



RQID:L0000000ZK000 SITE:V40 DR:S
SSN:708019704 DOCTYPE:0001 RF:D CS:6832



20100323400001

WILLIAM COSTIGAN MD
123 DEPARTED LANE
BALTIMORE, MD 21211

DATE: March 23, 2010
Claimant: SAMMY JUNIOR
SSN: XXX-XX-9704

SSA CLAIMANT INFORMATION COVER SHEET

**INSERT THIS PAGE INTO THE WINDOW ENVELOPE PROVIDED WITH THE
ADDRESS BELOW SHOWING.**

THIS PAGE MUST BE ON TOP OF YOUR REPORT.

V40 OMVE/FDDS
PO BOX 8744
LONDON KY 40742-9981

PLEASE NOTE:

- You must return your reports to the address shown above.
- If you are sending reports on more than one person in the same envelope, put this page for each person on top of their medical evidence.
- If you are requesting payment, please complete the enclosed payment voucher and return it with the medical report(s).
- If you would like, you may fax your report(S) to 1-866-560-4945.
BE SURE TO PUT THIS PAGE ON TOP OF THE DOCUMENT YOU ARE FAXING.