Social Security Administration

ERE Screen Shots

For OMB Clearance 0960-0753



Login Screen

ERE Login Screen

Social Security Online	Social Security Administration	🔸 👘 🗱 🖌 👘
www.socialsecurity.gov	Home Questions? How to Contact Us	Search
	Electronic Records Express Login	
	- Contraction of the Contraction	OMB No. 0960-0753 Expires 09/30/2012
	Acknowledgement for Website Access	
	I understand that the Social Security Administration will validate the inform provide against the information in Social Security Administration's system	nation I s.
	I certify that:	
	 I understand that I may be subject to penalties if I submit fraudulent information. I agree that I am responsible for all actions taken with my User ID. I am aware that any person who knowingly and willfully makes any representation to falsely obtain information from Social Security recrimtends to deceive the Social Security Administration as to the true is an individual could be punished by a fine or imprisonment, or both. I am authorized to do business under this User ID. 	ords and/or dentity of
	By entering your User ID, Password and clicking on the "Login" button, yo that you have read, understand and agree to the above statements.	ou certify
	User ID Password Login Cancel	
	Note : -Password is case sensitive -System will time-out after a half-hour of inactivity	
	If you need assistance with the Electronic Records Express Website, plea us via email at <u>EEAccountInfo@ssa.gov</u> or you can call us at 1-866-691-3	use contact 8061.
	Information about Social Security's Online Policies	
	The privacy of our customers has always been of utmost importance to th Security Administration. Our first regulation, published in 1937, was writte published to ensure your privacy. Our concern for your privacy is no differ electronic age.	e Social n and ent in the
	Details of Social Security's Online Privacy Policy Details of Social Security's Online Security Policy The Privacy Act and The Freedom of Information Act	
	Paperwork Reduction Act This information collection meets the clearance requirements of 44 U.S.C as amended by section 2 of the Paperwork Reduction Act of 1995. You do to answer these questions unless we display a valid Office of Managemer Budget control number. The OMB control number for Electronic Records I 0960-0753; expiration date 09/30/2012. We estimate that it will take about to read the instructions, gather the necessary facts, and answer the quest may send comments to our time estimate above to: SSA, 6401 Security B Baltimore, MD 21235-6401. Send <u>only</u> comments on our time estimate address.	\$ 3507, o not need it and Express is t 5 minutes ions. You ilvd, t o this

FIRSTGOV

ERE Homepage

Administrator's homepage view

Social Security Online	Electronic Records Express	**	*	**
www.socialsecurity.gov		Frequently Asked Questions		User Instructions
	Electronic Records Express Home Welcome to Electronic Records Express			
Test Test Mohammad Qamar@ssa gov	Evidence Submission Services		Bulletin	Board
111111111	Send Response for Individual Case		Updated 0	1/15/2012
Log Out	Send Grouped Files		What's	New?
FAQ's	Consultative Examination (CE) Services		Get important informati Express a	on about Electronic Records availability.
	Review/Submit Prepared Requests		Judy	
User Instructions	Pickup Provider's Transcription Reports		Cool for more information of	
	Prepare CE Report for Provider		1.866-691-3061	or call toll free:
From here you can also:	Send CE Report		1-000-001-0001	
	Send CE Report(s) with Scanned Signature			
Modify your account information	Send CE No Show Response			
Change your password	Document Exchange Services			
	Access Electronic Requests			
Account Maintenance	Access Provider's Electronic Requests			
	Send Transcription Report To Provider			
	Pickup Transcription Reports			
	Teacher Questionnaire			
For your security, please log out and close all Internet windows when you are finished.	Irack Status of Submissions Submission Inquiry			
	Payment Request Services			
	Prepare Payment Request			
	Review / Submit Payment Requests			
	Submit Payment Request			
	Access Provider's Electronic Payment Requests			
	Communication Services			
	Secure Messaging: Inbox			
	Communication Utility: Send E-Mail			

Account Maintenance Screens

Create an Individual End-User Account

<pre>Numerical Control Control</pre>	Social Security Online		Electronic Records Express
	ww.socialseculiny.gov	Home	Questions? How to contact Us Search
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Create Cancel

Benefits gov

Manage End-User Relationships

Social Security Online			Elect	ronic Red	cords Exp	oress		***
www.socialsecurity.gov	Home		Questions?	How to Co	ontact Us	Search		
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USA.gov Privacy Policy	Accessibility Policy	Linking Policy	y <u>Site Map</u> <u>Cont</u>	act Us Benef	its_gov			

Create Individual End-User Account Summary

Social Security Online		Electronic Records Express
www.socialsecurity.gov	Home	Questions? How to Contact Us Search
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		Electronic Records Express Account Summary
Electronic Records Express	all	·/
Home	llaar idi	CERII CI 1
	User Id:	
Account Maintenance	Bole:	Individual End-liser
Change Password	Status:	Active
Logout	First Name:	CEBillingClerk
	Middle Name:	
	Last Name:	CEBillingClerk
	Organization Type:	SSA Department
	Organization Name:	LM Validation
	Department:	Validation
	Position:	Position
	07 5	1177104005 E.H. 4005
	Office Phone:	4433401000 EXI: 1003
	Eav 1:	
	Fax 2	
	1 94 2.	
	Primary Email:	ravi-kiran.karnati@ssa.gov
	Alternate Email:	
	Address Line 1:	addressSreet1
	Address Line 2:	
	Address Line 3:	
	City	Columbia
	State/Territory:	MD
	Zip Code:	21045
	Country:	US
	Primary Site:	AL - Birmingham DDS [S01]
	Primary Site Contact:	Karnati, Hari (KAUKAR12)
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		Consurative Learn with Scanned Signatures (LESS) CE Payment Request: Billing Clerk
		Prepare CE Report for Provider (CEAP)
	Relationships:	
	User ID Last Name	e First Name Organization Org Type State/Province CE Medical CE Billing
	Added Comments	CF Billing Clerk by Ravi
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		View Log History
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The.		~m

USA.gov Privacy Police

Privacy Policy | Accessibility Policy | Linking Policy | Site Map | Contact Us

Benefits gov

Evidence Submission Services

Send Response for Individual Case

Destination and Request Information

Social Security Online	Electronic	Reco	ords Expr	ess	K¥ .		
www.socialsecurity.gov	Electronic Records Express	<u>s Home</u>			User Instructions		
John Doe Log Out	Send Resp Destination a	Send Response for Individual Case Destination and Request Information (Step 1 of 3)					
Help Desk: 1-866-691-3061							
Enter 3 character site code or select state and destination:	Site code:	OR	State: [Select]	•			
	Destination: [Select	Destinatio	n]	•			
Enter the following information from the request letter or	SSN:						
barcode:	RQID (Request ID):]			
	RF (Routing Field):	© P	D or blank	No RF or No Barcode			
	DR:	© F	© S	No DR or No Barcode			
	CS: (enter only if applicable)						
	Cancel				Continue		

Submit Records

Social Security Online	Electro	onic Records Expre	ess		**
www.socialsecurity.gov	Electronic Record	s Express Home			User Instructions
John Doe Log Out Help Desk: 1-866-691-3061	Attack	d Response for Individual (n and Upload Files (Step 2 of 3)	Case		
Destination and request summary:	Destination: RQID: DR:	MO - St Louis South DDS [S81] 456355234234234234 F		SSN: RF: CS:	242-34-2342 D
	Edit Summary				
Attach and upload files to this response:	A maximum of 8 files can be added and all files must total less than 50MB. File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .mdi, .txt, .rtf, .xls, .xlsx, .pdf, .tiff, .tif. Please do not upload password-protected files because they cannot be processed.				
	File 1:		Browse_ Clear File 1		
	Add Another Fi	le			
Additional Comments:	Comments:				
You can type up to three letter size pages (approximately 16,000 characters) of comments.					
	Characters rem	aining: 16000			
	Cancel			Pr	ior Page Submit

Tracking Page (Site does not do fiscal)

Social Security Online	Ele	ctronic Re	cords Express	**	*
www.socialsecurity.gov	Electronic	Records Express Home			User Instructions
John Doe Log Out		Send Respons Tracking Informat	e for Individual Case ion (Step 3 of 3)		
Help Desk: 1-866-691-3061					
	Thank y	ou for your submi	ission.		
	Please r process	etain your trackin sing your submiss	g number in case there are ion.	errors or problems	that prevent us from
Response Information:	Trackin	g Number:	13148130C7858FC6		
	Date ar	nd Timestamp:	07/20/2011 at 11:03 AM E	DT	
	Destinati	ion: AK ¿ Anchora	ge ODAR [T1G]	SSN:	234-23-4234
	RQID:	546735453434	15345345	RF:	D or blank
	DR:	F		CS:	
		File Name	Document	Туре	File Size
	Test.doc		Medical Evidence of	Record (MER)	26.0 KB
				Total file size:	26.0 KB
			ERE Print Send Another Re	esponse ERE Home]

Tracking Page (for site that does fiscal)

Social Security Online	Electronic Rec	cords Express	**	*
www.socialsecurity.gov	Electronic Records Express Home			User Instructions
Hoi Wong Log Out	Send Response Tracking Informati	e for Individual Case on (Step 3 of 3)		
Help Desk: 1-866-691-3061	Thank you for your submi	ssion.		
	Please retain your tracking processing your submissi	g number in case there are er on.	rrors or problems t	hat prevent us from
Response Information:	Tracking Number:	1312F2E2B8A541AB		
	Date and Timestamp:	07/15/2011 at 03:03 PM ED	г	
	Destination: MO - St Louis	South DDS [S81]	SSN:	342-34-2242
	RQID: 3452342324		RF:	D or blank
	DR: F		CS:	
	File Name			File Size
	ere_test_file.txt		Total file size:	1.0 KB 1.0 KB
	ERE Prin	t Request Payment Send A	nother Response El	RE Home

Request Medical Evidence of Record Payment (non-eOR)

Destination and Request Information

Social Security Online	Electron	ic Records Express	. ★		*
www.socialsecurity.gov	Electronic Records Exp	press Home			User Instructions
Hoi Wong Log Out	Reques	t Medical Evidence of Record d Upload Invoices	d Payment		
Help Desk: 1-866-691-3061					
Destination and request summary:	Destination: RQID: DR:	MO - St Louis South DDS [S81] adfadf F		SSN: RF: CS:	222-22-2222 P
Invoice Types:	Select the type of Invoice from DD Invoice from Pro Both	f invoice(s) you want to upload. S wider			
Upload Invoice(s): You must upload at least one invoice.	A maximum of 4 invoices ca File types accepted: .wpd, . Please do not upload passw	in be added and all invoices must total less than 20MB, doc, jpg, .bmp, .mdi, .bt, .rtf, .xls, .pdf, .tiff, .tif, .docx, vord-protected invoices because they cannot be proc	.xlsx essed.		
	Invoice 1:	Browse	- nvoice 1		
	Add Another Invoice	e			
Additional Comments: You can type up to three letter size pages (approximately 16,000 characters) of comments.	Comments:	ng:16000			
	Cancel				Submit

