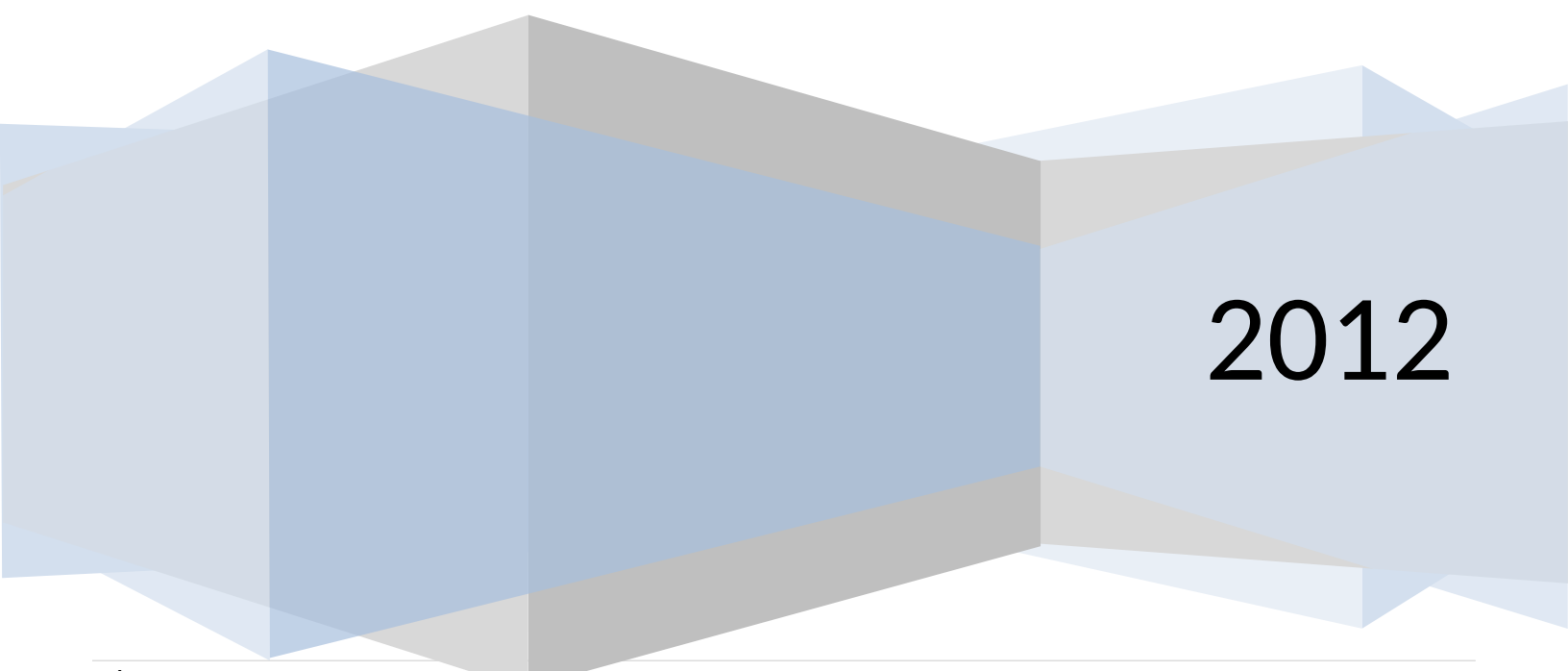


# ERE Screen Shots

For OMB Clearance 0960-0753



2012

# Login Screen

## ERE Login Screen

Social Security Online  
www.socialsecurity.gov

Social Security Administration

Home Questions? How to Contact Us Search

### Electronic Records Express Login

OMB No. 0960-0753  
Expires 09/30/2012

**Acknowledgement for Website Access**

I understand that the Social Security Administration will validate the information I provide against the information in Social Security Administration's systems.

**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 records and/or intends to deceive the Social Security Administration as to the true identity of an individual could be punished by a fine or imprisonment, or both.
- I am authorized to do business under this User ID.

By entering your User ID, Password and clicking on the "Login" button, you certify that you have read, understand and agree to the above statements.

User ID

Password

**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, please contact us via email at [EEAccountInfo@ssa.gov](mailto:EEAccountInfo@ssa.gov) or you can call us at 1-866-691-3061.

---

**Information about Social Security's Online Policies**

The privacy of our customers has always been of utmost importance to the Social Security Administration. Our first regulation, published in 1937, was written and published to ensure your privacy. Our concern for your privacy is no different in the electronic age.

- [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. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. The OMB control number for Electronic Records Express is 0960-0753; expiration date 09/30/2012. We estimate that it will take about 5 minutes to read the instructions, gather the necessary facts, and answer the questions. You may send comments to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. **Send only comments on our time estimate to this address.**

FIRSTGov [Privacy Policy](#) | [Accessibility Policy](#) | [Linking Policy](#) | [Site Map](#) | [Help](#) [GovBenefits](#)

# ERE Homepage

## Administrator's homepage view

Social Security OnlineFrequently Asked QuestionsUser Instructions

## Electronic Records Express

www.socialsecurity.govFrequently Asked QuestionsUser Instructions

Test Test  
Mohammad.Qamar@ssa.gov  
1111111111

[FAQ's](#)

[User Instructions](#)

**From here you can also:**

[Modify your account information](#)

[Change your password](#)

[Account Maintenance](#)

---

For your security, please log out and close all Internet windows when you are finished.

**Electronic Records Express Home**  
Welcome to Electronic Records Express

---

**Evidence Submission Services**

- [Send Response for Individual Case](#)
- [Send Grouped Files](#)

---

**Consultative Examination (CE) Services**

- [Review/Submit Prepared Requests](#)
- [Pickup Provider's Transcription Reports](#)
- [Prepare CE Report for Provider](#)
- [Send CE Report](#)
- [Send CE Report\(s\) with Scanned Signature](#)
- [Send CE No Show Response](#)

---

**Document Exchange Services**

- [Access Electronic Requests](#)
- [Access Provider's Electronic Requests](#)
- [Send Transcription Report To Provider](#)
- [Pickup Transcription Reports](#)
- [Teacher Questionnaire](#)
- [Track 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](#)

**Bulletin Board**

Updated 01/15/2012

[What's New?](#)

 [Get important information about Electronic Records Express availability.](#)

**Judy**  
dss

[Email for more information](#) or call toll free:  
**1-866-691-3061**

# Account Maintenance Screens

## Create an Individual End-User Account

Social Security Online  
www.socialsecurity.gov
Electronic Records Express

[Home](#) | [Questions?](#) | [How to Contact Us](#) | [Search](#)

**Electronic Records Express**  
Home

**Account Maintenance**

**Change Password**

**Logout**

### Electronic Records Express

#### Create an Individual End-User Account

An asterisk (\*) indicates a mandatory field.

Demo Account

\* User Id:

\* First Name:   
Middle Name:   
\* Last Name:

\* Organization Type:

\* Organization Name:   
Department:   
Position:

\* Office Phone:  Ext:   
Cell Phone:  Ext:   
Fax 1:  Ext:   
Fax 2:  Ext:

\* Primary Email:   
Alternate Email:

\* Address Line 1:   
Address Line 2:   
Address Line 3:   
\* Country:   
\* City:   
\* State/Territory:   
\* Zip Code:

---

\* Primary Site:   
\* Primary Site Contact:

\* Select the functions that apply to the user:

Consultative Examination Services:

- Consultative Exam (CE)
- Prepare CE Report for Provider (CEAP)
- Review/Submit CE Reports (CEAS)
- Consultative Exam with Scanned Signatures (CESS)

Evidence Submission Services:

- Send Individual Case (MER)
- Grouped Files (Grouped MER)

Communication Services:

- Communications Utility (CU)
- Secure Messaging (SM)

Document Exchange Services:

- Send Transcription Report to Provider
- Receive Transcription Reports

Payment Services:

CE Payment Request

MER Payment Request

Web Services:

- ERE Web Services

---

Add Comments:

# Manage End-User Relationships



## Electronic Records Express Relationship Management

User ID: DATTA003

First Name: VikasAdmin

Organization:

Last Name: Datta

State/Province:

Function: CE Payment Request Billing Clerk  
Prepare CE Report for Provider (CEAP)  
Send Individual Case (MER)

- [Electronic Records Express Home](#)
- [Account Maintenance](#)
- [Change Password](#)
- [Logout](#)

### New/Current Relationships

	User ID	Last Name	First Name	Organization	Org Type	State/Province	User Type
<input type="checkbox"/>	<a href="#">DMERPR02</a>	Datta	DMERPROTWO		SSA Internal		CE Medical
<input type="checkbox"/>	<a href="#">DATTA002</a>	Datta	DATTAOOTWO	none	Attorneys Office	MD	CE Billing

### Available Users

Search by:

User ID:  Last Name:  First Name:

Organization:  Organization Type:  State/Province:

User Type(s):  CE Medical  CE Billing  MER Billing Clerk

	User ID	Last Name	First Name	Organization	Org Type	State/Province	User Type
<input type="checkbox"/>	<a href="#">DATTA002</a>	Datta	DATTAOOTWO	none	Attorneys Office	MD	CE Medical



# Create Individual End-User Account Summary

- [Electronic Records Express Home](#)
- [Account Maintenance](#)
- [Change Password](#)
- [Logout](#)



## Electronic Records Express Account Summary

User Id: CEBILCL1  
 SSA Id: P5JW68YT43  
 Role: Individual End-User  
 Status: Active

First Name: CEBillingClerk  
 Middle Name:  
 Last Name: CEBillingClerk

Organization Type: SSA Department  
 Organization Name: LM Validation  
 Department: Validation  
 Position: Position

Office Phone: 4433481865 Ext: 1865  
 Cell Phone:  
 Fax 1:  
 Fax 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 (RADKAR12)

Function(s) selected:  
 Consultative Exam with Scanned Signatures (CESS)  
 CE Payment Request: Billing Clerk  
 Prepare CE Report for Provider (CEAP)

Relationships:

User ID	Last Name	First Name	Organization	Org Type	State/Province	CE Medical	CE Billing
CEPROBA1	Billing Admin	CE ProviderWith	LM Testing AUAS Migration	CE Provider	MD	X	X

Added Comments: CE Billing Clerk by Ravi

[View Log History](#)

Modify Suspend Reset Password Delete Cancel

# Evidence Submission Services

## Send Response for Individual Case

### Destination and Request Information

Social Security Online		<b>Electronic Records Express</b>	
<a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>		<a href="#">Electronic Records Express Home</a> <a href="#">User Instructions</a>	
John Doe <input type="button" value="Log Out"/>		 <b>Send Response for Individual Case</b> Destination and Request Information (Step 1 of 3)	
Help Desk: 1-866-691-3061		Site code: <input type="text"/> <b>OR</b> State: [Select] ▼	
Enter 3 character site code or select state and destination:		Destination: [Select Destination] ▼	
Enter the following information from the request letter or barcode:		SSN: <input type="text"/>	
		RQID (Request ID): <input type="text"/>	
		RF (Routing Field): <input type="radio"/> P <input type="radio"/> D or blank <input type="radio"/> No RF or No Barcode	
		DR: <input type="radio"/> F <input type="radio"/> S <input type="radio"/> No DR or No Barcode	
		CS: <input type="text"/> <small>(enter only if applicable)</small>	
		<input type="button" value="Cancel"/> <input type="button" value="Continue"/>	

## Submit Records

Social Security OnlineElectronic Records Express

www.socialsecurity.govElectronic Records Express HomeUser Instructions


John Doe  
[Log Out](#)

Help Desk: 1-866-691-3061

Destination and request summary:

Attach and upload files to this response:

Additional Comments:  
You can type up to three letter size pages (approximately 16,000 characters) of comments.



