

Electronic Records Express

0960-0753

Medical Provider Reimbursement
Screen Package



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Login Screen

The Login screen is the first and only page the user sees prior to getting to the “Home” page of the ERE application. Information about Social Security’s Online Policies, the Paperwork Reduction Act, and the OMB Number is displayed on this page. The next three pages contain info for the 3 “Information About Social Security’s Online Policies” links section from this page.

Social Security Online
www.socialsecurity.gov

Electronic Records Express

Home Questions How to Contact Us Search

 **Electronic Records Express Login** OMB No. 0960-0753
Expires ___/___

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 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 (OMB) control number. The OMB control number for Electronic Records Express is 0960-0753, expiration date ___/___ . We estimate that it will take about 10 minutes to read the instructions, gather the necessary facts, and answer the questions. You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. **Send only comments on our time estimate to this address.**



Our Internet Privacy Policy

The privacy of our customers has always been of utmost importance to the Social Security Administration. In fact, our first regulation (see http://www.socialsecurity.gov/OP_Home/cfr20/401/401-0000.htm) was written to ensure your privacy. As a Federal agency, the Privacy Act of 1974 (5 U.S.C. 552a) requires us to protect the information we collect from you. (See <http://www.socialsecurity.gov/privacyact.htm>). **The privacy policy outlined below applies to the data we collect from you over the Internet.**

This is our notice to you about why we collect your personal information, how we use it, and who we share it with; what your choices are for how we use your information; how to get access to your information; and how we protect the information we collect and maintain.

Why We Collect Your Personal Information

- We collect personal data to administer the Social Security program. We do not use the information for any other internal secondary purpose.
- You don't have to give us personal information to visit our website.
- If you do give us your personal information, we treat it very carefully.
- We collect personal information about you (e.g., name, email address, Social Security number or other unique identifier) only if you specifically and knowingly give it to us.

How We Will Use Your Personal Information

- We do not sell the information we collect at this site, or any information we collect.
- The personal information you give us at this site will be used only in connection with the administration of the Social Security Program and for other purposes as described in this document or at the point the information is collected.
- For statistical purposes, we also collect non-personal information about you (see http://www.socialsecurity.gov/web_stats.html). Sometimes we analyze this data to determine customer interest in different parts of our website. The information we share is in a format that does not personally identify anyone.

Who We Will Share Your Personal Information With

We may disclose information you give us (e.g., to Railroad Retirement Board, Department of Veteran's Affairs) if authorized or required by Federal law, such as the Privacy Act or the Social Security Act.

Your Choice About Who We Share Your Personal Information With

If Federal laws (e.g., Privacy Act, Social Security Act) do not allow us to share information, we must get your written authorization before we can discuss your information with anyone else.

Your Access to the Information We Collect About You

You may have access to any of the information we collect about you at this site. We'll correct any errors you may find. If you need to get or fix information about you, see SSA regulation subsections 401.40 and 401.65 (http://www.socialsecurity.gov/OP_Home/cfr20/401/401-0000.htm).

How We Protect the Security of the Information We Collect

- The Internet was originally designed as an open system with no built in security; however, we are required to protect the information we collect and maintain about you and will not use the Internet to do business with you unless we can do so in a secure manner. We will take reasonable precautions to maintain the security, confidentiality and integrity of the information we collect at this site.
- SSA sometimes uses contractors to perform various website and database functions. When we do, we make sure that the agreement language with the contractor ensures the security, confidentiality and integrity of any personal information the contractor may have access to in the course of contract performance.

Our concern about sending personal information via email

- Electronic mail is not secure. Therefore, we suggest that you don't send personal information to us via email. We will only send you general information via email.
- Electronic mail messages that meet the definition of records in the Federal Records Act (44 U.S.C. 3101 et seq.) are covered under the same disposition schedule as all other Federal records. This means that emails you send us will be preserved and maintained for varying periods of time if those emails meet the definition of Federal records. Electronic messages that are not records are deleted when no longer needed.

Our use of "cookies" and how it affects your visit to our website

- What is a "cookie"? A cookie is a small piece of text that is sent to your computer along with a webpage when you visit a website. Your computer will give the information in the cookie only to the computer that sent it, and no other website can request it. There are three types of cookies--persistent, third party, and session. We never used persistent or third party cookies, but sometimes we use session cookies.
- We use session cookies only in some places where you can transact business. We store the cookie on your computer only during your visit, and we'll tell you in advance when we do. The session cookie keeps you from losing information you've entered for a business transaction with us if, during your visit, you leave our website and return.
- Once you turn off your computer or stop using the Internet, the cookie is erased.

If you visit other websites

Our website contains links to international agencies, private organizations, and some commercial entities. These websites are not within our control and may not follow the same privacy, security or accessibility policies. Once you link to another site you are subject to the policies of that site. However, all Federal websites are subject to the same Federal privacy, security or accessibility mandates as ours.

Details of Social Security's Online Security Policy

The screenshot shows a web browser window displaying the Social Security Online Business Services Online page. The page has a red header with the text "Social Security Online" and "Business Services Online". Below the header is a navigation bar with links for "Home", "Questions?", and "Contact Us", and a search box with a "GO" button. The main content area features the Social Security Administration logo and the title "BSO Security Policy". The text explains that the Internet is an open system and there is no absolute guarantee of security. It lists three safeguards: encryption, SSL support, and no sharing of information with third parties. A phone number (1-888-772-2970) is provided for those who are not comfortable with the risks. The footer includes the USA.gov logo, a link to the Privacy Policy, and a note that the page was last reviewed or modified on Wednesday, April 01, 2009. The browser's address bar shows "Internet".

Social Security Online
www.socialsecurity.gov

Home Questions? Contact Us 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](#) [Need Larger Text?](#)

Last reviewed or modified Wednesday Apr 01, 2009

Internet

The Privacy Act and the Freedom of Information Act


Social Security Online
www.socialsecurity.gov

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Privacy Policy

The Privacy Act and The Freedom of Information Act

 **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/bluebook.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).

USA.gov | Privacy Policy | Website Policies & Other Important Information | Site Map
Last reviewed or modified Wednesday Apr 01, 2009

[Need Larger Text?](#)

Home Screen

The ERE Home page serves as a “landing” page, which includes links to all of the functions available in this application. The function links on this page are dynamically displayed based on user roles and services the user has been registered to access. The “Payment Request Services” section has been added to support the new fiscal payment processing functionality.

As an enhancement, an underline has been added to the “Frequently Asked Questions” and the “User Instructions” in the blue header bar to show that they are actually links and not just text. “User Instructions” and “FAQ’s” links have also been added to the grey section on the left side of the page.

