Submit Claim

## Tracking Months

### Payment Summary

Beneficiary Name:                      Type of claim:                      Claim based on:

Date Client Entered VR:                      Date Signed IPE:                      Date Employment began:

Date of Final VR Closure:

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

MM/YYYY

Save

Delete this entry

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## Remarks

### Payment Summary

Beneficiary Name:                      Type of claim:                      Claim based on:

Date Client Entered VR:                      Date Signed IPE:                      Date Employment began:

Date of Final VR Closure:

Add a SVR remark?

Yes     No

Add a delayed filing explanation?

Yes     No

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Submit Claim

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Upload SVR Claim file

\*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.

111111111111

Verify

\*Select one of the following types of basic claims to upload:

1: Initial/Reconsideration VR Claim file

1: Initial/Reconsideration VR Claim file

2: Supplemental VR Claim file

Test Only

\*Email Notification:

Yes  No

Upload

Cancel

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