### Send Response for Individual Case

Attach and Upload Files (Step 2 of 3)

Destination:	<b>MO - St Louis South DDS [S81]</b>	SSN:	<b>242-34-2342</b>
RQID:	<b>456355234234234234</b>	RF:	<b>D</b>
DR:	<b>F</b>	CS:	

[Edit Summary](#)

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 File](#)

Comments:

Characters remaining: 16000

[Cancel](#)[Prior Page](#)[Submit](#)


## Tracking Page (Site does not do fiscal)

Social Security OnlineElectronic Records Express

www.socialsecurity.govElectronic Records Express HomeUser Instructions

John Doe  
[Log Out](#)

Help Desk: 1-866-691-3061



### Send Response for Individual Case

Tracking Information (Step 3 of 3)

**Thank you for your submission.**

**Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.**

Response Information:

Tracking Number:	<b>13148130C7858FC6</b>
Date and Timestamp:	<b>07/20/2011 at 11:03 AM EDT</b>


Destination:	<b>AK Anchorage ODAR [T1G]</b>	SSN:	<b>234-23-4234</b>
RQID:	<b>5467354534345345345</b>	RF:	<b>D or blank</b>
DR:	<b>F</b>	CS:	

File Name	Document Type	File Size
Test.doc	Medical Evidence of Record (MER)	26.0 KB
<b>Total file size:</b>		<b>26.0 KB</b>

[ERE Print](#) [Send Another Response](#) [ERE Home](#)




## Tracking Page (for site that does fiscal)

Social Security Online		Electronic Records Express								
<a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>		<a href="#">Electronic Records Express Home</a>								
<a href="#">User Instructions</a>										
Hoi Wong <a href="#">Log Out</a>		 <b>Send Response for Individual Case</b> Tracking Information (Step 3 of 3)								
Help Desk: 1-866-691-3061		Thank you for your submission.								
Response Information:		Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.								
		Tracking Number: 1312F2E2B8A541AB								
		Date and Timestamp: 07/15/2011 at 03:03 PM EDT								
		Destination: MO - St Louis South DDS [S81] SSN: 342-34-2242								
		RQID: 3452342324 RF: D or blank								
		DR: F CS:								
		<table border="1"><thead><tr><th>File Name</th><th>File Size</th></tr></thead><tbody><tr><td>ere_test_file.txt</td><td>1.0 KB</td></tr><tr><td colspan="2" style="text-align: right;"><b>Total file size:</b></td><td><b>1.0 KB</b></td></tr></tbody></table>		File Name	File Size	ere_test_file.txt	1.0 KB	<b>Total file size:</b>		<b>1.0 KB</b>
File Name	File Size									
ere_test_file.txt	1.0 KB									
<b>Total file size:</b>		<b>1.0 KB</b>								
		<a href="#">ERE Print</a> <a href="#">Request Payment</a> <a href="#">Send Another Response</a> <a href="#">ERE Home</a>								

## Request Medical Evidence of Record Payment (non-eOR)

### Destination and Request Information

Social Security Online		Electronic Records Express	
<a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>		<a href="#">Electronic Records Express Home</a>	
<a href="#">User Instructions</a>			
Hoi Wong <a href="#">Log Out</a>		 <b>Request Medical Evidence of Record Payment</b> Attach and Upload Invoices	
Help Desk: 1-866-691-3061			
Destination and request summary:		Destination: MO - St Louis South DDS [S81] SSN: 222-22-2222	
		RQID: adfadr RF: P	
		DR: F CS:	
Invoice Types:		Select the type of invoice(s) you want to upload. <input type="radio"/> Invoice from DDS <input type="radio"/> Invoice from Provider <input type="radio"/> 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, .jpg, .bmp, .mdi, .txt, .rtf, .xls, .pdf, .tiff, .tif, .docx, .xlsx Please do not upload password-protected invoices because they cannot be processed.	
		Invoice 1: <input type="text"/> <a href="#">Browse...</a> <a href="#">Clear Invoice 1</a>	
		<a href="#">Add Another Invoice</a>	
Additional Comments: You can type up to three letter size pages (approximately 16,000 characters) of comments.		Comments: <input type="text"/> Characters remaining: 16000	
		<a href="#">Cancel</a> <a href="#">Submit</a>	

# Tracking page

Social Security OnlineElectronic Records Express

www.socialsecurity.govElectronic Records Express HomeUser Instructions

Hoi Wong  
[Log Out](#)

Help Desk: 1-866-691-3061

**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 submission.**

**Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.**

Destination: <b>MO - St Louis South DDS [S81]</b>	SSN: <b>222-22-2222</b>
RQID: <b>adfadf</b>	RF: <b>P</b>
DR: <b>F</b>	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
<b>Total file size: 26.0 KB</b>	

**Additional comments were entered during this submission.**

**Payment Request Information:**

Tracking Number: **1353A959C018E133**


Date and Timestamp: **02/01/2012 at 03:22 PM EST**

Invoice File Name	Invoice File Size
Test.doc	26.0 KB
<b>Total file size: 26.0 KB</b>	


**Invoice Types: Invoice from DDS**

[ERE Print](#) [Send Another Request](#) [ERE Home](#)

## No Records

Social Security Online		Electronic Records Express	
<a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>		<a href="#">Electronic Records Express Home</a>	
<a href="#">User Instructions</a>			
Hoi Wong <a href="#">Log Out</a>			
Help Desk: 1-866-691-3061		<b>Send Response for Individual Case</b> Provide Reason for not transmitting files (Step 2 of 3)	
<b>Destination and request summary:</b>		Destination: <b>MO - St Louis South DDS [S81]</b> SSN: <b>222-22-2222</b>	
		RQID: <b>1111111111</b> RF: <b>P</b>	
		DR: <b>F</b> CS:	
		<a href="#">Edit Summary</a>	
<b>Specify the reason for not adding files:</b>		Reason: <input type="text" value="[ Select Reason ]"/>	
		<b>Based on the reason you select, comments may be required. Otherwise, comments are always optional.</b>	
<b>Additional Comments:</b> You can type up to three letter size pages (approximately 16,000 characters) of comments.		Comments: <input type="text"/>	
		Characters remaining: 16000	
		<a href="#">Cancel</a> <a href="#">Prior Page</a> <a href="#">Submit</a>	

## Tracking page


Social Security Online		Electronic Records Express	
<a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>		<a href="#">Electronic Records Express Home</a>	
<a href="#">User Instructions</a>			
Hoi Wong <a href="#">Log Out</a>			
Help Desk: 1-866-691-3061		<b>Send Response for Individual Case</b> <b>Tracking Information</b> (Step 3 of 3)	
		<b>Warning: The ERE website account you are using is a demo account. Submissions will not be sent to the final destination.</b>	
		<b>Thank you for your submission.</b>	
		<b>Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.</b>	
<b>Response Information:</b>		Tracking Number: <b>1353A9CC3307970C</b>	
		Date and Timestamp: <b>02/01/2012 at 03:30 PM EST</b>	
		Destination: <b>MO - St Louis South DDS [S81]</b> SSN: <b>222-22-2222</b>	
		RQID: <b>1111111111</b> RF: <b>P</b>	
		DR: <b>F</b> CS:	
		<b>No files were uploaded during this submission.</b>	
		<b>The specified reason was:</b> No records found for requested timeframe	
		<b>Additional Comments were entered during this submission.</b>	
		<a href="#">ERE Print</a> <a href="#">Send Another Response</a> <a href="#">ERE Home</a>	

## Send Grouped Files

### Destination and Documentation Information

Social Security Online		Electronic Records Express	
<a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>		<a href="#">Electronic Records Express Home</a>	
<a href="#">User Instructions</a>			
Hoi Wong <a href="#">Log Out</a>			
Help Desk: 1-866-691-3061		<b>Send Grouped Files</b> Destination and Documentation Information (Step 1 of 3)	
<b>Enter 3 character site code or select state and destination:</b>		Site code: <input type="text"/> OR State: [Select] <input type="button" value="v"/> Destination: [Select Destination] <input type="button" value="v"/>	
<b>Select one of the following for ALL documents in this upload:</b>		<input type="radio"/> The first page of all the documents has an enhanced 2-D barcode like the following example (ignore all other barcode types):  RQID: 20051204273664 SITE: S99 DR: F SSN: 000000000 DOCTYPE: 0001 RF: D CS: fedc	
		<input type="radio"/> The first page of all documents does NOT contain a 2-D barcode.	
		<input type="button" value="Cancel"/> <input type="button" value="Continue"/>	

### Attach and Upload Files

Social Security Online		Electronic Records Express	
<a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>		<a href="#">Electronic Records Express Home</a>	
<a href="#">User Instructions</a>			
Hoi Wong <a href="#">Log Out</a>			
Help Desk: 1-866-691-3061		<b>Send Grouped Files</b> Attach and Upload Files (Step 2 of 3)	
<b>Destination and request summary:</b>		Destination: <b>MO - St Louis South DDS [S81]</b> These grouped files are being submitted <b>WITH</b> a 2-D barcode. <input type="button" value="Edit Summary"/>	
<b>Attach and upload grouped files:</b>		You must upload at least one file. A maximum of 8 files can be added and all files must total less than 50MB. <b>ONLY</b> 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: <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear File 1"/>	
		<input type="button" value="Add Another File"/>	
		<input type="button" value="Cancel"/> <input type="button" value="Prior Page"/> <input type="button" value="Submit"/>	

# Tracking Page

Social Security Online
Electronic Records Express

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www.socialsecurity.gov
Electronic Records Express Home
User Instructions

Hoi Wong  
[Log Out](#)

Help Desk: 1-866-691-3061

**Send Grouped Files**  
Tracking Information (Step 3 of 3)

**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 your tracking number in case there are errors or problems that prevent us from processing your submission.

**Response Information:**

Tracking Number: **1353AA05239560A7**

Date and Timestamp: **02/01/2012 at 03:34 PM EST**

Barcode Present: **YES**

Destination: **MO - St Louis South DDS [S81]**

File Name	File Size
ERMSG13.zip	65.0 KB
<b>Total file size:</b>	
	<b>65.0 KB</b>

[ERE Print](#)   [Send More Files](#)   [ERE Home](#)

## Consultative Examination (CE) Services

### Review/Submit Prepared Requests

Social Security Online
Electronic Records Express

---

www.socialsecurity.gov
Electronic Records Express Home
User Instructions

John Public  
[Log Out](#)

Help Desk: 1-866-691-3061

**Review/Submit Prepared Requests**  
Review Prepared Requests


This page shows everything that has been prepared for you by your staff. None of these items have been or will be submitted to the requesting office until you review and explicitly submit each one. Select the Review link next to each prepared request to review the report's details and take action upon it.

You may select the heading of each column to sort the displayed information by that column in ascending and descending order.


**These items will be removed from this list once you have successfully submitted it or 30 days from the date of preparation, regardless of whether you have taken action on it.**

Name	Last 4 of SSN	DOB	▼Date/Time Prepared	Prepared By	Response Status	Response Request	Payment Status	Payment Request
Doe, Jay	5555	11/11/1950	09/03/2010 12:44 PM	Grace Suk	NEW	<a href="#">Review Response</a>		
LastName, FirstName	8002	01/02/1979	09/03/2010 12:44 PM	Grace Suk	NEW	<a href="#">Review Response</a>		

# Attach and Upload Files


Social Security Online		Electronic Records Express	
<a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>		<a href="#">Electronic Records Express Home</a> <a href="#">User Instructions</a>	
John Public <input type="button" value="Log Out"/>		 <b>Review/Submit CE Reports</b> Attach and Upload Files	
Help Desk: 1-866-691-3061		Prepared By: <b>John Public</b>	
<b>CE Report Information:</b>		Date Prepared: <b>09/03/2010</b>	
<b>Patient Information:</b>		Patient Name: <b>JohnInitial Ditto</b>	
		SSN: <b>XXX-XX-0001</b>	
		DOB: <b>10/20/2006</b>	
<b>Request Information:</b>		Provider Name: <b>John Public</b>	
		Request Type: <b>Consultative Exam</b>	
		Request Date: <b>07/17/2009</b>	
		Requesting Office: <b>AZ - Phoenix DDS [S03]</b>	
		Request ID: <b>20100721DREW_003 D</b>	
		Disability Examiner:	
		CE Appointment Date and Time: <b>07/25/2010</b>	
		Service Item 1:	
<b>Special Instructions:</b>		<b>Select file(s) to be deleted from this patient's information.</b>	
<b>Files already loaded by your preparer:</b> Selecting the "Review" link for a file will open a "File Download" box so that you can open the file. If you want to revise a file, save it to your local computer and make your revisions.		<input type="checkbox"/> conf_num.rtf <a href="#">Review</a>	
Delete the old version of the file. Then upload the saved file using the "Browse" button.		<input type="checkbox"/> Tiff conversion status in prod.rtf <a href="#">Review</a>	
To delete a file from the patient's information, select the checkbox next to the file to be deleted."		A maximum of 8 files can be submitted and all files must total less than 50MB. File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .mdi, .txt, .xls, .xlsx, .pdf, .rtf, .tiff, .tif	
<b>Attach and upload files to this response:</b>		Please do not upload password-protected files because they cannot be processed.	
		File 1: <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear File 1"/>	
		<input type="button" value="Add Another File"/>	
<b>Additional Comments:</b> Comments already here were entered by your preparer.		Comments: test	
		Characters remaining:15996	
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.		<b>I am certifying under penalty of perjury, that I have been authorized or contracted by the Disability Determination Services to examine the claimant. The report is accurate. By checking the "I have read and agree to the above" checkbox below, I am certifying that I personally conducted, or personally participated in conducting, the consultative examination and have electronically signed the report contained within.</b>	
		<input type="checkbox"/> I have read and agree to the above.	
		<input type="button" value="Cancel"/> <input type="button" value="Delete"/> <input type="button" value="Prior Page"/> <input type="button" value="Submit"/>	