Tracking page

Social Security Online	Electronic R	ecords Express	×					
www.socialsecurity.gov	Electronic Records Express Hor	ne		User Instructions				
Hoi Wong Log Out Help Desk: 1-866-691-3061	Request Med Response and F Warning: The ERE webs	Request Medical Evidence of Record Payment Response and Payment Tracking Information Warning: The ERE website account you are using is a demo account. Submissions will not be sent						
	to the final destination.							
	Thank you for your sub	mission.						
	Please retain your track processing your submis	Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.						
	Destination: MO - St Lou	is South DDS [S81]	SSN: 222-22-2222					
	RQID: adfadf		RF: P					
	DR: F		CS:					
Response Information:	Tracking Number:	1353A940717A6545						
	Date and Timestamp:	02/01/2012 at 03:21 PM EST						
	File Name			File Size				
	Test.doc			26.0 KB				
			Total file size:	26.0 KB				
	Additional comments w	ere entered during this submiss	ion.					
Payment Request Information:	Tracking Number:	1353A959C018E133						
	Date and Timestamp:	02/01/2012 at 03:22 PM EST						
	Invoice File Name			nvoice File Size				
	Test.doc			26.0 KB				
			Total file size:	26.0 KB				
	Invoice Types: Invoice f	rom DDS						
		ERE Print Send Another Requ	est ERE Home					

No Records

Social Security Online	Electronic Records Express	**	* 1
www.socialsecurity.gov	Electronic Records Express Home		User Instructions
Hoi Wong Log Out	Send Response for Individual Case Provide Reason for not transmitting files (Step 2 of S	3)	
Help Desk: 1-866-691-3061			
Destination and request summary:	Destination: MO - St Louis South DDS [S81]	SSN:	222-22-2222
	RQID: 111111111	RF:	Ρ
	DR: F	CS:	
	Edit Summary		
Specify the reason for not adding files:	Reason: [Select Reason]		~
	Based on the reason you select, comments may be requestional.	iired. Oth	nerwise, comments are always
Additional Comments:	Comments:	1	
(approximately 16,000 characters) of			
	Characters remaining: 16000		
	Cancel		Prior Page Submit

Tracking page

Social Security Online	Electronic R	ecords Express	**	*	*
www.socialsecurity.gov	Electronic Records Express Hor	ne		User Instructions	
Hoi Wong Log Out	Send Respon Tracking Inform	se for Individual Case ation (Step 3 of 3)			
Help Desk: 1-866-691-3061					
	Warning: The ERE webs to the final destination.	ite account you are using is a c	demo acc	count. Submissions will not be sent	t
	mank you for your ous				
	Please retain your track processing your submis	ing number in case there are er ssion.	rors or p	problems that prevent us from	
Response Information:	Tracking Number:	1353A9CC3307970C			
	Date and Timestamp:	02/01/2012 at 03:30 PM EST			
	Destination: MO - St Lou	s South DDS [S81]	SSN:	222-22-2222	
	RQID: 111111111		RF:	P	
	DR: F		CS:		
	No files were uploaded	during this submission.			
	The specified reason was No records found for requ	is: ested timeframe			
	Additional Comments w	ere entered during this submis	sion.		
		ERE Print Send Another Respo	onse El	RE Home	

Send Grouped Files

Destination and Documentation Information

Social Security Online	Electronic Records Express	🗚 🖌 🕇
www.socialsecurity.gov	Electronic Records Express Home	User Instructions
Hoi Wong Log Out	Send Grouped Files Destination and Documentation Information (Step 1	1 of 3)
Help Desk: 1-866-691-3061		
Enter 3 character site code or select state and destination:	Site code: OR State: [Select] Destination: [SelectDestination]	•
Select one of the following for ALL documents in this upload:	 The first page of all the documents has an enhanced 2-other barcode types): ROID: 20051204273664 SITE: S99 DR: F SSN: 00000000 DOCTYPE: 0001 RF: D CS: fedc The first page of all documents does NOT contain a 2-D 	D barcode like the following example (ignore all
	Cancel	Continue

Attach and Upload Files

Social Security Online	Electronic Records Express	*	-
www.socialsecurity.gov	Electronic Records Express Home	User Instructions	
Hoi Wong Log Out	Send Grouped Files Attach and Upload Files (Step 2 of 3)		
Help Desk: 1-866-691-3061			
Destination and request summary:	Destination: MO - St Louis South DDS [S81] These grouped files are being submitted <u>WITH</u> a 2-D barcode.		
	Edit Summary		
Attach and upload grouped files:	You must upload at least one file. A maximum of 8 files can be added and all files must total less than 50MB. ONLY zipped files can be uploaded. Uploaded zipped files must contain .tif, .tiff, .jpg, .bmp, .mdi or .pdf files.		
	Please do not upload password-protected files because they cannot be processed.		
	File 1: Browse_		
	Add Another File		
	Cancel	Prior Page Submit]

Tracking Page

Social Security Online	Electronic Re	cords Express	**	*	
www.socialsecurity.gov	Electronic Records Express Hom	2		User Instructions	
Hoi Wong Log Out	Send Grouped Tracking Informa	l Files tion (Step 3 of 3)			
Help Desk: 1-866-691-3061					
	Warning: The ERE websi to the final destination.	te account you are using is	a demo account. Submis	sions will not be sent	
	Thank you for your subm	ission.			
	Please retain your trackin processing your submiss	ng number in case there are sion.	errors or problems that	prevent us from	
Response Information:	Tracking Number:	1353AA05239560A7			
	Date and Timestamp:	02/01/2012 at 03:34 PM E	ST		
	Barcode Present:	YES			
	Destination:	MO - St Louis South DDS	6 [S81]		
	File Name			File Size	
	ERMSG13.zip			65.0 KB	
			Total file size:	65.0 KB	
		ERE Print Send More F	iles ERE Home		

Consultative Examination (CE) Services

Review/Submit Prepared Requests

Social Security	Online	*	Electron	nic Reco	ords Expre	ss 🗼		*	**
www.socialsecuri	ity.gov		Electronic Records E	xpress Home				User Instructions	
John Public Log Out			Review Review	V/Submit P Prepared Req	repared Reque	ests			
Help Desk: 1-	866-691-3061								
			This page shows of be submitted to the to each prepared	everything that e requesting o request to revi	has been prepared ffice until you review ew the report's deta	l for you by your sta v and explicitly sub ails and take action	ff. None of these mit each one. Sel upon it.	items have been or will ect the Review link next	
			You may select the descending order.	e heading of ea	ach column to sort t	he displayed inform	nation by that colu	mn in ascending and	
			These items will the date of prepa	be removed f aration, regar	from this list once dless of whether	you have succes you have taken ac	ssfully submittee ction on it.	d it or 30 days from	
<u>Name</u>	Last 4 of SSN	<u>DOB</u>	<u>▼Date/Time</u> Prepared	Prepared By	<u>Response Status</u>	Response Request	<u>Payment Status</u>	Payment Request	
Doe, Jay	5555	11/11/1950	09/03/2010 12:44 PM	Grace Suk	NEW	Review Response			
LastName, FirstName	8002	01/02/1979	09/03/2010 12:44 PM	Grace Suk	NEW	Review Response			

Attach and Upload Files

Social Security Online	Electronic	Records Express		
	Electronic Records Express			Lear Instructions
John Public	Review/Su	bmit CE Reports		
Log Out	Attach and Up	bload Files		
Help Desk: 1-866-691-3061	White P.			
CE Report Information:	Prepared By:	John Public		
	Date Prepared:	09/03/2010		
Patient Information:	Patient Name:	JohnInitial Ditto		
	SSN:	XXX-XX-0001		
	DOB.	10/20/2006		
Pequest Information				
Request mornauon.	Provider Name:	John Public		
	Request Type:	Consultative Exam		
	Request Date:	07/17/2009		
	Requesting Office:	AZ - Phoenix DDS [S03]		
	Request ID:	20100721DREW_003 D		
	Disability Examiner:			
	CE Appointment Date and Time:	07/25/2010		
	Service Item 1:			
Special Instructions:				
Files already loaded by your preparer:	Select file(s) to be del	eted from this patient's information	1.	
Selecting the "Review" link for a file will open	conf_num.rtf			Review
the file. If you want to revise a file, save it to	Tiff conversion statu	s in prod.rtf		Review
your local computer and make your revisions.				
Delete the old version of the file. Then upload the saved file using the "Browse" button.				
To delete a file from the patient's information, select the checkbox next to the file to be deleted."				
Attach and upload files to this response:	A maximum of 8 files can be sub File types accepted: .wpd, .doc,	mitted and all files must total less than 50MB. .docx, .jpg, .bmp, .mdi, .txt, .xls, .xlsx, .pdf, .rtf, .tiff, .ti	F	
	Please do not upload password-j	protected files because they cannot be processed.		
	File 1:	Browse		
		Clear File 1		
	Add Another File			
Additional Comments:	Comments:			
Comments already here were entered by your	test			
preparer.				
	Characters remaining:1	5996		
Please read this statement and indicate your	I am certifying under	penalty of perjury, that I have been	authorized or contracted b	y the Disability
agreement by checking the "I have read"	read and agree to the	es to examine the claimant. The rep above'' checkbox below. I am cert	oort is accurate. By checkin ifving that I personally cond	g the "I have ducted, or
generate an electronic signature and submit	personally participate	ed in conducting, the consultative e	examination and have elect	ronically signed
your response.	the report contained	within.		
	I have read and a	gree to the above.		
	Cancel Delete		Pr	ior Page Submit

Tracking Information

Social Security Online	Electror	nic Records Express	***	
www.socialsecurity.gov	Electronic Records E	xpress Home		User Instructions
CEPRO ONLY Log Out	Review Tracking	/Submit Prepared Requests Information		
Help Desk: 1-866-691-3061				
	Thank you for y	our submission.		
	Please retain yo processing you	ur tracking number in case there are e r submission.	rrors or problems that	t prevent us from
Response Information:	Tracking Numbe	er: 1229876911578168		
	Date and Times	tamp: 07/20/2009 at 10:00 AM ED	т	
	Name:	Theresa McGehee	DOB: 07/	/01/1970
	Destination:	ME - Winthrop DDS [S22]	SSN: XX	X-XX-1234
	RQID:	123456789	RF: P	
	DR:	F	CS:	
	File Nam	e		File Size
	Demo File.doc			24.0 KB
			Total file size:	24.0 KB
	Files already lo	aded by your preparer:		
	RESPONSEFILE?	l.doc		
	Your report was	electronically signed.		
		ERE Print Review Another Requ	uest ERE Home	

Pickup Provider's Transcription Reports

Select Provider's Inbox

Social Security Online	Electronic Records Express	** ,
www.socialsecurity.gov	Electronic Records Express Home	User Instructions
Doctor Staff Log Out	Pickup Provider's Transcription Reports Select Provider's Inbox	
Help Desk: 1-866-691-3061		
Select Provider:	Select the Provider whose Transcription Report inbox y select "View Mailbox".	you wish to view, and
	[Select Provider] View Mailbox	
	Cancel	

Inbox Folder

Social Security Online	Electronic Records Exp	ress
www.socialsecurity.gov	Electronic Records Express Home	User Instructions
Doctor Staff Log Out	Pickup Provider's Transcription	Reports
Help Desk: 1-866-691-3061		
View Folders: Inbox (0) Trash (0)	Files will be retained for 45 days from the d days are automatically deleted regardless downloaded or read.	late of receipt. All files older than 45 of whether they have been
	File Name □ Sample Docs 4 demo.doc	Date and Time 08/13/2009 09:16:25 AM Open
Select Another Provider's Mailbox Prepare CE Report	ltems 1 - 1 of 1 Items per page: <u>5 10 25 50 100 All</u>	Pages [1]
	Send Checked Item(s) to Trash	