If the user logged in has an administrator type role, they can create ERE accounts for individuals and select the functions the individuals are authorized to use by selecting the “Account Maintenance” link in the grey section on the left side of the page.

Note: This Home page view is that of a user with an “Administrator” role, who by default has access to all functions.

Social Security Online
www.socialsecurity.gov

Electronic Records Express

Frequently Asked Questions User Instructions

John Public
john.public@ssa.gov
4105551212
Log Out

User Instructions
FAQ's

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

Evidence Submission Services
[Send Response for Individual Case](#)
[Send Grouped Files](#)

Consultative Examination Services
[Review / Submit CE Reports](#)
[Pickup Doctor's Transcription Reports](#)
[Prepare CE Report for Doctor](#)
[Send CE Report](#)
[Send CE Report\(s\) with Scanned Signature](#)
[Send CE No Show Response](#)

Document Exchange Services
[Access Electronic requests](#)
[Access Doctor's Electronic requests](#)
[Send Transcription Report to Doctor](#)
[Pickup Transcription Reports](#)
[Teacher Questionnaire](#)
[Track Status of Submissions](#)
[Customer Status Inquiry](#)

Payment Request Services
[Prepare Payment Request](#)
[Review / Submit Payment Requests](#)
[Submit Payment Request](#)

Communication Services
Secure Messaging: [Home](#) [Inbox](#)
Communication Utility: [Send E-Mail](#)

Bulletin Board
Updated 01/26/2009
[What's New?](#)

Recent Changes:
The Electronic Records Express website has recently been updated. Please read [What's New](#).

Scheduled Website Maintenance:
The website will be unavailable every night between 4:00 and 5:00 CT for routine maintenance.

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

Account Maintenance Screens

To support enhancements and fiscal payment processing, the following changes have been made to Account Maintenance screens:

- Function options have been reorganized
- Fiscal Services functions have been added
- Relationships between users with access to Fiscal Services can be established and managed (i.e. a relationship between a provider and a billing clerk)

Create an Individual End-User Account

Social Security Online
www.socialsecurity.govElectronic 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 Doctor (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 Doctor
- Receive Transcription Reports

Fiscal Services:

CE Payment Request
MER Payment Request

Web Services:

- ERE Web Services

Provider with Billing Admin
 Provider
 Billing Admin
 Billing Clerk

Add Comments:

Manage End-User Relationships



Electronic Records Express Manage Relationship

User ID: FISCAL01
Organization: Doctor's Office
State/Province: MD

First Name: Provider
Last Name: Doe
Function: Review/Submit CE Reports
 CE Payment Request
 Provider with Billing Admin
 MER Payment Request
 Provider with Billing Admin

New/Current Relationships

Delete Selected

	User ID	Last Name	First Name	Organization	State/Province	User Type
<input type="checkbox"/>	DRG01SUK	suk	grace	practice	MD	CE Billing Admin
<input type="checkbox"/>	DRG02SUK	White	Tia	practice	MD	MER Billing Clerk

Delete Selected

Available Users

Search by:

User ID:
Last Name:
First Name:
Organization:
Organization Type:
State/Province:
User Type(s): CE Admin CE Billing Admin CE Billing Clerk MER Billing Admin MER Billing Clerk

Search

	User ID	Last Name	First Name	Organization	State/Province	User Type
<input type="checkbox"/>	NEVMARY5	gonzales	mary	dfdaf	AL	CE Admin
<input type="checkbox"/>	CEAS2MAR	gonzales	mary	or name	MD	CE Billing Admin
<input type="checkbox"/>	DCMARY01	gonzales	mary	mary org	MD	MER Billing Admin
<input type="checkbox"/>	DC2BRETT	jones	brett		MD	MER Billing Clerk

Add Selected

Return to Create Account screen

Create Individual End-User Account Summary

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www.socialsecurity.gov
Electronic Records Express

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

Electronic Records Express Account Summary

User Id: JCATE001

SSA Id: CZPAS3GTXE

Role: **Individual End-User**
Status: **Active**

First Name: **Janet**
Middle Name:
Last Name: **Ciborowski**

Organization Type: **Provider**
Organization Name: **Provider Account**
Position:

Office Phone: **4109656617**
Cell Phone:
Fax 1:
Fax 2:

Primary Email: **janet.ciborowski@ssa.gov**
Alternate Email:

Address Line 1: **address line 1**
Address Line 2: **NCC Building**
Address Line 3:
City: **city**
State/Territory: **MD**
Zip Code: **21133**
Country: **US**

Primary Site: **Federal DDS (FDDS) [V40]**
Primary Site Contact: **Account, Sponsor (SPONBPD1)**

Function(s) selected: **Review / Submit CE Reports (CEAS)**
CE Payment Request: **Provider with Billing Admin**
MER Payment Request: **Provider with Billing Admin**

Relationships:

User ID	Last Name	First Name	Organization	Org Type	State/Province	CE Admin	CE Billing Admin	CE Billing Clerk	MER Billing Admin	MER Billing Clerk
TUV678	Littleton	Polly	Medical Associates	CE Admin Staff	MD	x	x			

Added Comments:

[View Log History](#)

Access Electronic Requests Screen

DDS sites can send evidence and consultative exam requests to ERE registered providers electronically via the ERE website. The Access Electronic Requests screen lists all of a provider's open evidence and payment requests that are waiting for action by the provider.

To support enhancements and fiscal payment processing, the following changes have been made to this screen:

- Display of names in the list has been changed from *First Name Last Name* to *Last Name, First Name*
- Appt Time, Location, and Payment columns have been added
- "Over 90 Days" and "Open Payments" buttons have been added to allow additional filtering options of what requests are displayed in the list

Social Security Online
Electronic Records Express

www.socialsecurity.gov
Electronic Records Express Home
User Instructions

John Public

[Log Out](#)

Help Desk: 800-888-8888



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" 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.

Name	Last 4 digits of SSN	DOB	Request Date	Appt Date and Time	Location	Follow Up	Request Status	Response Request	Payment Status	Payment Response
Public, Jack	0001	12/31/1960	01/22/2006				Prepared	View Request		
Public, Janet	2112	11/03/1966	04/28/2007	07/15/2007 11:30 AM	JHUBS1903856743		Prepared	View Request	New	View Payment


Closed Requests
Submitted Requests
Home
Over 90 Days
Open Payments

Response to Electronic Medical Evidence Request Screens

The following screens are existing, but some changes have been made to support enhancements and fiscal payment processing.


Evidence Request Details Screen

As an enhancement to medical evidence electronic requests, the DDS will be able to include special instructions and any payment information if applicable.

Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home	User Instructions
John Public <input type="button" value="Log Out"/> Help Desk: 800-888-8888	 Access Electronic Requests Electronic Request Details		
Immediate Response Needed			
Patient Information:	Name: Johnny Lastly	SSN: XXX-XX-5555	DOB: 10/12/1960
Request Information:	Provider Name: Shah, Dhaval	Request Type: Evidence Request	Requesting Office: OR - Salem DDS [S40]
	Request Date: 01/22/2007	Request ID: 0146111682T41648 D	Disability Examiner: abcdefghijklmnopqrstuvwxyz
Special Instructions:	Special Instructions Special Instructions Special Instructions Special Instructions Special Instructions Special Instructions Special Instructions Special Instructions Special Instructions Special Instructions ...		
Request Documentation:	Request Letter Authorization to Disclose Information Supporting Documentation		
<input type="button" value="Cancel"/> <input type="button" value="Prior Page"/> <input type="button" value="Respond"/> <input type="button" value="Payment Request"/>			

The "Payment Request" button will appear on this screen **ONLY** after the user has submitted a response to a request.

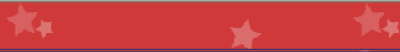
Evidence Upload Screen

Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home	
User Instructions			
John Public Log Out Help Desk: 800-888-8888		Access Electronic Requests Send Response for Individual Case	
Immediate Response Needed * Denotes Required Field			
Patient Information:	Name: Johnny Lastly	SSN: XXX-XX-5555	DOB: 10/12/1960
Request Information:	Provider Name: Shah, Dhaval	Request Type: Evidence Request	Request Date: 01/22/2007
	Request ID: 0146111682T41648 D	Requesting Office: OR - Salem DDS [S40]	Disability Examiner: abcdefghijklmnopqrstuvwxyz
Special Instructions:	Special Instructions Special Instructions Special Instructions Special Instructions Special Instructions Special Instructions Special Instructions Special Instructions Special Instructions Special Instructions ...		
Request Documentation:	Request Letter Authorization to Disclose Information Supporting Documentation		
Is the provider willing to provide an additional examination or test?	<input type="radio"/> Yes <input type="radio"/> No		
Do you have records to submit for this case?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Attach and upload files to this response:	A maximum of 8 files can be submitted and all files must total less than 50 MB. File types accepted: .wpd, .doc, .jpg, .bmp, .mdi, .txt, .xls, .pdf, .tiff, .tif, .docx, .xlsx Please do not upload password-protected files, as they cannot be processed.		
	* File 1: <input type="text"/> Browse... Clear File 1		
	Add Another File		
Additional Comments: You can type up to three letter size pages (approximately 255 characters) of comments.	Comments: <input type="text"/> Characters remaining: 255		
Cancel Prior Page Submit			

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** 

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

John Public
[Log Out](#)
Help Desk: 800-888-8888

 **Send Response for Individual Case**
Submission Failure

[Print](#)

Your response was not submitted due to the following issue(s):
The total size of the submission exceeded the the 50MB limit.


Name: Johnny Lastly	SSN: XXX-XX-5555	DOB: 10/12/1960
Provider Name: Shah, Dhaval	Requesting Office: OR - Salem DDS [S40]	
Request Type: Evidence Request	Request ID: 0146111682T41648 D	
Request Date: 01/22/2007		
Destination: AL - Mobile DDS [V19]	RQID: 353454334534	SSN: 111-11-1111
RF: P	DR: F	CS: 1211

Report File Name	File Size
FileA.jpg	55271.0 KB
Total	55271.0 KB

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


Evidence Response Tracking Information Screen

If the files the provider is trying to submit pass our front end checks, they will be presented with a page with tracking information. To support enhancements, the title of this page has been changed from "Confirmation" to "Tracking Information". The "Confirmation Number" label has also been changed to "Response Tracking #".

Social Security Online **Electronic Records Express** 

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

John Public
[Log Out](#)
Help Desk: 800-888-8888

 **Send Response for Individual Case**
Tracking Information

[Print](#)

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 Tracking #: **1133B1AA821438B9** Response Date & Timestamp: **12/08/2008 at 3:13 PM EDT**

Name: **Johnny Lastly** SSN: **XXX-XX-5555** DOB: **10/12/1960**

Provider Name: **Shah, Dhaval** Requesting Office: **OR - Salem DDS [S40]**
Request Type: **Evidence Request** Request ID: **0146111682T41648 D**
Request Date: **01/22/2007**


Report File Name	File Size
GoodFile.jpg	114.0 KB
AnotherGoodFile.jpg	120.0 KB
Total	134.0 KB

Additional comments were entered during this submission.
Your response was electronically signed.

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


Evidence Invoice Upload Screen

Note: Providers requesting payment for a response to a non-electronic request will only be given this Invoice Upload option.

Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home	
User Instructions			
John Public <input type="button" value="Log Out"/> Help Desk: 800-888-8888		Request Medical Evidence of Record (MER) Payment Invoice Upload (Optional) If you have no invoices to upload, skip to Review and Submit .	
		* Denotes Required Field	
Patient Information:	Patient Name: Johnny Lastly SSN: XXX-XX-5555 DOB: 10/21/1960		
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):	A maximum of 4 invoices can be submitted and all files must total less than 50 MB. File types accepted: .wpd, .doc, .jpg, .bmp, .mdi, .txt, .xls, .pdf, .tiff, .tif, .docx, .xlsx Please do not upload password-protected invoices, as they cannot be processed.		
		* Invoice 1: <input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear Invoice 1"/>
		<input type="button" value="Add Another Invoice"/>	
		<input type="button" value="Cancel"/>	<input type="button" value="Prior Page"/> <input type="button" value="Next"/>


Evidence Payment Request Review Screen

Prior to submitting their payment request information, the MER provider will be given the opportunity to review what they have entered and make any changes if needed.

Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home	
User Instructions			
John Public Log Out Help Desk: 800-888-8888		Request Medical Evidence of Record (MER) Payment Review and Submit	
Before final submission please carefully review the information below. To make changes to any sections of information, select the 'Edit' button.			
Patient Information:	Patient Name: Johnny Lastly SSN: XXX-XX-5555 DOB: 10/21/1960		
Provider Information:	Name (First, Middle Last): Ben James Title: Physician Organization Name: American Medical Associates Taxpayer ID: 12-3456789 Payee Taxpayer ID: 34-5678901 Payee Legal Entity Name: American Medical Providers Inc. State Vendor Code: 99999999 Remit Address: 123 Providers Street, Columbia, MD, 21044 Phone Number: 123-128-7800 Ext: 456 Fax Number: 123-128-7891 Comments: Critical condition patient. Has the Provider Information changed? No		
	<input type="button" value="Edit"/>		
Payment Information:	Payment Requested Amount: \$ 1,230.00 Page Count: 17 Were records photocopied? Yes		
	<input type="button" value="Edit"/>		
Invoice(s) already loaded:	Invoice Type(s): Both (Invoices from DDS and Provider)		
	InvoiceA.jpg InvoiceB.jpg		
	<input type="button" value="Edit"/>		
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"/> I have read and agree with the above		
	<input type="button" value="Cancel"/> <input type="button" value="Submit"/>		

Evidence Response/Payment Request Tracking Information Screen

Once the payment request information has been submitted, a Tracking Information page will be presented with all the information from their evidence response and payment request submissions.