## Tracking Information


Social Security Online		Electronic Records Express								
<a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>		Electronic Records Express Home								
CEPRO ONLY		User Instructions								
<a href="#">Log Out</a>										
Help Desk: 1-866-691-3061		<b>Review/Submit Prepared Requests</b>								
		<b>Tracking Information</b>								
		Thank you for your submission.								
		Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.								
<b>Response Information:</b>		Tracking Number: 1229876911578168								
		Date and Timestamp: 07/20/2009 at 10:00 AM EDT								
		Name: Theresa McGehee								
		DOB: 07/01/1970								
		Destination: ME - Winthrop DDS [S22]								
		SSN: XXX-XX-1234								
		RQID: 123456789								
		RF: P								
		DR: F								
		CS:								
		<table border="1"><thead><tr><th>File Name</th><th>File Size</th></tr></thead><tbody><tr><td>Demo File.doc</td><td>24.0 KB</td></tr><tr><td colspan="2" style="text-align: right;">Total file size:</td><td>24.0 KB</td></tr></tbody></table>		File Name	File Size	Demo File.doc	24.0 KB	Total file size:		24.0 KB
File Name	File Size									
Demo File.doc	24.0 KB									
Total file size:		24.0 KB								
		Files already loaded by your preparer:								
		RESPONSEFILE1.doc								
		Your report was electronically signed.								
		<a href="#">ERE Print</a> <a href="#">Review Another Request</a> <a href="#">ERE Home</a>								

## Pickup Provider's Transcription Reports

### Select Provider's Inbox

Social Security Online		Electronic Records Express	
<a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>		Electronic Records Express Home	
Doctor Staff		User Instructions	
<a href="#">Log Out</a>			
Help Desk: 1-866-691-3061		<b>Pickup Provider's Transcription Reports</b>	
<b>Select Provider:</b>		<b>Select Provider's Inbox</b>	
		Select the Provider whose Transcription Report inbox you wish to view, and select "View Mailbox".	
		[ Select Provider ] <input type="button" value="View Mailbox"/>	
		<input type="button" value="Cancel"/>	

## Inbox Folder

Social Security Online **Electronic Records Express** 


[www.socialsecurity.gov](http://www.socialsecurity.gov) [Electronic Records Express Home](#) [User Instructions](#)

**Doctor Staff**

Help Desk: 1-866-691-3061

**View Folders:**  
[Inbox \(0\)](#)  
[Trash \(0\)](#)

[Select Another Provider's Mailbox](#)  
[Prepare CE Report](#)

 **Pickup Provider's Transcription Reports**  
Inbox Folder - MD, Doc

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.


<a href="#">File Name</a>	<a href="#">Date and Time</a>	
<input type="checkbox"/> <a href="#">Sample Docs 4 demo.doc</a>	08/13/2009 09:16:25 AM	<input type="button" value="Open"/>

Items 1 - 1 of 1  
Items per page: [5](#) [10](#) [25](#) [50](#) [100](#) [All](#)

Pages [1]

## Prepare CE Report for Provider

### Preparation

Social Security Online **Electronic Records Express** 

[www.socialsecurity.gov](http://www.socialsecurity.gov) [Electronic Records Express Home](#) [User Instructions](#)

**CE Admin Shah**


Help Desk: 1-866-691-3061

**Provider Information:**  
Select the provider for whom this CE Report is being prepared.

**Patient Information:**  
Enter the Patient's Information.

**Enter 3 character site code or select state and destination:**

**Enter the following information from the request letter or barcode:**

 **Prepare CE Report for Provider**  
Preparation (Step 1 of 3)

Provider:

First Name:

Middle Name:

Last Name:

DOB: (mm/dd/yyyy)

Site code:  OR State:

Destination:

SSN:

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)



## Attach and Upload Files

Social Security Online		Electronic Records Express																	
<a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>		<a href="#">Electronic Records Express Home</a>																	
CE Admin <b>Shah</b> <input type="button" value="Log Out"/>		 <b>Prepare CE Report for Provider</b> <b>Attach and Upload Files (Step 2 of 3)</b>																	
Help Desk: 1-866-691-3061																			
<b>Reviewing Provider:</b>		Shah, CM ProABilling																	
<b>Destination and request summary:</b>		<table border="0"> <tr> <td>Patient Name:</td> <td><b>Jane Doe</b></td> <td>DOB:</td> <td><b>01/01/1980</b></td> </tr> <tr> <td>Destination:</td> <td><b>MD - Timonium DDS [S23]</b></td> <td>SSN:</td> <td><b>222-22-2222</b></td> </tr> <tr> <td>RQID:</td> <td><b>1234</b></td> <td>RF:</td> <td><b>D</b></td> </tr> <tr> <td>DR:</td> <td><b>S</b></td> <td>CS:</td> <td></td> </tr> </table> <input type="button" value="Edit Summary"/>		Patient Name:	<b>Jane Doe</b>	DOB:	<b>01/01/1980</b>	Destination:	<b>MD - Timonium DDS [S23]</b>	SSN:	<b>222-22-2222</b>	RQID:	<b>1234</b>	RF:	<b>D</b>	DR:	<b>S</b>	CS:	
Patient Name:	<b>Jane Doe</b>	DOB:	<b>01/01/1980</b>																
Destination:	<b>MD - Timonium DDS [S23]</b>	SSN:	<b>222-22-2222</b>																
RQID:	<b>1234</b>	RF:	<b>D</b>																
DR:	<b>S</b>	CS:																	
<b>Attach and upload files:</b>		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.																	
		<table border="1"> <tr> <td>File 1:</td> <td><input type="text"/></td> <td><input type="button" value="Browse..."/></td> </tr> <tr> <td colspan="2"></td> <td><input type="button" value="Clear File 1"/></td> </tr> <tr> <td colspan="3" style="text-align: center;"><input type="button" value="Add Another File"/></td> </tr> </table>		File 1:	<input type="text"/>	<input type="button" value="Browse..."/>			<input type="button" value="Clear File 1"/>	<input type="button" value="Add Another File"/>									
File 1:	<input type="text"/>	<input type="button" value="Browse..."/>																	
		<input type="button" value="Clear File 1"/>																	
<input type="button" value="Add Another File"/>																			
<b>Additional Comments:</b>		Comments: <input type="text"/>																	
You can type up to three letter size pages (approximately 16,000 characters) of comments.		Characters remaining: 16000																	
<b>Verify the above information before sending this CE Report to the provider.</b>																			
<input type="button" value="Cancel"/>		<input type="button" value="Prior Page"/> <input type="button" value="Send to Provider"/>																	

## Tracking Information

Social Security Online		Electronic Records Express																	
<a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>		<a href="#">Electronic Records Express Home</a>																	
CE Admin <b>Shah</b> <input type="button" value="Log Out"/>		 <b>Prepare CE Report for Provider</b> <b>Tracking Information (Step 3 of 3)</b>																	
Help Desk: 1-866-691-3061																			
<b>Thank you for your submission.</b>																			
<b>Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.</b>																			
<b>Response Information:</b>		Tracking Number: <b>1314DBF3D5BD5415</b> Date and Timestamp: <b>07/21/2011 at 01:30 PM EDT</b> Reviewing Provider: <b>Shah, CM ProABilling</b>																	
		<table border="0"> <tr> <td>Patient Name:</td> <td><b>Jane Doe</b></td> <td>DOB:</td> <td><b>01/01/1980</b></td> </tr> <tr> <td>Destination:</td> <td><b>MD - Timonium DDS [S23]</b></td> <td>SSN:</td> <td><b>222-22-2222</b></td> </tr> <tr> <td>RQID:</td> <td><b>1234</b></td> <td>RF:</td> <td><b>D</b></td> </tr> <tr> <td>DR:</td> <td><b>S</b></td> <td>CS:</td> <td></td> </tr> </table>		Patient Name:	<b>Jane Doe</b>	DOB:	<b>01/01/1980</b>	Destination:	<b>MD - Timonium DDS [S23]</b>	SSN:	<b>222-22-2222</b>	RQID:	<b>1234</b>	RF:	<b>D</b>	DR:	<b>S</b>	CS:	
Patient Name:	<b>Jane Doe</b>	DOB:	<b>01/01/1980</b>																
Destination:	<b>MD - Timonium DDS [S23]</b>	SSN:	<b>222-22-2222</b>																
RQID:	<b>1234</b>	RF:	<b>D</b>																
DR:	<b>S</b>	CS:																	
		<table border="1"> <thead> <tr> <th>File Name</th> <th>File Size</th> </tr> </thead> <tbody> <tr> <td>Test.doc</td> <td>26.0 KB</td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>Total file size:</b></td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>26.0 KB</b></td> </tr> </tbody> </table>		File Name	File Size	Test.doc	26.0 KB	<b>Total file size:</b>		<b>26.0 KB</b>									
File Name	File Size																		
Test.doc	26.0 KB																		
<b>Total file size:</b>																			
<b>26.0 KB</b>																			
<b>Additional comments were entered during this submission.</b>																			
<input type="button" value="ERE Print"/>		<input type="button" value="Prepare Another CE"/> <input type="button" value="ERE Home"/>																	

# Send CE Report

## Destination and Request Information

Social Security Online **Electronic Records Express**

[www.socialsecurity.gov](http://www.socialsecurity.gov) [Electronic Records Express Home](#) [User Instructions](#)

John Doe

Help Desk: 1-866-691-3061

**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  D or blank  No RF or No Barcode  
DR:  F  S  No DR or No Barcode  
CS:   
(enter only if applicable)

## Attach and Upload Files

Social Security Online **Electronic Records Express**

[www.socialsecurity.gov](http://www.socialsecurity.gov) [Electronic Records Express Home](#) [User Instructions](#)

John Doe

Help Desk: 1-866-691-3061

**Destination and request summary:**

Destination: **MO - St Louis South DDS [S81]** SSN: **345-34-3453**  
RQID: **567345345345** RF: **D**  
DR: **F** CS:

**Attach and upload files to this report:**

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:

**Additional Comments:**  
You can type up to three letter size pages (16,000 characters) of comments.


**Comments:**

Characters remaining: 16000

**I am certifying, under penalty of perjury, that I have been authorized or contracted by the Disability Determination Services to examine the claimant named in the attached, and produced a consultative examination report for that claimant. The report is accurate. By checking the "I have read and agree with the above" checkbox below, I am certifying that I personally conducted, or personally participated in conducting, the consultative examination and have electronically signed the report contained within.**


I have read and agree to the above.

## Tracking Information (for site that does fiscal)

Social Security Online		Electronic Records Express							
<a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>		<a href="#">Electronic Records Express Home</a>							
<a href="#">User Instructions</a>									
Hoi Wong <a href="#">Log Out</a>		 <b>Send Consultative Exam Report</b> Tracking 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. <b>Thank you for your submission.</b> <b>Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.</b>							
<b>Response Information:</b>		Tracking Number: <b>1353AB31217B104F</b> Date and Timestamp: <b>02/01/2012 at 03:55 PM EST</b>							
		Destination: <b>MO - St Louis South DDS [S81]</b> SSN: <b>222-22-2222</b> RQID: <b>sgafada3434</b> RF: <b>P</b> DR: <b>F</b> CS:							
		<table border="1"><thead><tr><th>File Name</th><th>File Size</th></tr></thead><tbody><tr><td>Test.doc</td><td>26.0 KB</td></tr><tr><td colspan="2" style="text-align: right;"><b>Total file size: 26.0 KB</b></td></tr></tbody></table>		File Name	File Size	Test.doc	26.0 KB	<b>Total file size: 26.0 KB</b>	
File Name	File Size								
Test.doc	26.0 KB								
<b>Total file size: 26.0 KB</b>									
		Additional comments were entered during this submission. <b>Your report was electronically signed.</b>							
		<a href="#">ERE Print</a> <a href="#">Request Payment</a> <a href="#">Send Another Report</a> <a href="#">ERE Home</a>							