Prepare CE Report for Provider

Preparation

Social Security Online	Electronic Records Express	**	* 1
www.socialsecurity.gov	Electronic Records Express Home		User Instructions
CE Admin Shah	Prepare CE Report for Provider Preparation (Step 1 of 3)		
Help Desk: 1-866-691-3061			
Provider Information: Select the provider for whom this CE Report is being prepared.	Provider: [SelectProvider]		
Patient Information: Enter the Patient's Information.	First Name: Middle Name: Last Name: DOB: (mm/dd/yyyy)		
Enter 3 character site code or select state and destination:	Site code: OR State: [Select] Destination: [Select Destination]	•	
Enter the following information from the request letter or barcode:	SSN: RQID (Request ID): RF (Routing Field): P O D or blank DR: F S CS: (enter only if applicable) Cancel	 No RF or No Barcode No DR or No Barcode 	Continue

Attach and Upload Files

Social Security Online	Electronic	Records Express	**		*
www.socialsecurity.gov CE Admin Shah Log Out Help Desk: 1-866-691-3061	Electronic Records Expres Prepare C Attach and U	<u>ss Home</u> SE Report for Provider Ipload Files (Step 2 of 3)			<u>User Instructions</u>
Reviewing Provider:	Shah, CM ProABilling)			
Destination and request summary:	Patient Name: Destination: RQID: DR: Edit Summary	Jane Doe MD - Timonium DDS [S23] 1234 S	C S F C	DOB: 01 SSN: 22 RF: D CS:	/01/1980 22-22-2222
Attach and upload files:	A maximum of 8 files can be add File types accepted: .wpd, .doc Please do not upload pass word File 1: Add Another File	ded and all files must total less than 50MB. , docx, jpg, bmp, mdl, txt, rtf, xls, xlsx, pdf, tiff, tif -protected files because they cannot be processe. Browse Clear File	:] 1		
Additional Comments: You can type up to three letter size pages (approximately 16,000 characters) of comments.	Comments: Characters remaining: Verify the above info	16000 rmation before sending this CE Rep	port to the pr	ovider.	
	Cancel			Prior Page	Send to Provider

Tracking Information

Social Security Online	Electronic	Records Express	**	*
www.socialsecurity.gov	Electronic Records Express	s Home		User Instructions
CE Admin Shah Log Out Help Desk: 1-866-691-3061	Prepare C Tracking Info	E Report for Provider ormation (Step 3 of 3)		
	Thank you for your s	submission.		
	Please retain your tr processing your sub	acking number in case there are e omission.	rrors or problems th	at prevent us from
Response Information:	Tracking Number:	1314DBF3D5BD5415		
	Date and Timestamp	07/21/2011 at 01:30 PM ED	т	
	Reviewing Provider:	Shah, CM ProABilling		
	Patient Name:	Jane Doe	DOB	01/01/1980
	Destination:	MD - Timonium DDS [S23]	SSN:	222-22-2222
		1234	DON.	D
	DR:	S	CS:	b
	File Name			File Size
	Test.doc		Total file size:	20.0 KB
	Additional comment	s were entered during this submis	ission.	20010
		ERE Print Prepare Another C	ERE Home	

Send CE Report

Destination and Request Information

Social Security Online	Electronic	Reco	ords Expi	ress	K.
www.socialsecurity.gov	Electronic Records Express	<u>s Home</u>			User Instructions
John Doe Log Out	Send Cons Destination a	nd Requ	Ve Exam Rep lest Information (Ort Step 1 of 3)	
Help Desk: 1-866-691-3061					
Enter 3 character site code or select state and destination:	Site code:	OR	State: [Select]	T	
	Destination: [Select	Destinati	on]	•	
Enter the following information from the request letter or	SSN:				
barcode:	RQID (Request ID):				
	RF (Routing Field):	O P	D or blank	No RF or No Barcode	
	DR:	© F	© S	No DR or No Barcode	
	CS: (enter only if applicable)				
	Cancel				Continue

Attach and Upload Files

Social Security Online	Electr	onic Records Express	•	
www.socialsecurity.gov	Electronic Recor	ds Express Home		User Instructions
Log Out Help Desk: 1-866-691-3061	Attac	o Consultative Exam Report th and Upload Files (Step 2 of 3)		
Destination and request	Destination	MO - St Louis South DDS [S81]	SSN	345-34-3453
summary:	RQID [.]	567345345345	RF ¹	D
	DR:	F	CS:	_
	Edit Summary]		
Attach and upload files to this	A maximum of 8 files File types accepted:	can be added and all files must total less than 50MB. .wpd, .doc, .docx, .jpg, .bmp, .mdi, .txt, .rtf, .xls, .xlsx, .pdf, .	tiff, .tif	
	Please do not upload	password-protected files because they cannot be process	ed.	
	File 1:	Brows	e_	
		Clear	File 1	
	Add Another F	ile		
Additional Comments:	Comments:			
You can type up to three letter size pages (16,000 characters) of comments.				
	Characters ren	naining:16000		
Please read this statement and indicate your understanding by checking the "I have read" box below. When you select "Submit", you will generate an electronic signature and submit your response.	I am certifying contracted by named in the claimant. The above" check personally pa electronically	y, under penalty of perjury, that I have I of the Disability Determination Services attached, and produced a consultative report is accurate. By checking the "I sbox below, I am certifying that I person rticipated in conducting, the consultat signed the report contained within.	been auth to examir examina have read hally conc ive exami	orized or he the claimant tion report for that and agree with the Jucted, or nation and have
	Cancel			Prior Page Submit

Tracking Information (for site that does fiscal)

Social Security Online	Electron	ic Records Express	×	* 1	
www.socialsecurity.gov	Electronic Records Ex	press Home		User Instructions	
Hoi Wong Log Out	Send C Tracking	onsultative Exam Report Information (Step 3 of 3)			
Help Desk: 1-866-691-3061					
	Warning: The ERE website account you are using is a demo account. Submissions will not be sent to the final destination. Thank you for your submission.				
	Please retain you processing your	ur tracking number in case there are err submission.	ors or problems that p	revent us from	
Response Information:	Tracking Number:	1353AB31217B104F			
	Date and Timestamp: 02/01/2012 at 03:55 PM EST				
	Destination:	MO - St Louis South DDS [S81]	SSN:	222-22-2222	
	RQID:	sgafada3434 ⊑	RF:	Р	
	DR.	F	03.		
	File Nam	e		File Size	
	Test.doc		Total file size:	20.0 KB	
			Iotal file size:	20.0 KB	
	Additional commo	ents were entered during this submissio	on.		
	Your report was e	lectronically signed.			
		ERE Print Request Payment Send An	other Report ERE Home	3	

Request Consultative Exam (CE) Payment

Attach and Upload Invoices

Social Security Online	Electron	ic Records Expres	s 🔭		*	-
www.socialsecurity.gov Hoi Wong Log Out Help Desk: 1-866-691-3061	Electronic Records Ex Reques Attach an	p <u>ressHome</u> st Consultative Exam (CE) Id Upload Invoices	Payment		<u>User Instructions</u>	
Destination and request summary:	Destination: RQID: DR:	MO - St Louis South DDS [S8 ⁴ sgafada3434 F	1]	SSN: RF: CS:	222-22-2222 P	
Invoice Types:	Select the type of Invoice from DD Invoice from Pro Both	of invoice(s) you want to upload . OS ovider				
Upload Invoice(s): You must upload at least one invoice.	A maximum of 4 invoices cc File types accepted: .wpd, Please do not upload passy Invoice 1: Add Another Invoice	an be added and all invoices must total less than 2 .doc, jpg, bmp, .mdi, .bd, .rtf, .xls, .pdf, .tiff, .tif, . word-protected invoices because they cannot be Bro Cle	oMB. Jacx, xisx processed. wse aar Invoice 1			
Additional Comments: You can type up to three letter size pages (approximately 16,000 characters) of comments.	Comments:	ing:16000	i.			
	Cancel				Submit]

Tracking page

Social Security Online	Electronic R	ecords Express				
www.socialsecurity.gov	Electronic Records Express Hor	ne		User Instructions		
Hoi Wong Log Out	Request Cons Response and F	sultative Exam (CE) Paymen ayment Tracking Information	it			
Help Desk. 1-800-091-3001	Warning: The ERE webs to the final destination.	Warning: The ERE website account you are using is a demo account. Submissions will not be sent to the final destination.				
	Thank you for your sub	mission.				
	Please retain your track processing your submis	ing number in case there are erro ssion.	rs or problems tha	t prevent us from		
	Destination: MO RQID: sgafa DR: F	St Louis South DDS [S81] da3434	SSN: RF: CS:	222-22-2222 P		
Response Information:	Tracking Number:	1353AB31217B104F				
	Date and Timestamp:	02/01/2012 at 03:55 PM EST				
	File Name			File Size		
	TreeForm Text.txt			1.0 KB		
				20.0 KB		
	eSignature.txt		Total file size:	28.0 KB		
	Additional comments w	ere entered during this submissio	on.			
	Your response was elec	tronically signed.				
Payment Request Information:	Tracking Number:	1353AB522D33E08A				
	Date and Timestamp:	02/01/2012 at 03:57 PM EST				
	Invoice File Name			Invoice File Size		
	Test.doc			26.0 KB		
			Total file size:	26.0 KB		
	Invoice Types: Invoice f	rom DDS				
	Additional comments w	ere entered during the payment re	equest submission			
		ERE Print Send Another Request	ERE Home			

Send CE Report(s) with Scanned Signature

Destination and Documentation Information

Electronic Records Express	**
Electronic Records Express Home User Instructions	
Send CE Report(s) with Scanned Signature Destination and Documentation Information (Step 1 of 3)	
Site code: OR State: [Select] Destination: [Select Destination]	
 The first page of all the documents has an enhanced 2-D barcode like the following example (ignore all other barcode types): ROID: 20051204273664 SITE: S99 DR: F SSN: 000000000 DOCTYPE: 0001 RF: D CS: fedc The first page of all documents does NOT contain a 2-D barcode. Cancel]
	Destination and Documentation Information (Step 1 of 3) Site code: OR State: Select Select <td< th=""></td<>

Attach and Upload Files

Social Security Online	Electronic Records Express	
www.socialsecurity.gov	Electronic Records Express Home	User Instructions
Hoi Wong Log Out	Send CE Report(s) with Scanned Signature Attach and Upload Files (Step 2 of 3)	
Help Desk: 1-866-691-3061		
Destination and request summary:	Destination: MO - St Louis South DDS [S81] These grouped files are being submitted WITH a 2-D barcode. Edit Summary	
Attach and upload files:	You must upload at least one file. A maximum of 8 files can be added and all files must total less than 50MB. Uploaded files must be .tif, .tiff, .jpg, .bmp, .mdi, .pdf or .zip types. Zipped files can only contain any of the above types. Please do not upload password-protected files because they cannot be processed.	
	File 1: Browse_ Clear File 1	
	Add Another File	
	Cancel	Prior Page Submit