Social Security Online www.socialsecurity.gov	Electronic Records Express	Electronic Records Express Home User Instructions																																																																																																						
<p>John Public</p> <p>Log Out</p> <p>Help Desk: 800-888-8888</p>		<p>Request Medical Evidence of Record (MER) Payment</p> <p>Response and Payment Request Tracking Information</p> <p>Print</p> <p>Thank you for your submission.</p> <p>Please retain your tracking numbers in case there are errors or problems that prevent us from processing your submission.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 25%;">Response Tracking #</td> <td style="width: 25%;">1133B1AA821438B9</td> <td style="width: 25%;">Response Date & Timestamp:</td> <td style="width: 25%;">12/08/2008 at 3:13 PM EDT</td> </tr> <tr> <td>Payment Request Tracking #</td> <td>1133B1AA821438B10</td> <td>Payment Request Date & Timestamp:</td> <td>12/08/2008 at 4:13 PM EDT</td> </tr> <tr> <td>Patient Name: Johnny Lastly</td> <td>SSN: XXX-XX-5555</td> <td>DOB: 10/12/1960</td> <td></td> </tr> <tr> <td>Request ID: 2342342345</td> <td colspan="3">Date of Request: 11/24/2008</td> </tr> <tr> <td>Provider Name: Shah, Dhaval</td> <td>Requesting Office: OR - Salem DDS [S40]</td> <td></td> <td></td> </tr> <tr> <td>Request Type: Evidence Request</td> <td>Request ID: 0146111682T41648 D</td> <td></td> <td></td> </tr> <tr> <td>Request Date: 01/22/2007</td> <td></td> <td></td> <td></td> </tr> <tr> <td>DDS Invoice/Voucher Number: 999999999999</td> <td>Legacy System Vendor Code: 99999999999999999999</td> <td></td> <td></td> </tr> <tr> <td>Legacy Case Number: 9999999</td> <td>Other DDS Number: 99999999999999999999999999999999</td> <td></td> <td></td> </tr> <tr> <td>Title: Physician</td> <td colspan="3"></td> </tr> <tr> <td>Organization Name: American Medical Associates</td> <td colspan="3"></td> </tr> <tr> <td>Invoice Number: 99999999999999</td> <td>Taxpayer ID: 12-3456789</td> <td>Payee Taxpayer ID: 34-5678901</td> <td></td> </tr> <tr> <td>Payee Legal Entity Name: American Medical Providers Inc.</td> <td colspan="3"></td> </tr> <tr> <td>State Vendor Code: 99999999</td> <td colspan="3"></td> </tr> <tr> <td>Remit Address: 123 Providers Street, Columbia, MD, 21044</td> <td colspan="3"></td> </tr> <tr> <td>Phone Number: 123-128-7800</td> <td>Ext: 456</td> <td>Fax Number: 123-128-7891</td> <td></td> </tr> <tr> <td>Has provider information changed: No</td> <td colspan="3"></td> </tr> <tr> <td>Payment Requested Amount: \$ 1,230.00</td> <td>Page Count: 17</td> <td colspan="2"></td> </tr> <tr> <td>Were records photocopied? Yes</td> <td colspan="3"></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #003366; color: white;"> <th>Report File Name</th> <th>File Size</th> </tr> </thead> <tbody> <tr> <td>GoodFile.jpg</td> <td style="text-align: right;">114.0 KB</td> </tr> <tr style="background-color: #ffffcc;"> <td>AnotherGoodFile.jpg</td> <td style="text-align: right;">120.0 KB</td> </tr> <tr> <td>Total</td> <td style="text-align: right;">134.0 KB</td> </tr> <tr> <td colspan="2">Additional comments were entered during the response submission.</td> </tr> <tr> <td colspan="2">Your response was electronically signed.</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #003366; color: white;"> <th>Invoice File Name</th> <th>File Size</th> </tr> </thead> <tbody> <tr> <td>InvoiceA.jpg</td> <td style="text-align: right;">124.0 KB</td> </tr> <tr style="background-color: #ffffcc;"> <td>InvoiceB.jpg</td> <td style="text-align: right;">124.0 KB</td> </tr> <tr> <td>Total</td> <td style="text-align: right;">148.0 KB</td> </tr> <tr> <td colspan="2">Invoice Type(s): Both (Invoices from DDS and Provider)</td> </tr> <tr> <td colspan="2">Additional comments were entered during the payment request submission.</td> </tr> <tr> <td colspan="2">Your payment request was electronically signed.</td> </tr> </tbody> </table> <p style="text-align: center; margin-top: 10px;"> Print Review Another Request Home </p>	Response Tracking #	1133B1AA821438B9	Response Date & Timestamp:	12/08/2008 at 3:13 PM EDT	Payment Request Tracking #	1133B1AA821438B10	Payment Request Date & Timestamp:	12/08/2008 at 4:13 PM EDT	Patient Name: Johnny Lastly	SSN: XXX-XX-5555	DOB: 10/12/1960		Request ID: 2342342345	Date of Request: 11/24/2008			Provider Name: Shah, Dhaval	Requesting Office: OR - Salem DDS [S40]			Request Type: Evidence Request	Request ID: 0146111682T41648 D			Request Date: 01/22/2007				DDS Invoice/Voucher Number: 999999999999	Legacy System Vendor Code: 99999999999999999999			Legacy Case Number: 9999999	Other DDS Number: 99999999999999999999999999999999			Title: Physician				Organization Name: American Medical Associates				Invoice Number: 99999999999999	Taxpayer ID: 12-3456789	Payee Taxpayer ID: 34-5678901		Payee Legal Entity Name: American Medical Providers Inc.				State Vendor Code: 99999999				Remit Address: 123 Providers Street, Columbia, MD, 21044				Phone Number: 123-128-7800	Ext: 456	Fax Number: 123-128-7891		Has provider information changed: No				Payment Requested Amount: \$ 1,230.00	Page Count: 17			Were records photocopied? Yes				Report File Name	File Size	GoodFile.jpg	114.0 KB	AnotherGoodFile.jpg	120.0 KB	Total	134.0 KB	Additional comments were entered during the response submission.		Your response was electronically signed.		Invoice File Name	File Size	InvoiceA.jpg	124.0 KB	InvoiceB.jpg	124.0 KB	Total	148.0 KB	Invoice Type(s): Both (Invoices from DDS and Provider)		Additional comments were entered during the payment request submission.		Your payment request was electronically signed.	
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Response to Electronic Consultative Exam Request Screens

The following screens are existing, but some changes have been made to support enhancements and fiscal payment processing.