## Request Consultative Exam (CE) Payment

### Attach and Upload Invoices

Social Security Online		Electronic Records Express	
<a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>		<a href="#">Electronic Records Express Home</a>	
<a href="#">User Instructions</a>			
Hoi Wong <a href="#">Log Out</a>		 <b>Request Consultative Exam (CE) Payment</b> Attach and Upload Invoices	
Help Desk: 1-866-691-3061		Destination: <b>MO - St Louis South DDS [S81]</b> SSN: <b>222-22-2222</b> RQID: <b>sgafada3434</b> RF: <b>P</b> DR: <b>F</b> CS:	
<b>Destination and request summary:</b>			
<b>Invoice Types:</b>		<b>Select the type of invoice(s) you want to upload.</b> <input type="radio"/> Invoice from DDS <input type="radio"/> Invoice from Provider <input type="radio"/> Both	
<b>Upload Invoice(s):</b> 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, .jpg, .bmp, .mdi, .bt, .rtf, .xls, .pdf, .tiff, .tif, .docx, .xlsx Please do not upload password-protected invoices because they cannot be processed. Invoice 1: <input type="text"/> <a href="#">Browse...</a> <a href="#">Clear Invoice 1</a> <a href="#">Add Another Invoice</a>	
<b>Additional Comments:</b> You can type up to three letter size pages (approximately 16,000 characters) of comments.		Comments: <input type="text"/> Characters remaining: 16000 <a href="#">Cancel</a> <a href="#">Submit</a>	


Social Security OnlineElectronic Records Express

www.socialsecurity.govUser Instructions

Electronic Records Express Home

Hoi Wong  
[Log Out](#)

Help Desk: 1-866-691-3061



### Request Consultative Exam (CE) 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 submission.**

**Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.**

---

**Response Information:**

Destination:	MO - St Louis South DDS [S81]	SSN:	222-22-2222
RQID:	sgafada3434	RF:	P
DR:	F	CS:	

---

Tracking Number:	1353AB31217B104F
Date and Timestamp:	02/01/2012 at 03:55 PM EST

File Name	File Size
freeFormText.txt	1.0 KB
Test.doc	26.0 KB
eSignature.txt	1.0 KB
<b>Total file size:</b>	<b>28.0 KB</b>

**Additional comments were entered during this submission.**

**Your response was electronically 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
<b>Total file size:</b>	<b>26.0 KB</b>



**Invoice Types: Invoice from DDS**

**Additional comments were entered during the payment request submission.**


[ERE Print](#) [Send Another Request](#) [ERE Home](#)

# Send CE Report(s) with Scanned Signature


## Destination and Documentation Information

Social Security Online		Electronic Records Express	
<a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>		<a href="#">Electronic Records Express Home</a>	
Hoi Wong		<a href="#">User Instructions</a>	
<input type="button" value="Log Out"/>			
Help Desk: 1-866-691-3061		<b>Send CE Report(s) with Scanned Signature</b>	
<b>Enter 3 character site code or select state and destination:</b>		<b>Destination and Documentation Information (Step 1 of 3)</b>	
<b>Select one of the following for ALL documents in this upload:</b>		Site code: <input type="text"/> OR State: [Select] <input type="button" value="v"/>	
		Destination: [Select Destination] <input type="button" value="v"/>	
		<input type="radio"/> The first page of all the documents has an enhanced 2-D barcode like the following example (ignore all other barcode types):	
			
		RQID: 20051204273664 SITE: S99 DR: F SSN: 000000000 DOCTYPE: 0001 RF: D CS: fedc	
		<input type="radio"/> The first page of all documents does NOT contain a 2-D barcode.	
		<input type="button" value="Cancel"/> <input type="button" value="Continue"/>	

## Attach and Upload Files


Social Security Online		Electronic Records Express	
<a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>		<a href="#">Electronic Records Express Home</a>	
Hoi Wong		<a href="#">User Instructions</a>	
<input type="button" value="Log Out"/>			
Help Desk: 1-866-691-3061		<b>Send CE Report(s) with Scanned Signature</b>	
<b>Destination and request summary:</b>		<b>Attach and Upload Files (Step 2 of 3)</b>	
		Destination: <b>MO - St Louis South DDS [S81]</b>	
		These grouped files are being submitted <b>WITH</b> a 2-D barcode.	
		<input type="button" value="Edit Summary"/>	
<b>Attach and upload files:</b>		<b>You must upload at least one file.</b>	
		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: <input type="text"/> <input type="button" value="Browse..."/>	
		<input type="button" value="Clear File 1"/>	
		<input type="button" value="Add Another File"/>	
		<input type="button" value="Cancel"/> <input type="button" value="Prior Page"/> <input type="button" value="Submit"/>	

## Tracking Information

Social Security Online		Electronic Records Express								
<a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>		<a href="#">Electronic Records Express Home</a>	<a href="#">User Instructions</a>							
Hoi Wong <input type="button" value="Log Out"/>		 Send CE Report(s) with Scanned Signature Tracking Information (Step 3 of 3)								
Help Desk: 1-866-691-3061		<b>Warning: The ERE website account you are using is a demo account. Submissions will not be sent to the final destination.</b>								
		Thank you for your submission.								
		Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.								
<b>Response Information:</b>		Tracking Number:	1353AB9CC134B5BF							
		Date and Timestamp:	02/01/2012 at 04:02 PM EST							
		Barcode Present:	YES							
		Destination:	MO - St Louis South DDS [S81]							
		<table border="1"><thead><tr><th>File Name</th><th>File Size</th></tr></thead><tbody><tr><td>ERMSG13.zip</td><td>65.0 KB</td></tr><tr><td colspan="2" style="text-align: right;"><b>Total file size:</b></td><td><b>65.0 KB</b></td></tr></tbody></table>	File Name	File Size	ERMSG13.zip	65.0 KB	<b>Total file size:</b>		<b>65.0 KB</b>	
File Name	File Size									
ERMSG13.zip	65.0 KB									
<b>Total file size:</b>		<b>65.0 KB</b>								
		<input type="button" value="ERE Print"/> <input type="button" value="Send Another Report"/> <input type="button" value="ERE Home"/>								

## Send CE No Show Response

### Destination and Request Information

Social Security Online		Electronic Records Express	
<a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>		<a href="#">Electronic Records Express Home</a>	<a href="#">User Instructions</a>
Hoi Wong <input type="button" value="Log Out"/>		 Send CE No Show Response Report Destination and Request Information (Step 1 of 3)	
Help Desk: 1-866-691-3061			
<b>Enter 3 character site code or select state and destination:</b>		Site code: <input type="text"/>	OR State: <input type="text" value="[Select]"/>
		Destination: <input type="text" value="[Select Destination]"/>	
<b>Enter the following information from the request letter or barcode:</b>			
		SSN: <input type="text"/>	
		RQID (Request ID): <input type="text"/>	
		RF (Routing Field):	<input type="radio"/> P <input type="radio"/> D or blank <input type="radio"/> No RF or No Barcode
		DR:	<input type="radio"/> F <input type="radio"/> S <input type="radio"/> No DR or No Barcode
		CS: <input type="text"/>	
		<small>(enter only if applicable)</small>	
		<input type="button" value="Cancel"/>	<input type="button" value="Continue"/>

# Complete Reason


Social Security Online		Electronic Records Express	
<a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>		<a href="#">Electronic Records Express Home</a>	
<a href="#">User Instructions</a>			
Hoi Wong <a href="#">Log Out</a>		 <b>Send CE No Show Response Report</b> Complete Reason (Step 2 of 3)	
Help Desk: 1-866-691-3061		Destination: CT - Hartford DDS [S08]      SSN: 111-11-1111	
<b>Destination and request summary:</b>		RQID: 22222      RF: P	
		DR: F      CS:	
		<a href="#">Edit Summary</a>	
<b>Select a reason and provide comments about why the exam was not performed:</b>		Reason: <input type="text" value="Patient showed up for the appointment but could not be evaluated(Please explain)"/>	
		<b>Based on the reason you select, comments may be required. Otherwise, comments are always optional.</b>	
<b>Additional Comments:</b> You can type up to three letter size pages (approximately 16,000 characters) of comments.		Comments: <input type="text"/>	
		Characters remaining: 16000	
		<a href="#">Cancel</a> <a href="#">Prior Page</a> <a href="#">Submit</a>	

# Tracking Information

Social Security Online		Electronic Records Express	
<a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>		<a href="#">Electronic Records Express Home</a>	
<a href="#">User Instructions</a>			
Hoi Wong <a href="#">Log Out</a>		 <b>Send CE No Show Response Report</b> Tracking Information (Step 3 of 3)	
Help Desk: 1-866-691-3061		<b>Warning: The ERE website account you are using is a demo account. Submissions will not be sent to the final destination.</b>	
		Thank you for your submission.	
		Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.	
<b>Response Information:</b>		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:	
		<b>The specified reason was:</b> Patient showed up for the appointment but could not be evaluated(Please explain)	
		<b>Additional comments were entered during this submission.</b>	
		<a href="#">ERE Print</a> <a href="#">Request Payment</a> <a href="#">Send Another Response</a> <a href="#">ERE Home</a>	

# Request Payment for CE No Show Response

## Attach and Upload Invoices

Social Security Online		Electronic Records Express	
<a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>		<a href="#">Electronic Records Express Home</a>	
<a href="#">User Instructions</a>			
Hoi Wong <a href="#">Log Out</a>		 <b>Request Payment for CE No Show Response</b> Attach and Upload Invoices	
Help Desk: 1-866-691-3061			
<b>Destination and request summary:</b>	Destination: <b>CT - Hartford DDS [S08]</b>	SSN: <b>111-11-1111</b>	
	RQID: <b>22222</b>	RF: <b>P</b>	
	DR: <b>F</b>	CS:	
<b>Invoice Types:</b>	<b>Select the type of invoice(s) you want to upload.</b> <input type="radio"/> Invoice from DDS <input type="radio"/> Invoice from Provider <input type="radio"/> Both		
<b>Upload Invoice(s):</b> 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, .jpg, .bmp, .mdi, .txt, .rtf, .xls, .pdf, .tiff, .tif, .docx, .xlsx Please do not upload password-protected invoices because they cannot be processed.		
	Invoice 1: <input type="text"/> <a href="#">Browse...</a> <a href="#">Clear Invoice 1</a>		
	<a href="#">Add Another Invoice</a>		
<b>Additional Comments:</b> You can type up to three letter size pages (approximately 16,000 characters) of comments.	Comments: <input type="text"/> 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.	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 with the above" checkbox below, I am certifying that I electronically sign the invoice contained within.  <input type="checkbox"/> <b>I have read and agree to the above.</b>		
	<a href="#">Cancel</a>	<a href="#">Submit</a>	




# Tracking Information

Social Security OnlineElectronic Records Express

www.socialsecurity.govElectronic Records Express HomeUser Instructions

Hoi Wong  
[Log Out](#)

Help Desk: 1-866-691-3061



## Request Payment for CE No Show Response

### 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 submission.**

**Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.**

Destination: CT - Hartford DDS [S08]	SSN: 111-11-1111
RQID: 22222	RF: P
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)

**Additional comments were entered during this submission.**

**Payment Request Information:**

Tracking Number: 1353AC12862FE1F2  
Date and Timestamp: 02/01/2012 at 04:10 PM EST

Invoice File Name	Invoice File Size
Test.doc	26.0 KB
<b>Total file size: 26.0 KB</b>	

**Invoice Types: Invoice from DDS**

**Additional comments were entered during the payment request submission.**

**Your payment request was electronically signed.**

[ERE Print](#) [Send Another Request](#) [ERE Home](#)

# Document Exchange Services

## Access Electronic Requests

### Open Requests Page

Social Security Online **Electronic Records Express** [User Instructions](#)

[www.socialsecurity.gov](#) [Electronic Records Express Home](#)

DATAOOTWO Datta [Log Out](#)

Help Desk: 1-866-691-3061

### Access Electronic Requests

[View Electronic Requests - Open Requests](#)

This page shows your open electronic requests, if any, sent to you from a Disability Service Center. Select the "View Request" or "View Payment" link next to each request to review the latest details and respond or take other action on it.

You may select a column header to sort the displayed information by that column in ascending or descending order.