Tracking Information

Social Security Online	Electronic Re	cords Express	**	*		
www.socialsecurity.gov	Electronic Records Express Home			User Instructions		
Hoi Wong Log Out	Send CE Report	t(s) with Scanned Signat ion (Step 3 of 3)	ture			
Help Desk: 1-866-691-3061	Warning: The ERE website to the final destination.	e account you are using is a	a demo account. Submis	ssions will not be sent		
	Thank you for your submi	ank you for your submission.				
	Please retain your trackin processing your submiss	g number in case there are ion.	errors or problems that	prevent us from		
Response Information:	Tracking Number:	1353AB9CC134B5BF				
	Date and Timestamp:	02/01/2012 at 04:02 PM ES	ST			
	Barcode Present:	YES				
	Destination:	MO - St Louis South DDS	[S81]			
	File Name			File Size		
	ERMSG13.zip			65.0 KB		
			Total file size:	65.0 KB		
		ERE Print Send Another R	Report ERE Home			

Send CE No Show Response

Destination and Request Information

Social Security Online	Electronic I	Records Expre	SS 🗼	🔹 🖈 🔺 🖈
www.socialsecurity.gov	Electronic Records Express	Home		User Instructions
Hoi Wong Log Out	Send CE No Destination and	D Show Response Re d Request Information (Ste	eport p 1 of 3)	
Help Desk: 1-866-691-3061				
Enter 3 character site code or select state and destination:	Site code:	OR State: [Select]	•	
	Destination: [Select D	Destination]	•	
Enter the following information from the request letter or barcode:	SSN:			
	RQID (Request ID):			
	RF (Routing Field):	P D or blank	O No RF or No Barcode	
	DR:	©F ©S	No DR or No Barcode	
	CS: (enter only if applicable)			
	Cancel			Continue

Complete Reason

Social Security Online	Electronic Records Express	**	*	**
www.socialsecurity.gov	Electronic Records Express Home		User Instructions	
Hoi Wong Log Out	Send CE No Show Response Report Complete Reason (Step 2 of 3)			
Help Desk: 1-866-691-3061				
Destination and request summary:	Destination: CT - Hartford DDS [\$08]	SSN:	111-11-1111	
	RQID: 22222	RF:	Ρ	
	DR: F	CS:		
	Edit Summary			
Select a reason and provide comments about why the exam was not performed:	Reason: Patient showed up for the appointment but co	ould not be eva	luated(Please explain) 🔻	
	Based on the reason you select, comments may be optional.	required. Of	therwise, comments are always	
Additional Comments:				
You can type up to three letter size pages (approximately 16,000 characters) of comments.	Comments:	.it.		
	Characters remaining: 16000			
	Cancel		Prior Page Submit	

Tracking Information

Social Security Online	Electronic Records Express	Kx 🖌 1
www.socialsecurity.gov	Electronic Records Express Home	User Instructions
Hoi Wong Log Out	Send CE No Show Response Report Tracking Information (Step 3 of 3)	
Help Desk: 1-866-691-3061		
	Warning: The ERE website account you are using is a der to the final destination.	no account. Submissions will not be sent
	Thank you for your submission.	
	Please retain your tracking number in case there are error processing your submission.	rs or problems that prevent us from
Response Information:	Tracking Number: 1353ABE3F4AD8E10	
	Date and Timestamp: 02/01/2012 at 04:07 PM EST	
	Destination: CT - Hartford DDS [S08]	SSN: 111-11-1111
	RQID: 22222	RF: P
	DR: F	CS:
	The specified reason was: Patient showed up for the appointment but could not be evalu	ated(Please explain)
	Additional comments were entered during this submission	n.
	ERE Print Request Payment Send Anoth	er Response ERE Home

Request Payment for CE No Show Response

Attach and Upload Invoices

Social Security Online	Electronic	c Records Expre	ess 🗼		*	
www.socialsecurity.gov	Electronic Records Expre	ess Home			User Instructions	
Hoi Wong Log Out Help Desk: 1-866-691-3061	Attach and	Payment for CE No Sh Upload Invoices	ow Response			
Destination and request summary:	Destination: RQID: DR:	CT - Hartford DDS [\$08] 22222 F		SSN: RF: CS:	111-11-1111 P	
Invoice Types:	Select the type of it Invoice from DDS Invoice from Provi Both	invoice(s) you want to uplo	ad.			
Upload Invoice(s): You must upload at least one invoice.	A maximum of 4 invoices can I File types accepted: .wpd, .do Please do not upload passwor	be added and all invoices must total less th c, .jpg, .bmp, .mdi, .txt, .rtf, .xls, .pdf, .tiff, . rd-protected invoices because they canno	an 20MB. tif, .docx, .xlsx t be processed.			
	Invoice 1: Add Another Invoice	[[Browse Clear Invoice 1			
Additional Comments: You can type up to three letter size pages (approximately 16,000 characters) of comments.	Comments:	- 40000	्म			
	Characters remaining	g:16000				
Please read this statement and indicate your agreement by checking the " I have read " box. When you select "Submit", you will generate an electronic signature and submit.	I am certifying unde services for which I By checking the "I H electronically sign the I have read and	r penalty of perjury, that the in am requesting payment have nave read and agree with the ne invoice contained within.	nformation provided is e been performed. e above'' checkbox bo	true and co elow, I am c	prrect and that the	
	Cancel				Submit	

Tracking Information

Social Security Online	Elect	tronic Red	cords Express	**			
www.socialsecurity.gov	Electronic Re	cords Express Home				User Instructions	
Hoi Wong Log Out Help Desk: 1-866-691-3061	Request Payment for CE No Show Response Response and Payment Tracking Information						
	Warning: to the fina	The ERE website I destination.	e account you are using is a do	emo acc	count. Submissio	ns will not be sent	
	Thank you	I for your submi	ssion.				
	Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.						
	Destination	CT - Hartford E	DS [S08]	SSN	111-11-1111		
	Dootinditor						
	RQID:	22222		RF:	Р		
	DR:	F		CS:			
Response Information:	Tracking	Number	1353AC0EE37CDD1D				
	Date and	Timestamp:	02/01/2012 at 04:10 PM EST				
	The specified reason was: Patient cancelled appointment (Provide reason if known)						
	Additiona	I comments were	e entered during this submissi	ion.			
Payment Request Information:	Tracking	Number:	1353AC12862FE1F2				
	Date and	Timestamp:	02/01/2012 at 04:10 PM EST				
	Invoic	e File Name			Inv	oice File Size	
	Test.doc					26.0 KB	
				Total	file size:	26.0 KB	
	Invoice Types: Invoice from DDS						
	Additional comments were entered during the payment request submission.						
	Your payment request was electronically signed.						
			ERE Print Send Another Reque	est ER	RE Home		

Document Exchange Services

Access Electronic Requests

Open Requests Page

Social Security	y Online	*	Electr	onic Re	cords	Express	**		*	** <u> </u>
www.socialsecur	ity.gov		Electronic Reco	rds Express Home	5				User Instruction	ns
Log Out	Datta		Acc View	CESS Electro VElectronic Re	onic Rec quests - O	JUESTS Open Requests				
Help Desk: 1-	-866-691-3061									
			This page sho the "View Req take other act	ws your open juest" or "View ion on it.	electronic Payment	requests, if any, ser " link next to each re	nt to you from a equest to review	Disability Servi the latest detai	ce Center. Sele Is and respond	or
			You may select descending or	ct a column he rder.	ader to so	ort the displayed info	rmation by that (column in asce	nding or	
▲ Patient Name	Last 4 of SSN	DOB	Request Date	Appt Date and Time	Location	Follow-Up	Request Status	Response Request	Payment Status	Payment Request
DOE, TESTCASE2001	2001	10/20/1980	06/27/2010	06/27/2010			NEW	View Request		
DOE, TESTCASE2005	2005	10/20/1986	06/27/2010				PENDING	<u>View Request</u>		
DOE, TESTCASE2005	2005	11/20/1979	03/30/2010				NEW	View Request		
DOE, TESTCASE2006	2006	11/20/1979	03/30/2010				PENDING	View Request		
DOE, TESTCASE2008	2008	10/20/1986	06/30/2010				PENDING	View Request	NEW	Need Report
			Closed Requests	s Submitted F	Requests	Open Over 90 Days	Open Payments	ERE Home]	

CE Request Details/Upload

Social Security Online	Electronic	Records Express	**	* ***
www.socialsecurity.gov	Electronic Records Expres	as Home	L	Iser Instructions
Log Out	Access El Send CE Rep	ectronic Requests		
Help Desk: 1-866-691-3061	*** Immediate Respon	nse Needed ***		
What's Changed:				
Patient Information:	Patient Name:	TESTCASE2001 DOE		
	SSN:	XXX-XX-2001		
	DOB:	10/20/1979		
Request Information:	Provider Name:	DATTAOOTWO Datta		
	Request Type:	Consultative Exam		
	Request Date:	06/30/2010		
	Requesting Office:	WI - Wisconsin DDS [S56]		
	Request ID:	REQUESTRX20111222_162327D		
	CE Appointment	07/25/2010 11:24 AM		
	Location:	Test		
		1506		
		Woodlawn Drive		
		test		
		maryfield		
		Ellicott MD 21045 - 1121		
	Service Item 1:	200 test104		
	Service Item 2:	201 test105		
	Service Item 3:	202 test106		
Special Instructions:	VAL CE Report Tes	st for ERE Release		
Request Documentation:	Request Letter (Adde	ed on 12/22/2011)		
	Authorization To Disc	lose Information (Added on 12/22/2011)		
	Background MER (A	vided on 12/22/2011)		
Attach and unload files to this response:	A maximum of 8 files can be add	led and all files must total less than 50MB.		
	File types accepted: .wpd, .doc,	.docx, .jpg, .bmp, .mdi, .bxt, .xls, .xlsx, .pdf, .rtf, .tiff, .ti	f	
	File 1:	Browse		
		Clear File	1	
	Add Another File			
Additional Comments:	Comments:		7	
(approximately 16,000 characters) of				
comments.				
	Characters remaining:	16000		
Please read this statement and indicate your agreement by checking the "I have read" box. When you select "Submit", you will generate an electronic signature and submit your response.	I am certifying under p Determination Service agree to the above" ch in conducting, the cons	enalty of perjury, that I have been au s to examine the claimant. The repor neckbox below, I am certifying that I p sultative examination and have electr	thorized or contracted by the Dis t is accurate. By checking the "I ersonally conducted, or persona onically signed the report contai	ability have read and Illy participated ned within.
	I have read and a	agree to the above.		Dense Ochurit
	Cancel		Prior	Page Submit

Tracking Information (Site does not do fiscal)