CE Request Details Screen

As an enhancement to CE electronic requests, the DDS will be able to include special instructions, appointment location, service items, and any payment information if applicable.

Social Security Online		Electronic Records Express		Electronic Records Express Home		User Instructions					
www.socialsecurity.gov											
John Public <input type="button" value="Log Out"/> Help Desk: 800-888-8888		 Access Electronic Requests Electronic Request Details									
What's Changed:		***Immediate Response Needed*** Appointment date, time, and location have been changed. Supporting documentation has changed.									
Patient Information:		Name: Johnny Lastly SSN: XXX-XX-5555 DOB: 10/12/1960									
Request Information:		Provider Name: Jane Public Request Type: Consultative Exam Request Date: 04/28/2007 Requesting Office: OR - Salem DDS [S40] Request ID: 0146111682T41648 D CE Appointment Date & Timestamp: 07/15/2007 at 2:00 PM EDT Disability Examiner: abcdefghijklmnopqrstuvwxyzabcdefghijklmnopqrstuvwxyzabcde Location: Johns Hopkins Hospital Johns Hopkins Outpatient Center 1250 Caroline Street Suite 100 Baltimore, MD 21212-0143 Service Item 1: ABC123 Physical exam with blood test. Service Item 2: DEF456 Treadmill test									
Special Instructions:		Special Instructions Special Instructions Special Instructions Special Instructions Special Instructions Special Instructions Special Instructions Special Instructions Special Instructions Special Instructions ...									
Request Documentation:		Request Letter (Added on 01/26/2009) Authorization to Disclose Information (Added on 01/26/2009) Background MER (Added on 01/26/2009) Supporting Documentation (Added on 01/26/2009) Recently Added Document (Added on 02/01/2009)									
		<input type="button" value="Cancel"/>		<input type="button" value="Prior Page"/>		<input type="button" value="No Show Response"/>		<input type="button" value="Respond"/>		<input type="button" value="Payment Request"/>	

The "Payment Request" button will appear on this screen ONLY after the user has submitted a response to a request.

CE Upload Screen

Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home	
User Instructions			
John Public Log Out Help Desk: 800-888-8888		Access Electronic Requests Send CE Report	
Immediate Response Needed * Denotes Required Field			
Appointment date, time, and location have been changed. Supporting documentation has changed.			
What's Changed:			
Patient Information:	Name: Johnny Lastly SSN: XXX-XX-5555 DOB: 10/12/1960		
Request Information:	Provider Name: Jane Public Request Type: Consultative Exam Request Date: 04/28/2007 Requesting Office: OR - Salem DDS [S40] Request ID: 0146111682T41648 D CE Appointment Date & Timestamp: 07/15/2007 at 2:00 PM EDT Disability Examiner: abcdefghijklmnopqrstuvwxyzabcdefghijklmnopqrstuvwxyzabcde Location: Johns Hopkins Hospital Johns Hopkins Outpatient Center 1250 Caroline Street Suite 100 Baltimore, MD 21212-0143 Service Item 1: ABC123 Physical exam with blood test. Service Item 2: DEF456 Treadmill test		
Special Instructions:	Special Instructions Special Instructions Special Instructions Special Instructions Special Instructions Special Instructions Special Instructions Special Instructions Special Instructions ...		
Request Documentation:	Request Letter (Added on 01/26/2009) Authorization to Disclose Information (Added on 01/26/2009) Background MER (Added on 01/26/2009) Supporting Documentation (Added on 01/26/2009) Recently Added Document (Added on 02/01/2009)		
Attach and upload files to this response:	A maximum of 8 files can be submitted and all files must total less than 50 MB. File types accepted: .wpd, .doc, .jpg, .bmp, .mdi, .txt, .xls, .pdf, .tif, .docx, .xlsx Please do not upload password-protected files, as 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"/>		
Additional Comments: You can type up to three letter size pages (approximately 255 characters) of comments.	Comments: <input type="text"/> Characters remaining: 255		
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 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"/> I have read and agree with the above		
	<input type="button" value="Cancel"/>	<input type="button" value="Prior Page"/>	<input type="button" value="Submit"/>


CE Response Tracking Information Screen

If the files the CE provider is trying to submit pass our front end checks, they will be presented with a page with tracking information. To support enhancements, the title of this page has been changed from "Confirmation" to "Tracking Information". The "Confirmation Number" label has also been changed to "Response Tracking #".

Social Security Online
www.socialsecurity.gov

Electronic Records Express Home User Instructions

John Public
Log Out
Help Desk: 800-888-8888

 **Send Consultative Exam (CE) Report**
Tracking Information

Print

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 Tracking #: 1133B1AA821438B9 Response Date & Timestamp: 12/08/2008 at 3:13 PM EDT

Name: Johnny Lastly SSN: XXX-XX-5555 DOB: 10/12/1960

Provider Name: Dr. Ben James Request Type: Consultative Exam
Request Date: 10/24/2008 Requesting Office: OR - Salem DDS [S40]
Request ID: ODD672900 CE Appointment Date & Timestamp: 11/24/2008 at 12:00 PM
Location: Johns Hopkins Hospital
Johns Hopkins Outpatient Center
1250 Caroline Street
Suite 100
Baltimore, MD 21212-0143

Report File Name	File Size
GoodFile.jpg	114.0 KB
AnotherGoodFile.jpg	120.0 KB
Total	134.0 KB

Additional comments were entered during this submission.
Your response was electronically signed.