▲ 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	<a href="#">View Request</a>		
DOE, TESTCASE2005	2005	10/20/1986	06/27/2010				PENDING	<a href="#">View Request</a>		
DOE, TESTCASE2005	2005	11/20/1979	03/30/2010				NEW	<a href="#">View Request</a>		
DOE, TESTCASE2006	2006	11/20/1979	03/30/2010				PENDING	<a href="#">View Request</a>		
DOE, TESTCASE2008	2008	10/20/1986	06/30/2010				PENDING	<a href="#">View Request</a>	NEW	Need Report

[Closed Requests](#) [Submitted Requests](#) [Open Over 90 Days](#) [Open Payments](#) [ERE Home](#)

# CE Request Details/Upload

Social Security Online		Electronic Records Express	
<a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>		<a href="#">Electronic Records Express Home</a>	<a href="#">User Instructions</a>
DATTAAOTWO Datta <a href="#">Log Out</a>		<b>Access Electronic Requests</b> <a href="#">Send CE Report</a>	
Help Desk: 1-866-691-3061		*** Immediate Response Needed ***	
<b>What's Changed:</b>			
<b>Patient Information:</b>		Patient Name: <b>TESTCASE2001 DOE</b> SSN: <b>XXX-XX-2001</b> DOB: <b>10/20/1979</b>	
<b>Request Information:</b>		Provider Name: <b>DATTAAOTWO Datta</b> Request Type: <b>Consultative Exam</b> Request Date: <b>06/30/2010</b> Requesting Office: <b>WI - Wisconsin DDS [S56]</b> Request ID: <b>REQUESTRX20111222_162327D</b> Disability Examiner: <b>testExaminer</b> CE Appointment Date and Time: <b>07/25/2010 11:24 AM</b> Location: <b>Test</b> <b>1506</b> <b>Woodlawn Drive</b> <b>test</b> <b>maryfield</b> <b>Ellicott MD 21045 - 1121</b> Service Item 1: <b>200 test104</b> Service Item 2: <b>201 test105</b> Service Item 3: <b>202 test106</b>	
<b>Special Instructions:</b>		VAL CE Report Test for ERE Release	
<b>Request Documentation:</b>		<a href="#">Request Letter</a> (Added on 12/22/2011) <a href="#">Authorization To Disclose Information</a> (Added on 12/22/2011) <a href="#">Background MER</a> (Added on 12/22/2011) <a href="#">Supporting Documentation</a> (Added on 12/22/2011)	
<b>Attach and upload files to this response:</b>		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, .xls, .xlsx, .pdf, .rtf, .tif, .tif Please do not upload password-protected files because they cannot be processed. File 1: <input type="text"/> <a href="#">Browse...</a> <a href="#">Clear File 1</a> <a href="#">Add Another File</a>	
<b>Additional Comments:</b> You can type up to three letter size pages (approximately 16,000 characters) of comments.		Comments: <input type="text"/> Characters remaining: 16000	
<b>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.</b>		I am certifying under penalty of perjury, that I have been authorized or contracted by the Disability Determination Services to examine the claimant. The report is accurate. By checking the "I have read and agree to the above" checkbox below, I am certifying that I personally conducted, or personally participated in conducting, the consultative examination and have electronically signed the report contained within. <input type="checkbox"/> <b>I have read and agree to the above.</b>	
<a href="#">Cancel</a>		<a href="#">Prior Page</a> <a href="#">Submit</a>	


# Tracking Information (Site does not do fiscal)

Social Security OnlineElectronic Records Express

www.socialsecurity.govElectronic Records Express HomeUser Instructions

**DATTAOOTWO Datta**  
[Log Out](#)

Help Desk: 1-866-691-3061

**Send CE Report**  
**Tracking Information**

**Thank you for your submission.**

**Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.**

---

**Response Information:**

Tracking Number: **13516BB6C604E043**

Date and Timestamp: **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 Time:	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
<b>Total file size: 26.0 KB</b>	

**Your response was electronically signed.**

[ERE Print](#) [Review Another Request](#) [ERE Home](#)

# Tracking Information (Site does fiscal)

[www.socialsecurity.gov](#)  
**Srihari Padala**  
[Log Out](#)  
Help Desk: 1-866-691-3061



[Send CE Report](#)  
[Tracking Information](#)

**Thank you for your submission.**  
**Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.**

**Response Information:**

Tracking Number: **131AAD2C4D2970D1**  
Date and Timestamp: **08/08/2011 at 03:16 PM EDT**

Patient Name: **Kal Penn**  
SSN: **XXX-XX-4231**  
DOB: **10/20/1982**  
Provider Name: **Srihari Padala**  
Request Type: **Consultative Exam**  
Request Date: **03/28/2010**  
Requesting Office: **XX - DEMO/TESTDDS REL12 [V76]**  
Request ID: **201103091000701001 D**  
Disability Examiner: **testExaminerfiscal**  
CE Appointment Date and Time: **07/05/2010 07:24 PM**  
Location: **TestOne**  
**13 Woods**  
**Apt 15**  
**Columbia**  
**Maryfield**  
**Ellicott, MD 21045-1121**


File Name	File Size
Test.doc	26.0 KB
<b>Total file size:</b>	<b>26.0 KB</b>

**Your response was electronically signed.**


[ERE Print](#) [Request Payment](#) [Review Another Request](#) [ERE Home](#)

# Request Consultative Exam (CE) Payment (eOR)


## Payment Information

Social Security Online		Electronic Records Express	
<a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>	<a href="#">Electronic Records Express Home</a>	<a href="#">User Instructions</a>	
DATTAO0TWO Data		 <b>Request Consultative Exam (CE) Payment</b> Payment Information	
<a href="#">Log Out</a>			
Help Desk: 1-866-691-3061		* Denotes Required Field	
<b>Patient Information:</b>	Patient Name:	TESTCASE2004 DOE	
	SSN:	XXX-XX-2004	
	DOB:	10/20/1985	
<b>Request Information:</b>	Request ID:	REQUESTRX20111219_093348D	
<b>Special Instructions:</b>	Payment SP		
<b>Disability Determination Services (DDS) Billing Office Information:</b>	DDS Address:	DDS Street Add1 156722 DDS Street Add20006722 DDS Street Add30000022 DDS Street Add30000022 DDS City, MD, 21041-1111	
	Phone Number:	(444) 333 - 2222	Ext: 11111
	Fax Number:		
<b>DDS Invoice / Voucher Information:</b>	DDS Invoice/Voucher Number:	12345678900014	
	Legacy System Vendor Code:	A1001001A07E08B32122J0025	
	Legacy Case Number:	6771807	
	Other DDS Number:	A1001001A07E08B32122J04473123456123038	
<b>Provider Information:</b>	First Name :	<input type="text" value="FNMprvdr"/>	
	Middle Name:	<input type="text" value="MNMprvdr"/>	
	Last Name:	<input type="text" value="LNMMprvdr"/>	Suffix <input type="text" value="PRVD"/>
	Title:	<input type="text" value="Provider title"/>	
	Organization Name:	<input type="text" value="Provider organization"/>	
	* Taxpayer ID:	<input type="text" value="1000000000013"/>	
	* Payee Taxpayer ID:	<input type="text" value="1234567891213"/>	
	* Payee Legal Entity Name:	<input type="text" value="Payee check"/>	
	Invoice Number:	<input type="text"/>	
	* State Vendor Code:	<input type="text" value="333333"/>	
	Remit Address:	<input checked="" type="radio"/> Domestic <input type="radio"/> Foreign	
	* Street Address 1:	<input type="text" value="Prvdr RemitAdd1 15722"/>	
	Street Address 2:	<input type="text" value="Prvdr RemitAdd2 15722"/>	
	Street Address 3:	<input type="text" value="Prvdr RemitAdd3 15722"/>	
	Street Address 4:	<input type="text" value="Prvdr RemitAdd4 15722"/>	
	* City:	<input type="text" value="Prvdr Remit City"/>	
	* State:	MD - Maryland	
	* Zip:	21043 - 3333	
	Phone Number:	(111)222-3333	Ext 44444
	Fax Number:	<input type="text"/>	
	* Has the Provider Information changed?	<input type="radio"/> Yes <input type="radio"/> No	
<b>Comments:</b>	<input type="text"/>		
	Characters remaining: 255		
<a href="#">Cancel</a>		<a href="#">Prior Page</a>	<a href="#">Continue</a>

# CE Services Performed

Social Security Online		Electronic Records Express	
<a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>		<a href="#">Electronic Records Express Home</a>	
DATTAOOTWO Datta		<a href="#">User Instructions</a>	
<input type="button" value="Log Out"/>			
Help Desk: 1-866-691-3061		<b>Request Consultative Exam (CE) Payment</b> Services Performed	
		* Denotes Required Field	
<b>Patient Information:</b>	Patient Name:	TESTCASE2004 DOE	
	SSN:	XXX-XX-2004	
	DOB:	10/20/1985	
<b>Services Information:</b>	Authorization Date:	03/18/2010	* Date of Service: <input type="text"/>
	<b>Service Item 1</b>		
	Item Description:	service item 1	
	Item Code:	201	* Item performed?: <input type="radio"/> Yes <input type="radio"/> No
	Authorized Amount:	\$99.99	* Requested Amount: \$ <input type="text"/>
	<b>Service Item 2</b>		
	Item Description:	service item 2	
	Item Code:	202	* Item performed?: <input type="radio"/> Yes <input type="radio"/> No
	Authorized Amount:	\$125.00	* Requested Amount: \$ <input type="text"/>
	<b>Service Item 3</b>		
	Item Description:	service item 3	
	Item Code:	203	* Item performed?: <input type="radio"/> Yes <input type="radio"/> No
	Authorized Amount:	\$0.22	* Requested Amount: \$ <input type="text"/>
	Total Authorized:	\$225.21	Total Requested: \$0.00
	* Were additional service items performed? <input type="radio"/> Yes <input type="radio"/> No		
<input type="button" value="Cancel"/>		<input type="button" value="Prior Page"/>	<input type="button" value="Continue"/>

# Additional Services


Social Security Online		Electronic Records Express	
<a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>		<a href="#">Electronic Records Express Home</a>	
DATTAOOTWO Datta		<a href="#">User Instructions</a>	
<input type="button" value="Log Out"/>			
Help Desk: 1-866-691-3061		<b>Request Consultative Exam (CE) Payment</b>	
		<b>Additional Services</b>	
		* Denotes Required Field	
<b>Patient Information:</b>	Patient Name:	TESTCASE2004 DOE	
	SSN:	XXX-XX-2004	
	DOB:	10/20/1985	
<b>Additional Services Information:</b>	A maximum of 5 additional service items can be added.		
	<b>Additional Service Item 1</b>		
	* Item Description:	<input type="text"/>	
		Characters remaining: 255	
	Item Code:	<input type="text"/>	
	* Requested Amount: \$	<input type="text"/>	
	* Authorized By:	<input type="text"/>	
	* When Authorized (30 char max):	<input type="text"/>	
	<input type="button" value="Clear Additional Service Item 1"/>	<input type="button" value="Add Another Service Item"/>	
	Additional Requested Total:	<b>\$0.00</b>	
	Services Performed Total:	<b>\$666.00</b>	
	Total Payment Requested:	<b>\$666.00</b>	
	<input type="button" value="Cancel"/>	<input type="button" value="Prior Page"/>	<input type="button" value="Continue"/>