Social Security Online	Electronic Reco	ords Express	*
www.socialsecurity.gov	Electronic Records Express Home		User Instructions
DATTAOOTWO Datta	Send CE Report Tracking Information	1	
Help Desk: 1-866-691-3061	Thank you for your submiss	ion	
	mank you for your submiss		
	Please retain your tracking r processing your submissior	number in case there are errors or problems that p n.	prevent us from
Response Information:	Tracking Number: 1	3516BB6C604E043	
	Date and Timestamp: 0	01/25/2012 at 04:17 PM EST	
	Patient Name:	TESTCASE2001 DOE	
	SSN:	XXX-XX-2001	
	DOB:	10/20/1979	
	Provider Name:	DATTAOOTWO Datta	
	Request Type:	Consultative Exam	
	Request Date:	06/30/2010	
	Requesting Office:	WI - Wisconsin DDS [S56]	
	Request ID:	REQUESTRX20111222_162327D	
	Disability Examiner:	testExaminer	
	CE Appointment Date and Tim	e: 07/25/2010 11:24 AM	
	Location:	Test	
		1506	
		Woodlawn Drive	
		test	
		maryfield	
		Ellicott, MD 21045-1121	
	File Name		File Size
	508.doc		26.0 KB
		Total file size:	26.0 KB
	Your response was electronic	cally signed.	
	E	RE Print Review Another Request ERE Home	

Tracking Information (Site does fiscal)

Social Security Online	Electronic Record	ls Express	
www.socialsecurity.gov	Electronic Records Express Home	<u>User Instructi</u>	<u>ions</u>
Srihari Padala Log Out Help Desk: 1-866-691-3061	Send CE Report Tracking Information		
	Thank you for your submission.		
	Please retain your tracking num processing your submission.	ber in case there are errors or problems that prevent us from	
Response Information:	Tracking Number:131/Date and Timestamp:08/0	AD2C4D2970D1 8/2011 at 03:16 PM EDT	
	Patient Name: SSN: DOB: Provider Name: Request Type: Request Date: Request ID: Disability Examiner: CE Appointment Date and Time: Location:	Kal Penn XXX-XX-4231 10/20/1982 Srihari Padala Consultative Exam 03/28/2010 XX - DEMO/TESTDDS REL12 [V76] 201103091000701001 D testExaminerfiscal 07/05/2010 07:24 PM TestOne 13 Woods Apt 15 Columbia Maryfield Ellicott, MD 21045-1121	
	File Name	File Size	
	Test.doc	26.0 K	B
	Your response was electronically	Total file size: 26.0 K	В
	ERE Print R	equest Payment Review Another Request ERE Home	

Request Consultative Exam (CE) Payment (eOR)

Payment Information

Social Security Online	Electronic R	ecords <u>Express</u>	**		**
www.socialsecurity.gov	Electronic Records Express Ho	me		User Instructions	
DATTAOOTWO Datta	Request Con	sultative Exam (CE) Payr	nent		
	A ayment morma				
Helb Dezir. 1-000-091-2001	* Denotes Required Fiel	d			
Patient Information:	Dationt Namo: TES				
	SSN: XXX	1CA3E2004 DOE			
	DOR: 10/2	0/1095			
		0/1900			
Request Information:	Request ID: REC	UESTRX20111219_093348D			
Special Instructions:	Payment SP				
Disability Determination Services (DDS)	DDS Address: DDS	Street Add1 156722			
bining once mornation.	DDS	Street Add20006722			
	DDS	Street Add30000022			
	DDS	Street Add30000022			
	DDS	City, MD, 21041-1111			
	Phone Number: (444) 333 - 2222 Ext: 11111			
	Fax Number:				
DDS Invoice / Voucher Information:	DDS Invoice/Voucher I	Number: 12345678900014			
	Legacy System Vendo	r Code: A1001001A07E08B32	122J0025		
	Legacy Case Number:	6771807			
	Other DDS Number:	A1001001A07E08B32	122J04473123456123038		
Provider Information:	First Name :	FNMprvdr			
	Middle Name:	MNMprvdr			
	Last Name:	LNMMprvdr Suffix Pl	RVD		
	Title:	Provider title			
	Organization Name:	Provider organization			
	* Taxpayer ID:	10000000013			
	* Payee Taxpayer ID:	1234567891213			
	* Payee Legal Entity Name:	Payee check			
	Invoice Number:				
	* State Vendor Code:	333333			
	Remit Address:	Oomestic			
	* Street Address 1:	Prvdr Remit Add1 15722			
	Street Address 2:	Prvdr Remit Add2 15722			
	Street Address 3:	Prvdr Remit Add3 15722			
	Street Address 4:	Prvdr Remit Add4 15722			
	* City:	Prvdr Remit City			
	* State:	MD - Maryland 👻			
	* Zip:	21043 - 3333			
	Phone Number:	(111)222-3333 Ext 44444			
	Fax Number:				
	* Has the Provider Information changed	© Yes ◎ No ?			
Comments:					
	Characters remaining	255			
	Cancel		Dri	or Page Continue	
	Janobi			oonanue	

CE Services Performed

Social Security Online	Electroni	c Records Express	• 🛧	
www.socialsecurity.gov	Electronic Records Expr	ess Home		User Instructions
DATTAOOTWO Datta Log Out	Request Services Po	Consultative Exam (CE) P	Payment	
Tiely Desk. 1-000-091-3001	* Denotes Required	d Field		
Patient Information:	Patient Name:	TESTCASE2004 DOE		
	SSN:	XXX-XX-2004		
	DOB:	10/20/1985		
Services Information:	Authorization Date:	03/18/2010	* Date of Service:	
	Service Item 1			
	Item Description:	service item 1		
	Item Code:	201	* Item performed?: O Yes	D No
	Authorized Amount:	\$99.99	* Requested Amount: \$	
	Service Item 2			
	Item Description:	service item 2		
	Item Code:	202	* Item performed?: O Yes	D No
	Authorized Amount:	\$125.00	* Requested Amount: \$	
	Service Item 3			
	Item Description:	service item 3		
	Item Code:	203	* Item performed?: O Yes	D No
	Authorized Amount:	\$0.22	* Requested Amount: \$	
	Total Authorized:	\$225.21 Total Requested:	\$0.00	
	* Were additional	service items performed?	Yes No	
	Cancel		F	Prior Page Continue

Additional Services

Social Security Online	Electronic Records Express	×	* *
www.socialsecurity.aov DATTAOOTWO Datta Log Out Help Desk: 1-866-691-3061	Request Consultative Exam (CE) Paymer Additional Services * Denotes Required Field	nt	<u>User Instructions</u>
Patient Information:	Patient Name:TESTCASE2004 DOESSN:XXX-XX-2004DOB:10/20/1985		
Additional Services Information:	A maximum of 5 additional service items can be added. Additional Service Item 1 * Item Description: Characters remaining: 255 Item Code: Requested Amount: \$ * Authorized By: * When Authorized (30 char max): Clear Additional Service Item 1 Additional Requested Total: \$0.00 Services Performed Total: \$666.00 Total Payment Requested: \$666.00	ji.	Add Another Service Item
	Cancel		Prior Page Continue

Payment Information Summary

Social Security Online	Electronic	e Records	Express	**		*
www.socialsecurity.gov	Electronic Records Expre	ess Home			U	ser Instructions
Log Out	Request (Payment Info	Consultative I ormation Summar	Exam (CE) Pa ^y	ayment		
Help Desk: 1-866-691-3061	Before final submission	please carefully re	view the information	on below. To make	e changes to any sectio	ns of
Detient lefense die se	Detient Neme:		DOF			
Patient Information:	Patient Name:	IESICASE2004	DOE			
	SSN:	XXX-XX-2004				
	DOB:	10/20/1985				
Provider Information:	Name:		F	NMprvdr MNMp	orvdr LNMMprvdr P	RVD
	Title:		P	rovider title	-41	
	Organization Name: Invoice Number:		F	rovider organiz	ation	
	Taxpayer ID:		1	00000000013		
	Payee Taxpayer ID:		1	234567891213		
	Payee Legal Entity N	ame:	P	ayee check		
	State vendor Code: Remit Address:		3 P	зээээ Trydr Remit Add	1 15722	
	Komit / Kaross.		P	rvdr Remit Add	2 15722	
			P	rvdr Remit Add	13 15722	
	City State 7in:		P	rvdr Remit Add	4 15722	
	Phone Number		F (111) 222 - 3333	, MD 21043-3333	Fxt: 44444
	Comments:		``	,		Lat.
	Has the Provider Info	rmation changed	? N	lo		
	Edit Provider Information	n				
Service Information:	Authorization Date:	03/18/2010	Date of	Service: 11/	11/2011	
	Service Item 1:					
	Item Description:		service	item 1		
	Item Code:		201			
	Was This Item Perfo	rmed?	Yes			
	Authorized Amount:		\$99.99			
	Requested Amount:		\$111.00			
	Service Item 2:					
	Item Description:		service	item 2		
	Item Code:		202			
	Was This Item Perfo	rmed?	Yes			
	Authorized Amount:		\$125.00			
	Requested Amount:		\$222.00			
	Service Item 3:			14		
	Item Description:		service	item 3		
	Was This Itom Darfa	rmod2	203			
	Authorized Amount	imed?	tes ¢ 22			
	Requested Amount:		\$.22 \$333.00			
	Edit Service Information		•••••			
Additional Services:	Additional Service	Item 1:				
	Item Description:	nelli I.	CUNN			
	Item Code:		CVXV			
	Authorized Dur		Reque	sted Amount:		\$1.00
	Authorized By:		me			
			today			
Totolo	Edit Additional Services	3				
IOUAIS:	Authorized:	\$225.21	F	Requested:	\$667.00	
	Cancel					Continue

Attach and Upload Invoices

Social Security Online	Electronic	Records Express	**	*		
www.socialsecurity.gov	Electronic Records Express	s Home		User Instructions		
DATTAOOTWO Datta	Request C Attach and Up	onsultative Exam (CE) Payı Doad Invoices	nent			
Help Desk: 1-866-691-3061						
Patient Information:	Patient Name: T	ESTCASE2004 DOE				
	SSN: X	(XX-XX-2004				
	DOB: 1	0/20/1985				
Invoice Types:	Select the type of in	voice(s) you want to upload.				
	Invoice from DDS					
	Invoice from Provide	er				
	Both					
Upload Invoice(s):	A maximum of 4 invoices can be submitted and all files must total less than 20MB. File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .mdi, .bt, .xls, .xlsx, .pdf, .rtf, .tiff .tiff Please do not upload password-protected invoices because they cannot be processed.					
	Invoice 1:	Browse_				
		Clear Inv	oice 1			
	Add Another Invoice					
Please read this statement and indicate your agreement by checking the "I have read	l am certifying under p services for which I ar	penalty of perjury, that the information n requesting payment have been p	on provided is true and corre erformed.	ect and that the		
an electronic signature will be generated for your response.	By checking the "I have read and agree to the above" checkbox below, I am certifying that I electronically sign the invoice contained within.					
	I have read and a	gree to the above.				
	Cancel			Prior Page Submit		