Print Request Payment Review Another Request Home


CE Services Performed Data Entry Screens

Social Security Online www.socialsecurity.gov		Electronic Records Express		Electronic Records Express Home User Instructions
John Public Log Out Help Desk: 800-888-8888	Request Consultative Exam (CE) Payment Services Performed			
* Denotes Required Field				
Patient Information:	Patient Name: Johnny Lastly SSN: XXX-XX-5555 DOB: 10/21/1960			
Services Information:	Authorization Date: 11/03/2008 * Date of Service: 11/24/2008			
Service Item 1 Service Item Description: Physical exam with blood test Service Item Code: ABC123 * Was this service item performed? <input type="radio"/> Yes <input type="radio"/> No Payment Authorized Amount: \$1,585.25 * Payment Requested Amount: \$ <input type="text"/>				
Service Item 2 Service Item Description: Treadmill test Service Item Code: DEF456 * Was this service item performed? <input type="radio"/> Yes <input type="radio"/> No Payment Authorized Amount: \$1,000.25 * Payment Requested Amount: \$ <input type="text"/>				
Total Payments Authorized: \$2,585.50 Total Payments Requested: \$2,585.50				
* Were additional service items performed? <input type="radio"/> Yes <input type="radio"/> No				
Cancel Prior Page Next				

Social Security Online www.socialsecurity.gov		Electronic Records Express		Electronic Records Express Home User Instructions
John Public Log Out Help Desk: 800-888-8888	Request Consultative Exam (CE) Payment Additional Services			
* Denotes Required Field				
Patient Information:	Patient Name: Johnny Lastly SSN: XXX-XX-5555 DOB: 10/21/1960			
Additional Services Information:	A maximum of 5 additional service items can be added. Additional Service Item 1 * Service Item Description: <input type="text"/> Characters Remaining: 255 Service Item Code: <input type="text"/> * Payment Requested: \$ <input type="text"/> * Authorized By: <input type="text"/> * When Authorized (25 char max): <input type="text"/>			
Add Another Service Item Clear Additional Service Item 1				
Total Payments Authorized: \$2,585.50 Total Payments Requested: \$2,585.50				
Cancel Prior Page Next				


CE Invoice Upload Screen

Note: CE providers requesting payment for a response to a non-electronic request will only be given this Invoice Upload option.

Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home	User Instructions
John Public Log Out Help Desk: 800-888-8888		Request Consultative Exam (CE) Payment Invoice Upload (Optional)	
If you have no invoices to upload, skip to Review and Submit.			
* Denotes Required Field			
Patient Information:	Patient Name: Johnny Lastly SSN: XXX-XX-5555 DOB: 10/21/1960		
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):	A maximum of 4 invoices can be submitted and all files must total less than 50 MB. File types accepted: .wpd, .doc, .jpg, .bmp, .mdi, .txt, .xls, .pdf, .tiff, .tif, .docx, .xlsx Please do not upload password-protected invoices, as they cannot be processed.		
* Invoice 1:		<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear Invoice 1"/>
<input type="button" value="Add Another Invoice"/>			
<input type="button" value="Cancel"/>	<input type="button" value="Prior Page"/>	<input type="button" value="Next"/>	

CE Payment Request Review Screen

Prior to submitting their payment request information, the CE provider will be given the opportunity to review what they have entered and make any changes if needed.

Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home	
John Public Log Out Help Desk: 800-888-8888	 Request Consultative Exam (CE) Payment Review and Submit		
<p>Before final submission please carefully review the information below. To make changes to any sections of information, select the 'Edit' button.</p>			
Patient Information:	Patient Name: Johnny Lastly SSN: XXX-XX-5555 DOB: 10/21/1960		
Provider Information:	Name (First, Middle Last): Ben James Title: Physician Organization Name: American Medical Associates Taxpayer ID: 12-3456789 Payee Taxpayer ID: 34-5678901 Payee Legal Entity Name: American Medical Providers Inc. State Vendor Code: 99999999 Remit Address: 123 Providers Street, Columbia, MD, 21044 Phone Number: 123-128-7800 Ext: 456 Fax Number: 123-128-7891 Comments: Critical condition patient. Has the Provider Information changed? No		
Edit			
Service Information:	Authorization Date: 11/03/2008 Date of Service: 11/24/2008		
Service Item 1:			
Service Item Description: Physical exam with blood test. Service Item Code: ABC123 Was this service item performed? Yes Payment Authorized Amount: \$ 1,585.25 Payment Requested Amount: \$ 1,600.00			
Service Item 2:			
Service Item Description: Performed treadmill test and measured BMI. Service Item Code: DEF456 Was this service item performed? Yes Payment Authorized Amount: \$ 1,000.25 Payment Requested Amount: \$ 1,025.00			
Edit			
Additional Services:	Additional Service Item 1: Service Item Description: Examined chest X-ray Service Item Code: GHI789 Payment Requested Amount: \$ 1,250.00 Authorized By: Linda Starner When Authorized: October 2008		
Edit			
Totals:	Total Payments Authorized: \$ 2,585.50 Total Payments Requested: \$ 3,875.00		
Invoice(s) already loaded:	Invoice Type(s): Both (Invoices from DDS and Provider) InvoiceA.jpg InvoiceB.jpg		
Edit			
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"/> I have read and agree with the above		
Cancel		Submit	

CE Response/Payment Request Tracking Information Screen

Once the payment request information has been submitted, a Tracking Information page will be presented with all the information from their CE response and payment request submissions.

Social Security Online
www.socialsecurity.gov
Electronic Records Express

[Frequently Asked Questions](#)
[User Instructions](#)

John Public
[Log Out](#)
 Help Desk: 800-888-8888

Request Consultative Exam (CE) Payment
Response and Payment Request Tracking Information

[Print](#)

Thank you for your submission.

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

Response Tracking #	1133B1AA821438B9	Response Date & Timestamp:	12/08/2008 at 3:13 PM EDT
Payment Request Tracking #	1133B1AA821438B10	Payment Request Date & Timestamp:	12/08/2008 at 4:13 PM EDT
Patient Name:	Johnny Lastly	SSN:	XXX-XX-5555
		DOB:	10/12/1960

Provider Name:	Dr. Ben James	Request Type:	Consultative Exam
Request Date:	10/24/2008	Requesting Office:	OR - Salem DDS [S40]
Request ID:	ODD672900	CE Appointment Date & Timestamp:	11/24/2008 at 12:00 PM
Location:	Johns Hopkins Hospital Johns Hopkins Outpatient Center 1250 Caroline Street Suite 100 Baltimore, MD 21212-0143		

DDS Invoice/Voucher Number:	9999999999999	Legacy System Vendor Code:	999999999999999999999999
Legacy Case Number:	99999999	Other DDS Number:	99999999999999999999999999999999

Title:	Physician		
Organization Name:	American Medical Associates		
Invoice Number:	999999999999999	Taxpayer ID:	12-3456789
Payee Legal Entity Name:	American Medical Providers Inc.		
State Vendor Code:	99999999		
Remit Address:	123 Providers Street, Columbia, MD, 21044		
Phone Number:	123-128-7800	Ext: 456	Fax Number: 123-128-7891
Has provider information changed:	No		