# Payment Information Summary

Social Security Online		Electronic Records Express																																																																	
<a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a> DATTAAOOTWO Datta <input type="button" value="Log Out"/>	<a href="#">Electronic Records Express Home</a>	<a href="#">User Instructions</a>																																																																	
<b>Request Consultative Exam (CE) Payment</b> <b>Payment Information Summary</b>																																																																			
Help Desk: 1-866-691-3061																																																																			
Before final submission please carefully review the information below. To make changes to any sections of information, select the "Edit" button.																																																																			
<b>Patient Information:</b>	Patient Name: <b>TESTCASE2004 DOE</b> SSN: <b>XXX-XX-2004</b> DOB: <b>10/20/1985</b>																																																																		
<b>Provider Information:</b>	<table border="0"> <tr> <td>Name:</td> <td colspan="2">FNMprvdr MNMprvdr LNMMprvdr PRVD</td> </tr> <tr> <td>Title:</td> <td colspan="2">Provider title</td> </tr> <tr> <td>Organization Name:</td> <td colspan="2">Provider organization</td> </tr> <tr> <td>Invoice Number:</td> <td colspan="2"></td> </tr> <tr> <td>Taxpayer ID:</td> <td colspan="2">1000000000013</td> </tr> <tr> <td>Payee Taxpayer ID:</td> <td colspan="2">1234567891213</td> </tr> <tr> <td>Payee Legal Entity Name:</td> <td colspan="2">Payee check</td> </tr> <tr> <td>State Vendor Code:</td> <td colspan="2">333333</td> </tr> <tr> <td>Remit Address:</td> <td colspan="2">Prvdr Remit Add1 15722</td> </tr> <tr> <td></td> <td colspan="2">Prvdr Remit Add2 15722</td> </tr> <tr> <td></td> <td colspan="2">Prvdr Remit Add3 15722</td> </tr> <tr> <td></td> <td colspan="2">Prvdr Remit Add4 15722</td> </tr> <tr> <td>City, State, Zip:</td> <td colspan="2">Prvdr Remit City, MD 21043-3333</td> </tr> <tr> <td>Phone Number:</td> <td>(111) 222 - 3333</td> <td>Ext: 44444</td> </tr> <tr> <td>Comments:</td> <td colspan="2"></td> </tr> <tr> <td>Has the Provider Information changed?</td> <td colspan="2">No</td> </tr> </table> <input type="button" value="Edit Provider Information"/>			Name:	FNMprvdr MNMprvdr LNMMprvdr PRVD		Title:	Provider title		Organization Name:	Provider organization		Invoice Number:			Taxpayer ID:	1000000000013		Payee Taxpayer ID:	1234567891213		Payee Legal Entity Name:	Payee check		State Vendor Code:	333333		Remit Address:	Prvdr Remit Add1 15722			Prvdr Remit Add2 15722			Prvdr Remit Add3 15722			Prvdr Remit Add4 15722		City, State, Zip:	Prvdr Remit City, MD 21043-3333		Phone Number:	(111) 222 - 3333	Ext: 44444	Comments:			Has the Provider Information changed?	No																	
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State Vendor Code:	333333																																																																		
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Comments:																																																																			
Has the Provider Information changed?	No																																																																		
<b>Service Information:</b>	<table border="0"> <tr> <td>Authorization Date:</td> <td>03/18/2010</td> <td>Date of Service:</td> <td>11/11/2011</td> </tr> </table> <p><b>Service Item 1:</b></p> <table border="0"> <tr> <td>Item Description:</td> <td colspan="3">service item 1</td> </tr> <tr> <td>Item Code:</td> <td colspan="3">201</td> </tr> <tr> <td>Was This Item Performed?</td> <td colspan="3">Yes</td> </tr> <tr> <td>Authorized Amount:</td> <td colspan="3">\$99.99</td> </tr> <tr> <td>Requested Amount:</td> <td colspan="3">\$111.00</td> </tr> </table> <p><b>Service Item 2:</b></p> <table border="0"> <tr> <td>Item Description:</td> <td colspan="3">service item 2</td> </tr> <tr> <td>Item Code:</td> <td colspan="3">202</td> </tr> <tr> <td>Was This Item Performed?</td> <td colspan="3">Yes</td> </tr> <tr> <td>Authorized Amount:</td> <td colspan="3">\$125.00</td> </tr> <tr> <td>Requested Amount:</td> <td colspan="3">\$222.00</td> </tr> </table> <p><b>Service Item 3:</b></p> <table border="0"> <tr> <td>Item Description:</td> <td colspan="3">service item 3</td> </tr> <tr> <td>Item Code:</td> <td colspan="3">203</td> </tr> <tr> <td>Was This Item Performed?</td> <td colspan="3">Yes</td> </tr> <tr> <td>Authorized Amount:</td> <td colspan="3">\$.22</td> </tr> <tr> <td>Requested Amount:</td> <td colspan="3">\$333.00</td> </tr> </table> <input type="button" value="Edit Service Information"/>			Authorization Date:	03/18/2010	Date of Service:	11/11/2011	Item Description:	service item 1			Item Code:	201			Was This Item Performed?	Yes			Authorized Amount:	\$99.99			Requested Amount:	\$111.00			Item Description:	service item 2			Item Code:	202			Was This Item Performed?	Yes			Authorized Amount:	\$125.00			Requested Amount:	\$222.00			Item Description:	service item 3			Item Code:	203			Was This Item Performed?	Yes			Authorized Amount:	\$.22			Requested Amount:	\$333.00		
Authorization Date:	03/18/2010	Date of Service:	11/11/2011																																																																
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Item Code:	203																																																																		
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Authorized Amount:	\$.22																																																																		
Requested Amount:	\$333.00																																																																		
<b>Additional Services:</b>	<table border="0"> <tr> <td colspan="4"><b>Additional Service Item 1:</b></td> </tr> <tr> <td>Item Description:</td> <td colspan="3">cvxv</td> </tr> <tr> <td>Item Code:</td> <td>Requested Amount:</td> <td colspan="2">\$1.00</td> </tr> <tr> <td>Authorized By:</td> <td colspan="3">me</td> </tr> <tr> <td>When Authorized:</td> <td colspan="3">today</td> </tr> </table> <input type="button" value="Edit Additional Services"/>			<b>Additional Service Item 1:</b>				Item Description:	cvxv			Item Code:	Requested Amount:	\$1.00		Authorized By:	me			When Authorized:	today																																														
<b>Additional Service Item 1:</b>																																																																			
Item Description:	cvxv																																																																		
Item Code:	Requested Amount:	\$1.00																																																																	
Authorized By:	me																																																																		
When Authorized:	today																																																																		
<b>Totals:</b>	Authorized:	\$225.21	Requested: \$667.00																																																																
		<input type="button" value="Cancel"/>	<input type="button" value="Continue"/>																																																																

# Attach and Upload Invoices


Social Security Online		Electronic Records Express	
<a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>		<a href="#">Electronic Records Express Home</a>	
<a href="#">User Instructions</a>			
DATTAOOTWO Datta <a href="#">Log Out</a>		 <b>Request Consultative Exam (CE) Payment</b> Attach and Upload Invoices	
Help Desk: 1-866-691-3061			
<b>Patient Information:</b>	Patient Name: <b>TESTCASE2004 DOE</b>		
	SSN: <b>XXX-XX-2004</b>		
	DOB: <b>10/20/1985</b>		
<b>Invoice Types:</b>	<b>Select the type of invoice(s) you want to upload.</b> <input type="radio"/> Invoice from DDS <input type="radio"/> Invoice from Provider <input type="radio"/> Both		
<b>Upload Invoice(s):</b>	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, .txt, .xls, .xlsx, .pdf, .rtf, .tiff, .tif Please do not upload password-protected invoices because they cannot be processed.		
	Invoice 1: <input type="text"/> <a href="#">Browse...</a> <a href="#">Clear Invoice 1</a>		
	<a href="#">Add Another Invoice</a>		
<b>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.</b>	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 electronically sign the invoice contained within.		
	<input type="checkbox"/> <b>I have read and agree to the above.</b>		
	<a href="#">Cancel</a>	<a href="#">Prior Page</a>	<a href="#">Submit</a>

# CE Response/Payment Request Tracking Information


Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home	
DATTAO0TWO Data		Request Consultative Exam (CE) Payment	
Log Out		Payment Request Tracking Information	
Help Desk: 1-866-691-3061		<p><b>Thank you for your submission.</b></p> <p><b>Please retain your tracking number(s) in case there are errors or problems that prevent us from processing your submission.</b></p>	
<b>Payment Request Information:</b>			
Tracking Number:	1351143079A352C9		
Date and Timestamp:	01/24/2012 at 02:48 PM EST		
Patient Name:	TESTCASE2004 NONAME DOE		
SSN:	XXX-XX-2004		
DOB:	10/20/1985		
Provider Name:	FNMprvdr MNMprvdr LNMMprvdr PRVD		
Request Type:	Consultative Exam		
Request Date:	03/18/2010		
Requesting Office:	CO - Colorado DDS [S07]		
Request ID:	20111221131644_205420		
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		
Other DDS Number:	A1001001A07E08B32122J04473123456123038		
Title:	Provider title		
Organization Name:	Provider organization		
Invoice Number:			
Taxpayer ID:	100000000013		
Payee Taxpayer ID:	1234567891213		
Payee Legal Entity Name:	Payee check		
State Vendor Code:	333333		
Remit Address:	Prvdr Remit Add1 15722 Prvdr Remit Add2 15722 Prvdr Remit Add3 15722 Prvdr Remit Add4 15722 Prvdr Remit City, MD 21043-3333		
Phone Number:	(111) 222 - 3333		Ext: 44444
Has the Provider Information changed?	No		
Authorization Date:	03/18/2010	Date of Service:	11/11/2011
<b>Service Item 1:</b>			
Item Description:	service item 1		
Item Code:	201		
Was This Item Performed?	Yes		
Authorized Amount:	\$99.99		
Requested Amount:	\$111.00		
<b>Service Item 2:</b>			
Item Description:	service item 2		
Item Code:	202		
Was This Item Performed?	Yes		
Authorized Amount:	\$125.00		
Requested Amount:	\$222.00		
<b>Service Item 3:</b>			
Item Description:	service item 3		
Item Code:	203		
Was This Item Performed?	Yes		
Authorized Amount:	\$.22		
Requested Amount:	\$333.00		
<b>Additional Service Item 1:</b>			
Item Description:	cvxx		
Item Code:	Requested Amount:	\$1.00	
Authorized By:	me		
When Authorized:	today		
<b>Invoice File Name</b>		<b>Invoice File Size</b>	
508.doc		26.0 KB	
Total file size:		26.0 KB	
Invoice Types: Invoice from DDS			
Your payment request was electronically signed.			
<a href="#">ERE Print</a>   <a href="#">Request Another Payment</a>   <a href="#">ERE Home</a>			

# Request Medical Evidence of Record Payment (eOR)


## Payment Information

Social Security Online		Electronic Records Express		User Instructions	
<a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>		<a href="#">Electronic Records Express Home</a>			
DATTAO0TWO Datta <a href="#">Log Out</a>		 <b>Request Medical Evidence of Record Payment</b> Payment Information			
Help Desk: 1-866-691-3061		* Denotes Required Field			
<b>Patient Information:</b>	Patient Name:	TESTCASE2008 DOE			
	SSN:	XXX-XX-2008			
	DOB:	10/20/1986			
<b>Request Information:</b>	Request ID:	REQUESTRX20111222_162253D			
	Date of Request:	06/30/2010			
<b>Special Instructions:</b>	Payment MER test				
<b>Disability Determination Services (DDS) Billing Office Information:</b>	DDS Address:	1506 Woodlawn drive test Apt baltimore Baltimore, MD, 21044-1210			
	Phone Number:	(443) 348 - 1735	Ext:	348	
	Fax Number:	(443) 496 - 1735			
<b>DDS Invoice / Voucher Information:</b>	DDS Invoice/Voucher Number:	1326			
	Legacy System Vendor Code:	A12346			
	Legacy Case Number:	677182			
	Other DDS Number:	DDS9803			
<b>Provider Information:</b>	First Name :	<input type="text" value="ERETest"/>			
	Middle Name:	<input type="text" value="test"/>			
	Last Name:	<input type="text" value="test"/>	Suffix	<input type="text" value="ERE"/>	
	Title:	<input type="text" value="Mr"/>			
	Organization Name:	<input type="text" value="TestOrg"/>			
	* Taxpayer ID:	<input type="text" value="113457"/>			
	* Payee Taxpayer ID:	<input type="text" value="123456"/>			
	* Payee Legal Entity Name:	<input type="text" value="ERE0231Test2"/>			
	Invoice Number:	<input type="text"/>			
	* State Vendor Code:	<input type="text" value="123456"/>			
	Remit Address:	<input checked="" type="radio"/> Domestic <input type="radio"/> Foreign			
	* Street Address 1:	<input type="text" value="1506 Woodlawn Dr"/>			
	Street Address 2:	<input type="text" value="testing"/>			
	Street Address 3:	<input type="text" value="test area"/>			
	Street Address 4:	<input type="text" value="test4"/>			
	* City:	<input type="text" value="Baltimore"/>			
	* State:	MD - Maryland			
	* Zip:	21044 - 1211			
	Phone Number:	(443)497-1735	Ext	348	
	* Has the Provider Information changed?	<input type="radio"/> Yes <input type="radio"/> No			
<b>Payment Information:</b>	* Payment Requested Amount:	\$ <input type="text"/>	Page Count:	<input type="text"/>	
	* Were records photocopied?	<input type="radio"/> Yes <input type="radio"/> No			
<b>Comments:</b>	<input type="text"/>				
	Characters remaining: 255				
	<a href="#">Cancel</a>				<a href="#">Continue</a>

# Attach and Upload Invoice

Social Security Online		Electronic Records Express	
<a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>		<a href="#">Electronic Records Express Home</a>	
<a href="#">DATTAAOOTW0 Data</a>		<a href="#">User Instructions</a>	
<a href="#">Log Out</a>			
Help Desk: 1-866-691-3061		<b>Request Medical Evidence of Record Payment</b> <b>Attach and Upload Invoices</b>	
<b>Patient Information:</b>	Patient Name: <b>TESTCASE2008 DOE</b>		
	SSN: <b>XXX-XX-2008</b>		
	DOB: <b>10/20/1986</b>		
<b>Invoice Types:</b>	<b>Select the type of invoice(s) you want to upload.</b>		
	<input type="radio"/> Invoice from DDS		
	<input type="radio"/> Invoice from Provider		
	<input type="radio"/> Both		
<b>Upload Invoice(s):</b>	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, .txt, .xls, .xlsx, .pdf, .rtf, .tiff, .tif Please do not upload password-protected invoices because they cannot be processed.		
	Invoice 1:	<input type="text"/>	<a href="#">Browse...</a>
			<a href="#">Clear Invoice 1</a>
	<a href="#">Add Another Invoice</a>		
<b>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.</b>	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 <b>"I have read and agree to the above"</b> checkbox below, I am certifying that I electronically sign the invoice contained within.		
	<input type="checkbox"/> <b>I have read and agree to the above.</b>		
	<a href="#">Cancel</a>	<a href="#">Prior Page</a>	<a href="#">Submit</a>