CE Response/Payment Request Tracking Information

Electronic Records Express Home	n (CE) Payment	User Instructions
Payment Request Tracking Information	ation	
Thank you for your submission		
Please retain your tracking number(s) in processing your submission.	n case there are errors or problems	that prevent us from
Tracking Number:	1351143079A352C9	
Date and Timestamp:	01/24/2012 at 02:48 PM EST	
Patient Name	TESTCASE2004 NONAME DOF	
SSN:	XXX-XX-2004	
DOB:	10/20/1985	
Provider Name:	FNMprvdr MNMprvdr LNMMprvd	ir PRVD
Request Type:	Consultative Exam	
Request Date:	03/18/2010	
Requesting Office:	CO - Colorado DDS [S07]	
Disability Examiner:	disability CE Examiner	
CE Appointment Date:	07/10/2010 12:59 PM	
Location:	Shortlocationofappointmnt	
DDS Invoice/Voucher Number:	12345678900014	
Legacy System Vendor Code:	A1001001A07E08B32122J0025	
Legacy Case Number:	6771807	402456402020
Other DDS Number:	A1001001A07E08B32122J04473	123450123038
Title:	Provider title	
Organization Name: Invoice Number:	Provider organization	
Taxpayer ID:	100000000013	
Payee Taxpayer ID:	1234567891213	
Payee Legal Entity Name:	Payee check	
State Vendor Code: Remit Address:	333333 Prvdr Remit Add1 15722	
Romer adress.	Prvdr Remit Add2 15722	
	Prvdr Remit Add3 15722	
	Prvdr Remit Add4 15722	
Phone Number	Prvdr Remit City, MD 21043-333 (111) 222 - 3333	3 Fyt: 44444
Has the Provider Information changed?	No	LAL 44444
Authorization Date: 03/18/2010	Date of Service: 11/11/2011	
Service Item 1:		
Item Description:	service item 1	
Item Code:	201	
Was This Item Performed?	Yes	
Requested Amount:	\$99.99 \$111.00	
Service Item 2:		
Item Description:	service item 2	
Item Code:	202	
Was This Item Performed?	Yes	
Requested Amount:	\$222.00	
Service Item 3:		
Item Description:	service item 3	
Item Code:	203	
Was This Item Performed?	Yes	
Authorized Amount: Requested Amount:	\$.22 \$333.00	
Additional Service Item 1	4000.00	
Item Description:	CVXV	
Item Code:	Requested Amount	\$1.00
Authorized By:	me	
Autionzeu by.		
When Authorized:	today	
When Authorized by: When Authorized: Invoice File Name	today	Invoice File Size
When Authorized 59. Invoice File Name 508.doc	today Total file size:	Invoice File Size 26.0 KB 26.0 KB
When Authorized By: Invoice File Name 508.doc	today Total file size:	Invoice File Size 26.0 KB 26.0 KB
When Authorized By. When Authorized: Invoice File Name 508.doc Invoice Types: Invoice from DDS	today Total file size:	Invoice File Size 26.0 KB 26.0 KB
	Request Consultative Examplement Request Tracking Information Please retain your tracking number(s) is processing your submission. Please retain your tracking number(s) is processing your submission. Tracking Number: Date and Timestamp: Patient Name: SSN: DOB: Provider Name: Request Type: Request Type: Request Date: Request Date: Request Date: Request Date: Request Date: Request Doffice: Request Doffice: Disability Examiner: CE Appointment Date: Location: DDS Invoice/Voucher Number: Lagacy Case Number: Other DDS Number: Taxayer ID: Payee Rapayer ID: Payee Legal Entity Name: State Vendor Code: Remit Address: Phone Number: Has the Provider Information changed? Authorization Date: 03/18/2010 Service Item 1: Item Description: Item Code: Was This Item Performed? Authorized Amount:	Request Consultative Exam (CE) Payment Payment Request tracking information Thank you for your submission. Please retain your tracking number(s) in case there are errors or problems processing your submission. Tracking Number: 1351143079A352C9 Date and Timestamp: 01/24/2012 at 02:48 PM EST Patient Name: TESTCASE2004 NONAME DOE SSN: XXX-XX.2004 DOB: 10/201985 Provider Name: FNMprvdr MMprvdr LNMMprvdr Request Type: Consultative Exam Request Oate: 03/18/2010 Request Date: 03/18/2010 Disability Examiner: disability CE Examiner Of Examiner: 07/10/2010 12:89 FM Location: Shortlocationofappointmnt DDS Invoice/Voucher Number: 12345678900014 Legacy System Vendor Code: 41001001A07E08B32122J04473 Title: Provider organization Invoice Number: 10000000013 Payee Cagal Entity Name: Payee check State Vendor Code: 333333 Remit Add1 15722 Prvdr Remit Add1 15722 Prvdr Remit Add3 15722 Prvdr Remit Add1 15

Request Medical Evidence of Record Payment (eOR)

Payment Information

Social Security Online	Electronic R	ecords Express	ke 🖌	A
www.socialsecurity.gov	Electronic Records Express Ho	me	<u>User Instructions</u>	
Log Out	Payment Informa	ilical Evidence of Record Payl	ment	
Help Desk: 1-866-691-3061	Jun and a second			
	* Denotes Required Fiel	d		
Patient Information:	Patient Name: TES	TCASE2008 DOE		
	SSN: XXX	(-XX-2008		
	DOB: 10/2	0/1986		
	505.			
Request Information:	Request ID: REC	QUESTRX20111222_162253D		
	Date of Request: 06/3	0/2010		
Special Instructions:	Payment MER test			
Disability Determination Services (DDS)	DDS Address: 150	6		
silling Office Information:	Woo	odlawn drive		
	test	Apt		
	balt	imore		
	Balt	imore, MD, 21044-1210		
	Phone Number: (443) 348 - 1735 Ext: 348		
	Fax Number: (443) 496 - 1735		
DDS Invoice / Voucher Information:	DDS Invoice/Voucher	Number: 1326		
	Legacy System Vendo	r Code: A12346		
	Legacy Case Number:	677182		
	Other DDS Number:	DD \$9803		
Provider Information:	First Name :	ERETest		
	Middle Name:	test		
	Last Name:	test Suffix ERE		
	Title:	Mr		
	Organization Name:	TestOrg	7	
	* Taxpayer ID:	113457		
	* Payee Taxpayer ID:	123456		
	* Payee Legal Entity	ERE0231Test2		
	Name:			
	Invoice Number:			
	* State Vendor Code:	123456		
	Remit Address:	Domestic		
	* Street Address 1:	1506 Woodlawn Dr		
	Street Address 2:	testing		
	Street Address 3:	test area		
	Street Address 4:	test4		
	* City:	Baltimore		
	* State:	MD - Maryland 🔹		
	* Zip:	21044 - 1211		
	Phone Number:	(443)497-1735 Ext 348		
	* Has the Provider Information changed	©Yes ©No ?		
ayment Information:	* Payment Requested Amount:	Page Count:		
	* Were records photocopied?	© Yes ⊚ No		
comments:	•			
	Characters remaining	255		
	Canaol	200		ī
	Cancel		Continue	

Attach and Upload Invoice

Social Security Online	Electronic Records Express	
WWW.socialsecurity.gov DATTAOOTWO Datta Log Out	Electronic Records Express Home User Instructions Request Medical Evidence of Record Payment Attach and Upload Invoices	
Patient Information:	Patient Name: TESTCASE2008 DOE SSN: XXX-XX-2008 DOB: 10/20/1986	
Invoice Types:	Select the type of invoice(s) you want to upload. Invoice from DDS Invoice from Provider Both 	
Upload Invoice(s):	A maximum of 4 invoices can be submitted and all files must total less than 20MB. File types accepted: .wpd, doc, docx, jpg, bmp, mdi, bd, xls, xlsx, pdf, rtf, tiff, tif Please do not upload password-protected invoices because they cannot be processed. Invoice 1: Clear Invoice 1 Add Another Invoice	
Please read this statement and indicate your agreement by checking the "I have read " box. When you select "Submit", an electronic signature will be generated for your response.	I am certifying under penalty of perjury, that the information provided is true and correct and that the services for which I am requesting payment have been performed. By checking the "I have read and agree to the above" checkbox below, I am certifying that I electronication is the invoice contained within.	ally
	Cancel Prior Page Subr	nit

Payment Information Summary

Social Security Online	Electronic Records E	xpress	*
www.socialsecurity.gov DATTAOOTWO Datta Log Out Help Desk: 1-866-691-3061	Electronic Records Express Home Request Medical Evidence Payment Information Summary Before final submission please carefully review select the "Edit" button.	e of Record Payment the information below. To make changes to any	User Instructions
Patient Information:	Patient Name:TESTCASE2008 DOSSN:XXX-XX-2008DOB:10/20/1986	E	
Provider Information:	Name: Title: Organization Name: Invoice Number: Taxpayer ID: Payee Taxpayer ID: Payee Legal Entity Name: State Vendor Code: Remit Address: City, State, Zip: Phone Number: Comments: Has the Provider Information changed? Edit Provider Information	ERE Test test test ERE Mr TestOrg 113457 123456 ERE0231Test2 123456 1506 Woodlawn Dr testing test area test4 Baltimore, MD 21044-1211 (443) 497 - 1735 No	Ext: 348
Payment Information:	Payment Requested Amount: Page Count: Edit Payment Information	\$1.00 Were records photocopied?	No
	Cancel		Continue

Response and Payment Tracking Information

Social Security Online	Electronic Records Ex	press 💦	👞 📩 📩				
www.socialsecurity.gov	Electronic Records Express Home		User Instructions				
Log Out	Request Medical Evidence	of Record Payment					
Help Desk: 1-866-691-3061	Kesponse and Payment Request i						
	Thank you for your submission.						
	Please retain your tracking number(s) in processing your submission.	n case there are errors or problem	s that prevent us from				
	Patient Name:	TESTCASE2008 DOE					
	DOB:	XXX-XX-2008 10/20/1986					
	Provider Name:	ERETest test test ERE					
	Request Type:	Evidence Request					
	Request Date:	06/30/2010					
	Request ID:	20111222162311 205668					
	Disability Examiner:	testExaminer					
	Location:						
Response Information:	Tracking Number:	13511894A061D092					
	Date and Timestamp:	01/24/2012 at 04:05 PM EST					
	File Name		File Size				
	508.doc	Total file size:	26.0 KB 26.0 KB				
	Vaux management and a local state of the state	4					
Pourmont Poquest Information	Your response was electronically signe	α.					
rayment Request information:	Tracking Number: Date and Timestamp:	135118BFF41003D4 01/24/2012 at 04:08 PM EST					
	DDS Invoice/Voucher Number:	1326					
	Legacy System Vendor Code:	A12346					
	Legacy Case Number:	677182					
	Other DDS Number:	DDS9803					
	Title:	Mr					
	Organization Name:	TestOrg					
	Taxpaver ID	113457					
	Payee Taxpayer ID:	123456					
	Payee Legal Entity Name:	ERE0231Test2					
	State Vendor Code:	123456					
	Remit Address:	1506 Woodlawn Dr					
		testing test area					
		test4					
		Baltimore, MD 21044-1211					
	Phone Number:	(443) 497 - 1735	Ext: 348				
	Has the Provider Information changed?	No					
	Payment Requested Amount:	\$1.00					
	Page Count:	Were records photocopied?	No				
	Invoice File Name		Invoice File Size				
	508.doc	Tatal Ela al	26.0 KB				
		Iotai file size:	20.0 NB				
	Invoice Types: Invoice from DDS						
	Your payment request was electronically signed.						
	ERE Print Request Another Payment ERE Home						