Authorization Date:	11/03/2008	Date of Service:	11/24/2008
---------------------	------------	------------------	------------

Service Item 1

Service Item Description: **Physical exam with blood test.**

Service Item Code: **ABC123** Was this service item performed? **Yes**

Payment Authorized Amount: **\$1,585.25** Payment Requested Amount: **\$1,600.00**

Service Item 2

Service Item Description: **Treadmill test and measured BMI.**

Service Item Code: **DEF456** Was this service item performed? **Yes**

Payment Authorized: **\$1,000.25** Payment Requested Amount: **\$1,025.00**

Additional Service Item 1

Service Item Description: **Chest X-ray**

Service Item Code: **GH789** Payment Requested Amount: **\$1,250.00**

Authorized By: **Linda Stamer** When Authorized: **October 2008**

Report File Name	File Size
GoodFile.jpg	114.0 KB
AnotherGoodFile.jpg	120.0 KB
Total	134.0 KB

Additional comments were entered during the response submission.
Your response was electronically signed.

Invoice File Name	File Size
InvoiceA.jpg	124.0 KB
InvoiceB.jpg	124.0 KB
Total	148.0 KB

Invoice Type(s): Both (Invoices from DDS and Provider)

Additional comments were entered during the payment request submission.
Your payment request was electronically signed.


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

Prepare Payment Request Screens


As part of the new fiscal payment processing functionality, "Billing Admin" staff will be given the ability to prepare payment requests for evidence and CE providers. The providers will then be able to review and submit these payment requests to the DDS. The following screens are all new and will be shown when the Billing Admin is preparing a payment request for a non-electronic request, which means they will have to enter the DDS request information and they will not be presented with a payment data entry screen.

Note: If the Billing Admin was preparing a payment request for an electronic request, they would access the request from the provider's Electronic Requests lists.

Evidence/CE Request Information Screen

Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home	
User Instructions			
John Public Log Out Help Desk: 800-888-8888		 Prepare Payment Request Destination and Request Information	
Provider Information: Select the provider for whom this Payment Request is being prepared		Provider: [Select Provider]	
Patient Information:		* Name (First, Middle, Last): [] [] [] Suffix (if any): [] Date of Birth: []	
Is this payment request for a Consultative Exam?		<input type="radio"/> Yes <input type="radio"/> No	
Enter 3 character site code or select state and destination:		Site code: [] OR State: [] Can't find your site? Destination: []	
Enter the following information from the request letter or barcode:		RQID (Request ID): [] SSN: [] 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: [] <small>enter only if applicable</small>	
		Cancel Continue	

Invoice Upload Screen

Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home	User Instructions
John Public Log Out Help Desk: 800-888-8888		Prepare Payment Request Upload Invoice(s)	
Provider Information:	Ben James		
Patient Information:	Name: Johnny Lastly DOB: 10/12/1960		
Destination and request summary:	Destination: AL - Mobile DDS [V19] RQID: 353454334534 SSN: 111-11-1111 RF: P DR: F CS: 1211		
	Edit		
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):	A maximum of 4 invoices can be submitted and all files must total less than 50 MB. File types accepted: .wpd, .doc, .jpg, .bmp, .mdi, .txt, .xls, .pdf, .tif, .tif, .docx, .xlsx		
	* Invoice 1: <input type="text"/> Browse... Clear Invoice 1		
	Add Another Invoice		
Additional Comments: You can type up to three letter size pages (approximately 16,000 characters) of comments.	Comments: <input type="text"/> Characters remaining: 16,000		
	Cancel	Prior Page	Continue

Prepare Payment Request Review Screen

Social Security OnlineElectronic Records Express

www.socialsecurity.govElectronic Records Express HomeUser Instructions

John Public
[Log Out](#)
Help Desk: 800-888-8888

Prepare Payment Request

Review and Submit

Before final submission please carefully review the information below. To make changes to any sections of information, select the 'Edit' button.

Provider Information:

Ben James

Patient Information:

Name: **Johnny Lastly** SSN: XXX-XX-5555 DOB: 10/12/1960

Destination and request summary:

Destination:	AL - Mobile DDS [V19]	RQID: 353454334534	SSN: 111-11-1111
RF:	P	DR: F	CS: 1211

[Edit](#)

Invoice(s) already loaded:

Invoice Type(s): Invoice from DDS, Invoice from Provider

InvoiceA.jpg
InvoiceB.jpg

[Edit](#)

Comments:

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Vivamus non justo. Nunc velit enim, tincidunt sed, malesuada ut, dapibus a, ligula.

Characters remaining: 140

[Edit](#)

Cancel

Send to Doctor

Submit

This button will be displayed for Billing Clerks instead of the "Send to Doctor" button

Prepare Payment Request Tracking Information Screen

John Public
[Log Out](#)
Help Desk: 800-888-8888



Prepare Payment Request Payment Request Tracking Information

[Print](#)

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 Request Tracking #: **1133B1AA821438B10** Payment Request Date & Timestamp: **12/08/2008 at 4:13 PM EDT**

Reviewing Provider: **Ben James**
Patient Name: **Johnny Lastly** DOB: **10/12/1960**

Destination: **AL - Mobile DDS [V19]** RQID: **353454334534** SSN: **111-11-1111**
RF: **P** DR: **F** CS: **1211**

Invoice File Name	File Size
InvoiceA.jpg	124.0 KB
InvoiceB.jpg	124.0 KB
Total	148.0 KB

Invoice Type(s): Both (Invoices from DDS and Provider)

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[Prepare Another Request](#)

Review/Submit Prepared Payment Requests Screen

This screen is where the evidence and/or CE providers will be able to access payment requests that have been prepared for them by “Billing Admin” staff.


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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 payment 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 digits of SSN	DOB	Date / Time Prepared	Prepared By	Response Status	Response Request	Payment Status	Payment Request
Public, Jack	0001	12/31/1960		Joe Public			PREPARED	Review Payment
Public, Janet	2112	11/03/1966	08/15/2007 11:30 AM	Joe Public	PENDING	Review Response	PREPARED	Review Payment
Public, Jack	0001	12/31/1960		Joe Public			PREPARED	Review Payment
Public, Janet	2112	11/03/1966	08/15/2007 11:30 AM	Joe Public	PENDING	Review Response	PREPARED	Review Payment
Public, Jim	2112	11/03/1966	08/15/2007 11:30 AM	Joe Public	NEW	Review Response		


Submit Payment Request Screens

As part of the new fiscal payment processing functionality, "Billing Clerk" staff and providers will be given the ability to upload and submit invoices as payment requests for non-electronic evidence and CE requests. The following screens are all new and because this functionality is for non-electronic requests, users will have to enter the DDS request information and they will not be presented with a payment data entry screen.