# Payment Information Summary

Social Security Online		Electronic Records Express	
<a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>		<a href="#">Electronic Records Express Home</a>	
<a href="#">User Instructions</a>			
DATTAO0TWO Datta			
<input type="button" value="Log Out"/>		<b>Request Medical Evidence of Record Payment</b>	
Help Desk: 1-866-691-3061		<b>Payment Information Summary</b>	
Before final submission please carefully review the information below. To make changes to any sections of information, select the "Edit" button.			
<b>Patient Information:</b>	Patient Name:	TESTCASE2008 DOE	
	SSN:	XXX-XX-2008	
	DOB:	10/20/1986	
<b>Provider Information:</b>	Name:	ERETest test test ERE	
	Title:	Mr	
	Organization Name:	TestOrg	
	Invoice Number:		
	Taxpayer ID:	113457	
	Payee Taxpayer ID:	123456	
	Payee Legal Entity Name:	ERE0231Test2	
	State Vendor Code:	123456	
	Remit Address:	1506 Woodlawn Dr testing test area test4	
	City, State, Zip:	Baltimore, MD 21044-1211	
	Phone Number:	(443) 497 - 1735	
	Comments:	Ext: 348	
	Has the Provider Information changed?	No	
	<input type="button" value="Edit Provider Information"/>		
<b>Payment Information:</b>	Payment Requested Amount:	\$1.00	
	Page Count:	Were records photocopied?	No
	<input type="button" value="Edit Payment Information"/>		
	<input type="button" value="Cancel"/>		<input type="button" value="Continue"/>

# Response and Payment Tracking Information

www.socialsecurity.gov  
 DATTACOTWO Datta  
[Log Out](#)

Electronic Records Express Home  
**Request Medical Evidence of Record Payment**  
 Response and Payment Request Tracking Information

Help Desk: 1-866-691-3061

**Thank you for your submission.**

**Please retain your tracking number(s) in case there are errors or problems that prevent us from processing your submission.**

Patient Name:	TESTCASE2008 DOE
SSN:	XXX-XX-2008
DOB:	10/20/1986
Provider Name:	ERETest test test ERE
Request Type:	Evidence Request
Request Date:	06/30/2010
Requesting Office:	WI - Wisconsin DDS [S56]
Request ID:	20111222162311_205668
Disability Examiner:	testExaminer
Location:	

**Response Information:**

Tracking Number:	13511894A061D092								
Date and Timestamp:	01/24/2012 at 04:05 PM EST								
<table border="1"> <thead> <tr> <th>File Name</th> <th>File Size</th> </tr> </thead> <tbody> <tr> <td>508.doc</td> <td>26.0 KB</td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>Total file size:</b></td> </tr> <tr> <td></td> <td><b>26.0 KB</b></td> </tr> </tbody> </table>		File Name	File Size	508.doc	26.0 KB	<b>Total file size:</b>			<b>26.0 KB</b>
File Name	File Size								
508.doc	26.0 KB								
<b>Total file size:</b>									
	<b>26.0 KB</b>								

**Your response was electronically signed.**

**Payment Request Information:**

Tracking Number:	135118BFF41003D4								
Date and Timestamp:	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								
Invoice Number:									
Taxpayer ID:	113457								
Payee Taxpayer ID:	123456								
Payee Legal Entity Name:	ERE0231 Test2								
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? <b>No</b>								
<table border="1"> <thead> <tr> <th>Invoice File Name</th> <th>Invoice File Size</th> </tr> </thead> <tbody> <tr> <td>508.doc</td> <td>26.0 KB</td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>Total file size:</b></td> </tr> <tr> <td></td> <td><b>26.0 KB</b></td> </tr> </tbody> </table>		Invoice File Name	Invoice File Size	508.doc	26.0 KB	<b>Total file size:</b>			<b>26.0 KB</b>
Invoice File Name	Invoice File Size								
508.doc	26.0 KB								
<b>Total file size:</b>									
	<b>26.0 KB</b>								
<b>Invoice Types: Invoice from DDS</b>									
<b>Your payment request was electronically signed.</b>									

[ERE Print](#) [Request Another Payment](#) [ERE Home](#)

## Access Provider's Electronic Payment Requests

### View Provider's Electronic Requests – Open Requests

Social Security Online **Electronic Records Express**

[www.socialsecurity.gov](http://www.socialsecurity.gov) [Electronic Records Express Home](#) [User Instructions](#)

Rachel Public

Help Desk: 1-866-691-3061

**Select Provider:**

Provider:

This page shows your open electronic requests, if any, sent to you from a Disability Service Center to the provider you selected above. Select the "View Request" or "View Payment" link next to each request to review the latest details and respond or take other action on it.

You may select a column header to sort the displayed information by that column in ascending or descending order.

▲ Patient Name	Last 4 of SSN	DOB	Request Date	Appt Date and Time	Location	Follow-Up	Request Status	Response Request	Payment Status	Payment Request
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, 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, Janet	0001	10/20/1986	05/04/2010				NEW		NEW	Need Report

### View Provider's Electronic Requests – Submitted Requests

Social Security Online **Electronic Records Express**

[www.socialsecurity.gov](http://www.socialsecurity.gov) [Electronic Records Express Home](#) [User Instructions](#)

Srihari Padala

Help Desk: 1-866-691-3061

**Select Provider:**

Provider:

This page shows your submitted electronic requests, if any, sent to you from a Disability Service Center to the provider you selected above. Select the "View Request" or "View Payment" link next to each request to review the latest details and respond or take other action on it.

You may select a column header to sort the displayed information by that column in ascending or descending order.


▲ 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	<a href="#">View Request</a>		



# Electronic Request Details

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

# Prepare CE Report for Provider (eOR)

<b>Social Security Online</b>		<b>Electronic Records Express</b>	
<a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>		<a href="#">Electronic Records Express Home</a>	<a href="#">User Instructions</a>
<a href="#">CE Admin and MER Billing Admin</a> <a href="#">Log Out</a>		 <b>Access Provider's Electronic Requests</b> <b>Prepare CE Report for Provider</b>	
Help Desk: 1-866-691-3061		<b>*** Immediate Response Needed ***</b>	
<b>What's Changed:</b>			
<b>CE Report Information:</b>		Reviewing Provider: <b>Pro with BC, MERCE</b>	
<b>Patient Information:</b>		Name: <b>John Ditto</b> SSN: <b>XXX-XX-0001</b> DOB: <b>10/20/2006</b>	
<b>Request Information:</b>		Provider Name: <b>Pro with BC, MERCE</b> Request Type: <b>Consultative Exam</b> Request Date: <b>05/01/2009</b> Requesting Office: <b>NE - Lincoln DDS [S30]</b> Request ID: <b>20090615DREW_018 D</b> Disability Examiner: CE Appointment Date and Time: Location:	
<b>Special Instructions:</b>			
<b>Request Documentation:</b>		<a href="#">Request Letter</a> (Added on 06/15/2009) <a href="#">Authorization To Disclose Information</a> (Added on 06/15/2009) <a href="#">Supporting Documentation</a> (Added on 06/15/2009) <a href="#">Supporting Documentation</a> (Added on 06/15/2009)	
<b>Attach and upload files to this response:</b>		A maximum of 8 files can be added and all files must total less than 50MB. File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .midi, .txt, .rtf, .xls, .xlsx, .pdf, .tiff, .tif Please do not upload password-protected files because they cannot be processed. File 1: <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear File 1"/> <input type="button" value="Add Another File"/>	
<b>Additional Comments:</b> You can type up to three letter size pages (approximately 16,000 characters) of comments.		Comments: <input type="text"/> Characters remaining: 16000	
<b>Verify the above information before sending this CE Report to the provider.</b>			
<input type="button" value="Cancel"/>		<input type="button" value="Prior Page"/>	<input type="button" value="Send to Provider"/>


# Tracking Information

Social Security OnlineElectronic Records Express

www.socialsecurity.govElectronic Records Express HomeUser Instructions

ilavazhagan ramachandran  
[Log Out](#)

Help Desk: 1-866-691-3061



**Prepare CE Report for Provider**  
**Tracking Information**

**Thank you for your submission.**

**Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.**

---

**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 Time: **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
<b>Total file size:</b>	<b>26.0 KB</b>

[ERE Print](#) [Review Another Request](#) [ERE Home](#)

# Send Transcription Report to Doctor

## Destination and File Attachment

Social Security Online **Electronic Records Express** [www.socialsecurity.gov](#) [Electronic Records Express Home](#) [User Instructions](#)

Jane Public [Log Out](#)

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, .txt, .xls, .xlsx, .pdf, .tiff, .tif

File 1:  [Browse...](#) [Clear File 1](#)

[Add Another File](#)

[Cancel](#) [Submit](#)

## Tracking Information

Social Security Online **Electronic Records Express** [www.socialsecurity.gov](#) [Electronic Records Express Home](#) [User Instructions](#)

Jane Public [Log Out](#)

Help Desk: 1-866-691-3061

**Send Transcription Report To Provider**  
**Tracking Information**

**Thank you for your submission.**

**Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.**

Tracking Number: **1314E59DA8019AB7**

Date and Timestamp: **07/21/2011 at 04:18 EDT**

Provider: **Doe, John**

Destination: **XX - DEMO/TESTDDS REL12 [V76]**

File Name	File Size
Test.doc	26.0 KB
<b>Total file size:</b>	<b>26.0 KB</b>

[ERE Print](#) [Send Another Report](#) [ERE Home](#)

# Pickup Transcription Report

## Inbox Folder

Social Security Online **Electronic Records Express** [User Instructions](#)

[www.socialsecurity.gov](#) [Electronic Records Express Home](#)

**Amanda Hebert**  Pickup Transcription Reports  
Inbox Folder

Log Out

Help Desk: 1-866-691-3061

**View Folders:**  
[Inbox](#) (5)  
[Trash](#) (0)

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	
<input type="checkbox"/> <a href="#">TranscribedMedicalReport.doc</a>	7/5/07 11:42:32 AM	<input type="button" value="Open"/>
<input type="checkbox"/> <a href="#">TranscribedMedicalReport.doc</a>	7/5/07 11:42:32 AM	<input type="button" value="Open"/>
<input type="checkbox"/> <a href="#">TranscribedMedicalReport.doc</a>	7/5/07 11:42:32 AM	<input type="button" value="Open"/>
<input type="checkbox"/> <a href="#">TranscribedMedicalReport.doc</a>	7/5/07 11:42:31 AM	<input type="button" value="Open"/>
<input type="checkbox"/> <a href="#">TranscribedMedicalReport.doc</a>	7/5/07 11:37:39 AM	<input type="button" value="Open"/>

Items 1 - 5 of 5  
Items per page: [5](#) [10](#) [25](#) [50](#) [100](#)

## Trash Folder

Social Security Online **Electronic Records Express** [User Instructions](#)

[www.socialsecurity.gov](#) [Electronic Records Express Home](#)

**Amanda Hebert**  Pickup Transcription Reports  
Trash Folder

Log Out

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	
<input type="checkbox"/> <a href="#">TranscribedMedicalReport.doc</a>	7/5/07 11:42:32 AM	<input type="button" value="Open"/>
<input type="checkbox"/> <a href="#">TranscribedMedicalReport.doc</a>	7/5/07 11:42:32 AM	<input type="button" value="Open"/>

Items 1 - 2 of 2  
Items per page: [5](#) [10](#) [25](#) [50](#) [100](#)

# Payment Request Services

## Submit Payment Request

### Evidence/CE Request Information

Social Security Online		Electronic Records Express	
<a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>		<a href="#">Electronic Records Express Home</a>	
DATTAO0TWO Datta		<a href="#">User Instructions</a>	
<a href="#">Log Out</a>			
Help Desk: 1-866-691-3061		<b>Submit Payment Request</b> Destination and Request Information	
<b>Is this payment request for a Consultative Exam?</b>		<input type="radio"/> Yes <input type="radio"/> No	
<b>Enter 3 character site code or select state and destination:</b>		Site code: <input type="text"/> <b>OR</b> State: <input type="text" value="[Select]"/> <a href="#">Can't find your site?</a>	
		Destination: <input type="text" value="[Select Destination]"/>	
<b>Enter the following information from the request letter or barcode:</b>		SSN: <input type="text"/>	
		RQID (Request ID): <input type="text"/>	
		RF (Routing Field): <input type="radio"/> P <input type="radio"/> D or blank <input type="radio"/> No RF or No Barcode	
		DR: <input type="radio"/> F <input type="radio"/> S <input type="radio"/> No DR or No Barcode	
		CS: <input type="text"/> <small>(enter only if applicable)</small>	
		<a href="#">Cancel</a> <span style="float: right;"><a href="#">Continue</a></span>	

# Attach and Upload Invoice

Social Security Online
Electronic Records Express

---

www.socialsecurity.gov
Electronic Records Express Home
User Instructions

DATTAOOTWO Datta

[Log Out](#)

Help Desk: 1-866-691-3061

## Submit Payment Request

### Attach and Upload Invoices

**Destination and request summary:**

Destination: <b>AK - Alaska DDS [S02]</b>	SSN: <b>111-11-1111</b>
RQID: <b>222222222222</b>	RF: <b>P</b>
DR: <b>F</b>	CS:

[Edit Summary](#)

**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, .xls, .xlsx, .pdf, .tiff, .tif

Please do not upload password-protected invoices because they cannot be processed.