Access Provider's Electronic Payment Requests

View Provider's Electronic Requests – Open Requests

Social Sec	urity Online		Ele	Electronic Records Express				>	**		Y
www.socials	ecurity.gov		Electronic	: Records Exp	ress Home				<u>User In</u>	structions	
Rachel Public Log Out Access Provider's Electronic Re View Provider's Electronic Requests - Ope					nic Requ sts - Open R	lests lequests					
help Desi		1-5001									
Select Pro	ovider:		Provi	Provider: Doe, John View Provider's Electronic Requests							
This page shows your open electronic requests, if any, sen Service Center to the provider you selected above. Select Payment" link next to each request to review the latest deta action on it.					ent to you froi ct the "View F stails and res	m a Disabili Request'' or pond or tak	ity "View e other				
			You may ascendin	select a co g or descer	lumn header nding order.	to sort the d	isplayed inf	ormation by t	hat column i	in	
▲ Patient	Last 4 of	DOB	Request	Appt Date	Location	Follow-Up	Request	Response	Payment Status	Payment	
Public, Janet	0001	10/20/1986	05/04/2010	and Time			NEW	Request	NEW	Need Report	
Public, Janet	0001	10/20/1986	05/04/2010				NEW		NEW	Need Report	
Public, Janet	0001	10/20/1986	05/04/2010				NEW		NEW	Need Report	
Public, Janet	0001	10/20/1986	05/04/2010				NEW		NEW	Need Report	
Public, David	0001	10/20/1986	05/04/2010				NEW		NEW	Need Report	
Public, Jane	0001	10/20/1986	05/04/2010				NEW		NEW	Need Report	
Public, Jane	0001	10/20/1986	05/04/2010				NEW		NEW	Need Report	
Public, David	0001	10/20/1986	05/04/2010				NEW		NEW	Need Report	
Public, Jane	0001	10/20/1986	05/04/2010				NEW		NEW	Need Report	
Public,	0001	10/20/1986	05/04/2010				NEW		NEW	Need	

View Provider's Electronic Requests – Submitted Requests

Social Securit	yOnline		Elec	tronic R	ecords	Express	₩ ¥				K¥.
www.socialsecur	rity.gov		Electronic Re	cords Express Ho	<u>me</u>				<u>User Instruc</u>	<u>ctions</u>	
Srihari Padala Log Out	I			CCESS Prov ew Provider's I	ider's Ele	ctronic Reque equests - Submitte	StS d Requests				
Help Desk: 1-	-866-691-3061	l .									
Select Provid	er:		Provider	Padala, Srih	ari 🔻 Vie	ew Provider's Electron	nic Requests				
			This page sl provider you the latest de	hows your subr I selected abov tails and respo	nitted electro e. Select the nd or take of	onic requests, if an "View Request" of ther action on it.	y, sent to you fro or "View Payme	om a Disability nt" link next to e	Service Center t ach request to r	to the review	
			You may sel order.	ect a column h	eader to sort	the displayed info	rmation by that (column in asce	nding or descen	ding	
▲ Patient Name	Last 4 of SSN	DOB	Request Date	Appt Date and Time	Location	Follow-Up	Request Status	Response Request	Payment Status	Payment Request	
Penn, Kal	4231	10/20/1982	03/28/2010	07/05/2010 07:24 PM	TestingPlace	•	RESPONDED	View Request			
			Open Requ	ests Closed	Requests	Open Over 90 Days	Open Payment	s ERE Home			

Electronic Request Details

	Electronic	Records Express	* **
www.socialsecurity.gov Srihari Padala Log Out	Access Pro Electronic Re	.Home ovider's Electronic Requests equest Details	<u>User Instructions</u>
Help Desk: 1-866-691-3061	*** Immediate Respo	nse Needed ***	
What's Changed:			
Patient Information:	Patient Name: SSN: DOB:	Kal Penn XXX-XX-4231 10/20/1982	
Request Information:	Provider Name: Request Type: Request Date: Requesting Office: Request ID: Disability Examiner CE Appointment Date and Time: Location: Service Item 1:	Srihari Padala Consultative Exam 03/28/2010 XX - DEMO/TESTDDS REL12 [V76] 201103091000701001 D testExaminerfiscal 07/05/2010 07:24 PM TestOne 13 Woods Apt 15 Columbia Maryfield Ellicott MD 21045 - 1121 437 Report	
Special Instructions:	This is CE Test for	ERE Payment	
Request Documentation:	Request Letter (Adde Authorization To Disc Supporting Documen Cancel Prior Page	d on 06/24/2011) <u>lose Information</u> (Added on 06/24/2011) <u>tation</u> (Added on 06/24/2011)	No Show Response Prepare CE Report for Provider

Prepare CE Report for Provider (eOR)

Social Security Online	Electronic Re	cords Express	*	★ ¥
www.socialsecurity.gov CE Admin and MER Billing Admin Log Out	Access Provide Prepare CE Report	er's Electronic Requests t for Provider	User Instructions	
Help Desk: 1-866-691-3061	*** Immediate Response N	eeded ***		
What's Changed:				
CE Report Information:	Reviewing Provider: Pro	with BC, MERCE		
Patient Information:	Name: Joh	n Ditto		
	SSN: XXX	K-XX-0001		
	DOB: 10/2	20/2006		
Request Information:	Provider Name: Pro	with BC, MERCE		
	Request Type: Cor	nsultative Exam		
	Request Date: 05/0	01/2009		
	Requesting Office: NE	- Lincoln DDS [S30]		
	Request ID: 2009	90615DREW_018 D		
	Disability Examiner:			
	CE Appointment Date and Time:			
	Location:			
Special Instructions:				
Request Documentation:	Request Letter (Added on 06.	/15/2009)		
	Authorization To Disclose In	formation (Added on 06/15/2009)		
	Supporting Documentation	(Added on 06/15/2009)		
	Supporting Documentation	(Added on 06/15/2009)		
Attach and upload files to this response:	A maximum of 8 files can be added and a File types accepted: .wpd, .doc, .docx, .j;	all files must total less than 50MB. pg, Jomp, mdi, txt, rtf, xls, xlsx, pdf, tiff, tif		
	Please do not upload password-protecter	d files because they cannot be processed.		
	File 1:	Browse		
	Add Another File			
Additional Comments: You can type up to	Comments:			
three letter size pages (approximately 16,000 characters) of comments.		<u>~</u>		
	L Characters remaining: 16000			
	Verify the above information	on before sending this CE Report to the	provider.	
	Cancel		Prior Page Send to Provider	

Tracking Information

Social Security Online	Electronic Rec	ords Express	
www.socialsecurity.gov	Electronic Records Express Home		User Instructions
ilavazhagan ramachandran Log Out Help Desk: 1-866-691-3061	Tracking Information Thank you for your submis Please retain your tracking processing your submission	ort for Provider on sion. number in case there are errors or problems that on.	t prevent us from
Response Information:	Tracking Number:	131B3908185EB041	
	Date and Timestamp:	08/10/2011 at 08:00 AM EDT	
	Reviewing Provider:	ramachandran, ilavazhagan	
	Patient Name:	Bob CEFiscal	
	SSN:	XXX-XX-6066	
	DOB:	10/20/1982	
	Provider Name:	ilavazhagan ramachandran	
	Request Type:	Consultative Exam	
	Request Date:	02/17/2011	
	Requesting Office:	CA - San Diego DDS [S59]	
	Request ID:	2010061110000000CE D	
	Disability Examiner:	testExaminerfiscal	
	CE Appointment Date and Tir	me: 02/17/2011 07:24 PM	
	Location:	TestOne	
		13 Woods	
		Apt 15	
		Columbia	
		Maryfield	
		Ellicott, MD 21045-1121	
	File Name		File Size
	test.doc		26.0 KB
		Total file size:	26.0 KB
	ERE	Print Review Another Request ERE Home	

Send Transcription Report to Doctor

Destination and File Attachment

Social Security Online	Electronic Records Express	* 1
www.socialsecurity.gov	Electronic Records Express Home	User Instructions
Jane Public Log Out	Send Transcription Report To Provider Destination and File Attachment	
Help Desk: 1-866-691-3061		
Select a Provider and DDS Destination:	Provider: [Select Provider] State: [Select State] Destination: [Select Destination]	
Attach and upload files:	You can submit up to 8 files and a maximum of 50MB in a single upload. File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .mdi, .rtf, .bxt, .xis, .xisx, .pdf, .tiff, .tif	
	File 1: Browse_ Clear File 1 Add Another File	
	Cancel	Submit

Tracking Information

Social Security Online	Electronic Re	cords Express	**	*
www.socialsecurity.gov	Electronic Records Express Home			User Instructions
Jane Public Log Out	Send Transcri	ption Report To Provide ion	er	
Help Desk: 1-866-691-3061				
	Thank you for your subm	ission.		
	Please retain your trackin processing your submiss	g number in case there are e ion.	rrors or problems that preve	ent us from
	Tracking Number:	1314E59DA8019AB7		
	Date and Timestamp:	07/21/2011 at 04:18 EDT		
	Provider:	Doe, John		
	Destination:	XX - DEMO/TESTDDS REL	12 [V76]	
	File Name		F	ile Size
	Test.doc			26.0 KB
			Total file size:	26.0 KB
		ERE Print Send Another Re	eport ERE Home	

Pickup Transcription Report

Inbox Folder

Social Security Online	Electronic Rec	ords Expr	ess 🚽	(¥	*	**
www.socialsecurity.gov	Electronic Records Express Home				User Instructions	
Amanda Hebert Log Out	Pickup Transcript	tion Reports				
Help Desk: 1-866-691-3061						
View Folders: Inbox (5) Trash (0)	Files will be retained for 45 automatically deleted regar	days from the da dless of whether	te of receipt. All they have beer	files older than 45 day downloaded or read.	's are	
	<u>File Name</u>	Date and Time				
	TranscribedMedicalReport.doc	7/5/07 11:42:32 AM	Open			
	TranscribedMedicalReport.doc	7/5/07 11:42:32 AM	Open			
	TranscribedMedicalReport.doc	7/5/07 11:42:32 AM	Open			
	TranscribedMedicalReport.doc	7/5/07 11:42:31 AM	Open			
	TranscribedMedicalReport.doc	7/5/07 11:37:39 AM	Open			
	ltems 1 - 5 of 5 ltems per page: <u>5 10 25 50 100</u>					
	Send Checked Item(s) to Tr	rash				

Trash Folder

Social Security Online	Electronic Records Express
www.socialsecurity.gov	Electronic Records Express Home User Instructions
Amanda Hebert Log Out	Pickup Transcription Reports Trash Folder
Help Desk: 1-866-691-3061	
View Folders: Inbox (3) Trash (2)	Files will be retained for 45 days from the date of receipt. All files older than 45 days are automatically deleted regardless of whether they have been downloaded or read.
	File Name Date and Time
	TranscribedMedicalReport.doc 7/5/07 11:42:32 AM Open
	TranscribedMedicalReport.doc 7/5/07 11:42:32 AM Open
	Items 1 - 2 of 2 Tems per page: <u>5 10 25 50 100</u>
	Delete Checked Item(s) Restore Checked Item(s)

Payment Request Services

Submit Payment Request

Evidence/CE Request Information

Social Security Online	Electronic Records Express	s 🗮	* *
www.socialsecurity.gov	Electronic Records Express Home		User Instructions
DATTAOOTWO Datta	Submit Payment Request Destination and Request Information		
Help Desk: 1-866-691-3061			
Is this payment request for a Consultative Exam?	Yes No No		
Enter 3 character site code or select state and destination:	Site code: OR State: [Select] Destination: [Select Destination]	Can't find your site?	
Enter the following information from the request letter or barcode:	SSN: RQID (Request ID): RF (Routing Field): P D or blank DR: F S CS: (enter only if applicable)	No RF or No Barcode No DR or No Barcode	
	Cancel		Continue