Invoice 1:  [Browse...](#)

[Clear Invoice 1](#)

[Add Another Invoice](#)

**Additional Comments:**

You can type up to three letter size pages (approximately 16,000 characters) of comments.

Characters remaining: 16000

[Cancel](#)
[Prior Page](#)
[Submit](#)

# Payment Request Tracking Information

Social Security Online
Electronic Records Express

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www.socialsecurity.gov
Electronic Records Express Home
User Instructions

DATTAOOTWO Datta

[Log Out](#)

Help Desk: 1-866-691-3061

## Submit Payment Request

### Payment Request Tracking Information

**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:	1351158A03478539
Date and Timestamp:	01/24/2012 at 03:11 PM EST
Destination: <b>AK - Alaska DDS [S02]</b>	SSN: <b>111-11-1111</b>
RQID: <b>22222222222222222222</b>	RF: <b>P</b>
DR: <b>F</b>	CS:

Invoice File Name	Invoice File Size
508.doc	26.0 KB
<b>Total file size: 26.0 KB</b>	

**Invoice Types: Invoice from DDS**

[ERE Print](#)
[Submit 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 submit files that do not pass our front end checks for any function .**

Social Security Online **Electronic Records Express** [User Instructions](#)

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DATTAOOTWO Datta  **Send Response for Individual Case**  
**Submission Failure**

[Log Out](#)

Help Desk: 1-866-691-3061

Your submission was **NOT** successfully transmitted. **NO** files were sent.

The following problem(s) occurred with the file submission:

- zerobyte.txt is an empty file.


Patient Name: **TESTCASE2005 DOE**  
SSN: **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: **REQUESTRX20111222\_161714D**

File Name	File Size
zerobyte.txt	0.0 KB
<b>Total file size:</b>	<b>0.0 KB</b>

[Try Again](#) [Review Another Request](#) [ERE Home](#)



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## Internet Privacy Policy


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### Our Commitment To You

As a Federal agency, the Privacy Act of 1974 (5 U.S.C. § 552a) requires us to protect the information we collect from you. We respect your right to privacy and will protect it when you visit our website. We have always treated the privacy of our customers with utmost importance. In fact, we wrote our first regulation to ensure your privacy. You may have access to any of the information we collect about you at this site and we will correct any errors you may find. Our regulation subsection 401.40 provides information on how to get information about you and subsection 401.65 provides information on how to correct information about you.

The Privacy Policy below explains our online information practices. This policy applies only to the information we collect from you over the Internet. This policy does not apply to third-party websites that you are able to reach from our website, nor does it cover other information collection practices within the Social Security Administration. For more information about our privacy practices, please visit our privacy and disclosure webpage.



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#### Our Use Of Web Measurement And Customization Technologies

In order to optimize your experience and provide statistically accurate data about how you use our web site, we use web measurement and customization technologies. These technologies are commonly known as "cookies," but may include other technologies. We have no plans to implement any other such technology, but will continually review any potential future uses of cookies or other technologies and revise this policy as needed.

When we use such technologies, a small piece of text is sent to your computer along with the web page when you visit a site. No other web site can access the cookie we set, your computer will share the information in the cookie only with the computer that sent it.

There are three "tiers" of these web measurement and customization technologies, as established by the Office of Management and Budget:

- Tier 1 – Single session. This technology "remembers" the online interactions within a single session or visit to a single web site; they let our server know that a person is continuing a visit to our site and connect the person's activities for analysis. Any information related to a particular visit to the web site is deleted from the person's computer immediately after the session ends.
- Tier 2 – Multi-session without personally identifiable information (PII). This type of technology notices when a person returns to a web site and remembers his or her online interactions and preferences across multiple sessions, typically for the purpose of web analytics, but also for customizing people's online experience.
- Tier 3 – Multi-session with PII. This type of cookie is the same as Tier 2, but back-end web site programming ties it to people's PII. We do not, and have no plan to, use Tier 3 cookies.

#### 1. The purpose of the web measurement and customization technology

We can provide a better experience for you if we understand how you use the site. To this end, we use Tier 1 technology when you transact business on line with us, such as applying for benefits or changing your address. We store this "session cookie" on your computer only during your visit. The session cookie keeps you and us from losing information you have entered during a business transaction with us. Once you exit our application, your computer deletes the cookie from your computer. When you partially complete one of our on-line applications, we provide you with a secure means of returning to your application that does not use any web measurement technology.

We use Tier 2 technology to help us analyze site use by identifying you as a new or returning visitor; this does nothing other than distinguish whether you have been to our site before. Our web measurement applications compare the behavior of new and returning visitors in the aggregate to help us identify work flows and trends and also resolve common problems on our site. We do not use this technology to identify you or any other person.

We use Tier 2 technology on our Open Government page hosted by IdeaScale to make your login easier; prevent anonymous abuse of the service, and ensure fair voting. We also maintain pages on Facebook and YouTube, both of which use Tier 2 technology. We will update our policy as necessary should we extend our use of these technologies in other similar services.

In the future, we plan to make it possible for you to customize your online experience with us by saving your website preferences. While we are not presently offering such an option, Tier 2 technology is the usual way of providing for such a service.

#### 2. The usage tier, session type, and technology used

We implement Tier 1 (Single session) and Tier 2 (Multi-session without PII) technologies using the text-based "cookie" technology.

#### 3. The nature of the information collected

We collect information to distinguish between new and returning visitors and track aggregate visitor participation in surveys, outreach, or public interaction.

#### 4. The purpose and use of the information

We collect this information to optimize your experience on our website and to collect statistically accurate data about your use of our web-site.

#### 5. Whether and to whom we will disclose the information

We use the information we collect using these technologies only for SSA program purposes, and disclose only to SSA employees or contractors for those program purposes.

#### 6. The privacy safeguards applied to the information

We will comply with all applicable statutes and policies in regards to protecting the privacy and security of information we collect using a web measurement or customization technology. A listing of Privacy Impact Assessments for our electronic systems and collections, including those utilizing web measurement and customization technologies, are located at <http://www.socialsecurity.gov/foia/assessing.htm>.

#### 7. The data retention policy for the information

We will retain data the technology makes available only as long as required by law, or specific program need as specified by the National Archives and Records Administration's General Records Schedule 20, which pertains to Electronic Records or other approved records schedule as applicable.

#### 8. Whether we enable the technology by default or not and why

In order to optimize your experience and provide statistically accurate data about use of our web-site, the technologies we describe above are enabled by default. We will review any future additional use of these technologies and change this policy statement accordingly before implementing additional uses of the technologies.

#### 9. How to opt-out of the web measurement and/or customization technology

You can remove or block the use of web measurement and customization technologies by changing the setting of your browser to block cookies as described at [http://www.usa.gov/optout\\_instructions.shtml](http://www.usa.gov/optout_instructions.shtml).

#### 10. Statement that opting-out still permits users to access comparable information or services

Should you choose to opt-out, we will always make comparable information or services available to you. You should be aware that changing the settings in your browser to block cookies will affect your interactions with any other web sites that use cookies.

#### 11. The identities of all third-party vendors involved in the measurement and customization process

We currently use Tier 2 technology on our Open Government page hosted by IdeaScale, as well as on our YouTube and Facebook pages. There are a number of Tier 1 technologies used by SSA. WebTrends is a web-based reporting tool for our internet and intranet applications and informational pages activities. Our WebTrends data collection is purely internal to SSA's computers; the data collected is not shared with, or stored on, WebTrends' servers. WebSphere is a similar tool that tracks a user's session within an application. TruS is an application that keeps track of the authenticated user and maintains a user's session on the firewall.

- Other Information We May Collect
- Why We Collect Personal Information
- Sharing Your Information
- How We Use Your Personal Information
- COPPA
- Security
- Email
- Visiting Other Websites
- Social Media Sites

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Website Policies

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USA.gov  
Benefits.gov  
Matters.gov  
E-Readiness.gov  
Regulations.gov

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The screenshot shows the Social Security Online Business Services Online (BSO) Security Policy page. The page header includes "Social Security Online" and "www.socialsecurity.gov". The main navigation bar contains "Home", "FAQs", "Contact Us", and "Text Size". A search bar is located on the right side of the navigation bar. The page title is "BSO Security Policy". The main content area is titled "Details of SSA's Security Policy" and contains the following text: "The Internet is an open system and there is no absolute guarantee that the personal information you enter to request verification will not be intercepted by others and decrypted. Although this possibility is remote, it does exist. We have included the safeguards described below to reduce the risks:" followed by a bulleted list of three points: "SSA is taking all reasonable and appropriate measures, including encryption, to ensure that personal information is disclosed only to you.", "So your Internet communications can remain confidential, you must use a Web browser which supports the Secure Sockets Layer (SSL) security protocol. Your Web browser probably already supports SSL.", and "Social Security will not give, sell or transfer any personal information to a third party." Below the list, it states: "If you are not comfortable with these risks, please call 1-888-772-2970 to speak to a specially trained technician about your concerns. For TDD/TTY call 1-800-325-0778." The footer contains the USA.gov logo, links for "Privacy Policy", "Website Policies & Other Important Information", and "Site Map", and a "Need Larger Text?" link. The date "Last reviewed or modified Wednesday Feb 09, 2011" is also present.

Social Security 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 that the personal information you enter to request verification will not be intercepted by others and decrypted. Although this possibility is remote, it does exist. We have included the safeguards described below to reduce the risks:

- SSA is taking all reasonable and appropriate measures, including encryption, to ensure that personal information is disclosed only to you.
- So your Internet communications can remain confidential, you must use a Web browser which supports the Secure Sockets Layer (SSL) security protocol. Your Web browser probably already supports SSL.
- Social Security will not give, sell or transfer any personal information to a third party.

If you are not comfortable with these risks, please call **1-888-772-2970** to speak to a specially trained technician about your concerns. For TDD/TTY call 1-800-325-0778.

USA.gov Privacy Policy | Website Policies & Other Important Information | Site Map  
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## The Privacy Act And The Freedom Of Information Act

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### The Privacy Act

The Privacy Act of 1974, as amended at 5 U.S.C. 552a, protects records that can be retrieved from a system of records by personal identifiers such as a name, social security number, or other identifying number or symbol. (A system of records is any grouping of information about an individual under the control of a Federal agency from which information is retrievable by personal identifiers).

An individual is entitled to access to his or her records and to request correction of these records by stating the reasons for such actions with supporting justification showing how the record is untimely, incomplete, inaccurate or irrelevant. The Privacy Act prohibits disclosure of these records without written individual consent unless one of the twelve disclosure exceptions enumerated in the Act applies. These records are held in Privacy Act systems of records. A notice of any such system is published in the Federal Register. These notices identify the legal authority for collecting and storing the records, individuals about whom records will be collected, what kinds of information will be collected, and how the records will be used (See <http://www.socialsecurity.gov/foia/bluebook/toc.htm>).

The Privacy Act binds only Federal Executive Branch agencies, and covers only a system of records in the possession and control of Federal agencies. Inquiries concerning the Privacy Act should be directed to (410) 965-1727.



### The Freedom Of Information Act

The Freedom of Information Act (FOIA), as amended at 5 U.S.C.552, is a disclosure statute that requires Federal Executive Branch agencies to make records available to the public.

The intent of the FOIA is to prevent agencies from having "secret law" and to make the government accountable to the public for its actions. FOIA requires agencies to publish in the Federal Register statements of its organizations, functions, rules, procedures, general policy, and any changes, and how to get information. In addition, agencies must index and make available for public inspection and copying statements of policy, manuals and instructions, and final opinions and orders in cases, as well as the indexes.

FOIA applies to all records created or received by the agency and in its possession or under its control. Agencies must make records available to the public on request, unless they fall within one of the nine statutory exemptions. (See [http://www.socialsecurity.gov/foia/html/foia\\_guide.htm](http://www.socialsecurity.gov/foia/html/foia_guide.htm)).

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*Last reviewed or modified 07/21/2011*