Attach and Upload Invoice

Social Security Online	Electronic Records Express		*
www.socialsecurity.gov DATTAOOTWO Datta Log Out Help Desk: 1-866-691-3061	Electronic Records Express Home Submit Payment Request Attach and Upload Invoices		<u>User Instructions</u>
Destination and request summary:	Destination: AK - Alaska DDS [S02] RQID: 22222222222 DR: F Edit Summary	SSN: RF: CS:	111-11-1111 P
Invoice Types:	Select the type of invoice(s) you want to upload. Invoice from DDS Invoice from Provider Both 		
Upload Invoice(s): You must upload at least one invoice.	A maximum of 4 invoices can be added and all invoices must total less than 20MB. File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .mdi, .txt, .rtf, .xis, .xisx, .pdf, .tiff, .tif Please do not upload password-protected invoices because they cannot be processed. Invoice 1: Clear Invoice 1 Add Another Invoice		
Additional Comments: You can type up to three letter size pages (approximately 16,000 characters) of comments.	Comments: 		
	Cancel		Prior Page Submit

Payment Request Tracking Information

Social Security Online	Electronic Records Exp	ress	*	**		
www.socialsecurity.gov DATTAOOTWO Datta Log Out Help Desk: 1-866-691-3061	Electronic Records Express Home Submit Payment Request Payment Request Tracking Informa	ation	<u>User Instructions</u>			
	Thank you for your submission. Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.					
Payment Information:	Tracking Number: - Date and Timestamp: - Destination: AK - Alaska DDS [S02] RQID: 222222222222222222222222222222222222	1351158A03478539 01/24/2012 at 03:11 PM EST SSN: RF: CS:	111-11-1111 P			
	Invoice File Name 508.doc Invoice Types: Invoice from DDS	Total file size:	Invoice File Size 26.0 KB 26.0 KB			
	ERE Print Subr	mit Another Request ERE Home				

Evidence Submission Failure Screen

If the files the provider is trying to submit do not pass our front end checks, they will be presented with a failure message page. The title of this page has been changed from "Rejection" to "Submission Failure".

Note: This Submission Failure screen will be presented any time a user tries to submits files that do not pass our front end chekcs for for any function .

Social Security Online	Electron	ic Records Expres	s 🔺		*	**		
www.socialsecurity.gov	Electronic Records Exp	oress Home		<u>Us</u>	er Instructions			
DATTAOOTWO Datta	Send Re Submissio	esponse for Individual Case on Failure						
Help Desk: 1-866-691-3061								
	Your submission	Your submission was <u>NOT</u> successfully transmitted. <u>NO</u> files were sent.						
	The following probl	The following problem(s) occurred with the file submission:						
	• zerobyte.txt	• zerobyte.txt is an empty file.						
	Patient Name: SSN:	TESTCASE2005 DOE XXX-XX-2005						
	DOB:	10/20/1986	Provider Name:	DATTAOOTWO Datta				
	Request Type:	Evidence Request	Request Date:	06/27/2010				
	Requesting Office:	RI - Rhode Island DDS [S44]	Request ID:	REQUESTRX2011122	2_161714D			
	File Name	File Name File Size						
	zerobyte.txt				0.0 KB			
			Total f	ile size:	0.0 KB			
		Try Again Review Another Request ERE Home						

49 | Page

formation we collect gulation subsection ubsection 401.65 pr	about you at this site an 401.40 provides information on ho	d we will correct any err tion on how to get infor w to correct information	ors you may find. Our mation about you and about you.		
he Privacy Policy be formation we collect ebsites that you are ractices within the S ractices, please visit	low explains our online in from you over the Intern able to reach from our w ocial Security Administrat our privacy and disclosu	formation practices. Th et. This policy does not lebsite, nor does it cove tion. For more informati irre webpage.	his policy applies only to the apply to third-party r other information collection on about our privacy	e n	
• Our Use Of We	b Measurement And C	ustomization Technol	ogies		
In order to optimize our web site, we us are commonly know implement any other cookies or other te	your experience and pro e web measurement and wn as "cookies," but may er such technology, but w chnologies and revise th	ovide statistically accura customization technolog include other technolog ill continually review any s policy as needed.	te data about how you use gies. These technologies ies. We have no plans to potential future uses of		
When we use such web page when you computer will share	technologies, a small pie u visit a site. No other we the information in the co	ece of text is sent to you ab site can access the c woke only with the comp rement and customization	r computer along with the ookie we set; your uter that sent it.		
established by the	Office of Management ar	d Budget:	n rechnologies, as		
Ther 1 – Single session or visit to a to our site and con particular visit to th session ends.	sion. This technology "re single web site; they let nect the person's activitie e web site is deleted from	members" the online into our server know that a p as for analysis. Any infor n the person's computer	eractions within a single person is continuing a visit mation related to a immediately after the		
Tier 2 – Multi-sessi notices when a per preferences across customizing people	on without personally ide son returns to a web site a multiple sessions, typica 's online experience.	ntifiable information (PI and remembers his or I ally for the purpose of w	 This type of technology her online interactions and eb analytics, but also for 		
Tier 3 – Multi-sessi site programming ti	on with PII. This type of es it to people's PII. We	cookie is the same as Ti do not, and have no pla	er 2, but back-end web n to, use Tier 3 cookies.		
1. The purpose of	f the web measureme	nt and customization	technology		
We can provide a t end, we use Tier 1 for benefits or char during your visit. T entered during a bi deletes the cookie applications, we pri not use any web m	better experience for you technology when you tra biging your address. We the session cookie keeps usiness transaction with from your computer. Whe povide you with a secure r easurement technology.	if we understand how yo nsact business on line v store this "session cook you and us from losing us. Once you exit our ap an you partially complete neans of returning to yo	ou use the site. To this offh us, such as applying ie" on your computer only information you have plication, your computer e one of our on-line ur application that does		
We use Tier 2 tech visitor; this does no Our web measuren aggregate to help i our site. We do not	nology to help us analyze thing other than distingu- ent applications compar- is identify work flows and use this technology to id	e site use by identifying ish whether you have b e the behavior of new ai trends and also resolw tentify you or any other	you as a new or returning een to our site before. nd returning visitors in the e common problems on person.		
We use Tier 2 tech login easier, prever maintain pages on update our policy a similar services.	nology on our Open Gow nt anonymous abuse of th Facebook and YouTube, is necessary should we e	emment page hosted b he service, and ensure t both of which use Tier : attend our use of these t	y ideaScale to make your lair voting. We also 2 technology. We will lechnologies in other		
In the future, we pla by saving your web 2 technology is the 2. The usage Tier	an to make it possible for site preferences. While usual way of providing for session type, and tec	you to customize your o we are not presently off or such a service.	online experience with us ering such an option, Tier		
We implement Tier	1 (Single session) and T	ier 2 (Multi-session with	out PII) technologies using		
3. The nature of t	he information collect	ed			
We collect informat	ion to distinguish betwee in surveys, outreach, or	n new and returning vis public interaction	itors and track aggregate		
4. The purpose a	nd use of the informat	ion			
We collect this info statistically accurat	rmation to optimize your of data about your use of	experience on our webs our web-site.	ite and to collect		
5. Whether and t	o whom we will disclos	se the information			
We use the informa	ation we collect using the	se technologies only for	SSA program purposes,		
and disclose only b	o SSA employees or cont	ractors for those progra	im purposes.		
We will comply with security of informat listing of Privacy Im those utilizing web http://www.socialser	all applicable statutes an ion we collect using a we pact Assessments for ou measurement and custor curity gov/fola/htm/bia.ht	nd policies in regards to b measurement or custr r electronic systems and mization technologies, ar m	protecting the privacy and mization technology. A d collections, including re located at		
7. The data reter We will retain data program need as s Records Schedule	tion policy for the info the technology makes av pecified by the National A 20, which pertains to Ele	rmation ailable only as long as I Archives and Records A ctronic Records or othe	required by law, or specific dministration's General r approved records		
8. Whether we en	nable the technology b	y default or not and a	vhy		
In order to optimize web-site, the techn future additional us before implementin	your experience and pro ologies we describe abor e of these technologies a g additional uses of the t	 ovide statistically accura ve are enabled by defau and change this policy s iechnologies. 	te data about use of our it. We will review any tatement accordingly		
 How to opt-our You can remove or changing the settin /optout_instruction 	t of the web measuren block the use of web me g of your browser to bloc s.shtml.	ent and/or customiza asurement and customi k cookies as described	tion technology zation technologies by at http://www.usa.gov		
10. Statement the	at opting-out still perm	its users to access o	omparable information		
Should you choose available to you. Yo cookies will affect y	to opt-out, we will always ou should be aware that our interactions with any	s make comparable info changing the settings in other web sites that use	rmation or services your browser to block e cookies.		
11. The identities customization pro	s of all third-party vend ocess	lors involved in the m	neasurement and		
We currently use T well as on our You' used by SSA. Web applications and in internal to SSA's co servers. WebSpher is an application th the firewall.	ler 2 technology on our 0 rube and Facebook page Trends is a web-based re formational pages activiti imputers; the data collec re is a similar tool that tre at keeps track of the auth	Open Government page s. There are a number sporting tool for our inte es. Our WebTrends dat ted is not shared with, o ticks a user's session with tenticated user and mai	hosted by ideaScale, as of Tier 1 technologies rnet and intranet a collection is purely r stored on, WebTrends' in an application. Twoli ntains a user's session on		
Other Informat	ion We May Collect				
· Why We Collec	t Personal Information				
Sharing Your In	nformation				
How We Use Ye	our Personal Informati	on			
COPPA					
> Security					
> Email					
Visiting Other	Websites				
 Social Media S 	ites				
Home English Español Other Languages	Help FAQs Contact Us	Organizational Information Site Map About Us	Policy FOA No FEAR Privacy	Related Websites USA.gov Benefits.gov MyMoney.gov	Follow Us (Facebook Twitter YouTube
			Web Accessibility	ExpectMore.gov Regulations onv	

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FAQs | Contact Us 💌

Social Security Online	Business Services Online		
www.socialsecurity.gov	Home FAQs Contact Us 🔻 Text Size 🏲	Search	GO
	BSO Security Policy		
	 Details of SSA's Security Policy The Internet is an open system and there is no absolute guarantee to request verification will not be intercepted by others and decrypted does exist. We have included the safeguards described below to ree SSA is taking all reasonable and appropriate measures, include information is disclosed only to you. So your Internet communications can remain confidential, you supports the Secure Sockets Layer (SSL) security protocol. Yo supports SSL. Social Security will not give, sell or transfer any personal information about your concerns. For TDD/TTY call 1-800-325-0778. 	that the personal informatic ed. Although this possibility duce the risks: ding encryption, to ensure the u must use a Web browser to our Web browser probably is mation to a third party. 970 to speak to a specially to	on you enter is remote, it hat personal which already trained
TUSA.gov	Privacy Policy Website Policies & Other Important Information Site Map Last reviewed or modified Wednesday Feb 09, 2011	Need Larç	ger Text?