Evidence/CE Request Information Screen

Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home	User Instructions
John Public <input type="button" value="Log Out"/> Help Desk: 800-888-8888		Submit Payment Request Destination and Request Information	
Is this payment request for a Consultative Exam?	<input type="radio"/> Yes <input type="radio"/> No		
Enter 3 character site code or select state and destination:	Site code: <input type="text"/> OR State: <input type="text"/> Can't find your site? Destination: <input type="text"/>		
Enter the following information from the request letter or barcode:	RQID (Request ID): <input type="text"/> SSN: <input type="text"/> DR: <input checked="" type="radio"/> F <input type="radio"/> S <input type="radio"/> No DR or No Barcode RF (Routing Field): <input type="radio"/> P <input type="radio"/> D or Blank <input type="radio"/> No RF or No Barcode CS: <input type="text"/>		
<input type="button" value="Cancel"/>		<input type="button" value="Next"/>	

Invoice Upload Screen

Social Security Online Electronic Records Express													
www.socialsecurity.gov Electronic Records Express Home User Instructions													
John Public Log Out Help Desk: 800-888-8888	 Submit Payment Request Upload Invoice(s)												
Destination and request summary:	<p>* Denotes Required Field</p> <table border="1"><tr><td>Destination:</td><td>AL - Mobile DDS [V19]</td><td>RQID:</td><td>353454334534</td><td>SSN:</td><td>111-11-1111</td></tr><tr><td>RF:</td><td>P</td><td>DR:</td><td>F</td><td>CS:</td><td>1211</td></tr></table> <p>Edit</p>	Destination:	AL - Mobile DDS [V19]	RQID:	353454334534	SSN:	111-11-1111	RF:	P	DR:	F	CS:	1211
Destination:	AL - Mobile DDS [V19]	RQID:	353454334534	SSN:	111-11-1111								
RF:	P	DR:	F	CS:	1211								
Invoice Types:	<p>* Select the type of invoice(s) you want to upload.</p> <p><input type="radio"/> Invoice from DDS</p> <p><input type="radio"/> Invoice from Provider</p> <p><input type="radio"/> Both</p>												
Upload Invoice(s):	<p>A maximum of 4 invoices can be submitted and all files must total less than 50 MB. File types accepted: .wpd, .doc, .jpg, .bmp, .mdi, .txt, .xls, .pdf, .tif, .tiff, .docx, .xlsx Please do not upload password-protected invoices, as they cannot be processed.</p> <p>* Invoice 1: <input type="text"/> Browse... Clear Invoice 1</p> <p>Add Another Invoice</p>												
Additional Comments: You can type up to three letter size pages (approximately 16,000 characters) of comments.	<p>Comments:</p> <div style="border: 1px solid gray; height: 40px; width: 100%;"></div> <p>Characters remaining: 16,000</p>												
<p>Cancel Prior Page Next</p>													

Payment Request Review Screen


Social Security Online		Electronic Records Express													
www.socialsecurity.gov		Electronic Records Express Home													
User Instructions															
<p>John Public Log Out Help Desk: 800-888-8888</p>		<h2>Send Payment Request</h2> <p>Review and Submit</p> <p>Before final submission please carefully review the information below. To make changes to any sections of information, select the 'Edit' button.</p>													
Destination and request summary:	<table border="1"><tr><td>Destination:</td><td>AL - Mobile DDS [V19]</td><td>RQID:</td><td>353454334534</td><td>SSN:</td><td>111-11-1111</td></tr><tr><td>RF:</td><td>P</td><td>DR:</td><td>F</td><td>CS:</td><td>1211</td></tr></table> <p>Edit</p>			Destination:	AL - Mobile DDS [V19]	RQID:	353454334534	SSN:	111-11-1111	RF:	P	DR:	F	CS:	1211
Destination:	AL - Mobile DDS [V19]	RQID:	353454334534	SSN:	111-11-1111										
RF:	P	DR:	F	CS:	1211										
Invoice(s) already loaded:	<p>Invoice Type(s): Both (Invoices from DDS and Provider)</p> <p>InvoiceA.jpg InvoiceB.jpg</p> <p>Edit</p>														
Comments:	<p>Lorem ipsum dolor sit amet, consectetur adipiscing elit. Vivamus non justo. Nunc velit enim, tincidunt sed, malesuada ut, dapibus a, ligula.</p> <p>Characters remaining: 140</p> <p>Edit</p>														
<p>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.</p>	<p>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.</p> <p>By checking the "I have read and agree with the above" checkbox below, I am certifying that I electronically sign the invoice contained within.</p> <p><input type="checkbox"/> I have read and agree with the above</p> <p>Cancel Submit</p>														

Payment Request Tracking Information Screen

Social Security OnlineElectronic Records Express

www.socialsecurity.govElectronic Records Express HomeUser Instructions

John Public
[Log Out](#)
Help Desk: 800-888-8888



Send Payment Request

Payment Request Tracking Information

[Print](#)

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

Payment Request Tracking #	1133B1AA821438B10	Payment Request Date & Timestamp:	12/08/2008 at 4:13 PM EDT		
Destination:	AL - Mobile DDS [V19]	RQID:	353454334534	SSN:	111-11-1111
RF:	P	DR:	F	CS:	1211

Invoice File Name	File Size
InvoiceA.jpg	124.0 KB
InvoiceB.jpg	124.0 KB
Total	148.0 KB


Invoice Type(s): Both (Invoices from DDS and Provider)

Additional comments were entered during the payment request submission.
Your payment request was electronically signed.

[Print](#) [Submit Another Request](#) [Home](#)

Response to Non-Electronic Medical Evidence Request Screen

As an enhancement to allow evidence providers to select a doc type for their response to a non-electronic request, a drop down box has been added to the DDS request information screen, which will include specific doc type codes.

Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home	
User Instructions			
John Public <input type="button" value="Log Out"/> Help Desk: 800-888-8888		Send Response for Individual Case Destination and Request Information (Step 1 of 3)	
Enter 3 character site code or select state and destination:	Site code: <input type="text"/>	OR	State: <input type="text"/>
	Destination: <input type="text"/>		
Enter the following information from the request letter or barcode:	RQID (Request ID): <input type="text"/>	SSN: <input type="text"/>	
	DR: <input checked="" type="radio"/> F	<input type="radio"/> S	<input type="radio"/> No DR or No Barcode
	RF (Routing Field): <input type="radio"/> P	<input type="radio"/> D or Blank	<input type="radio"/> No RF or No Barcode
	CS: <input type="text"/>	Doc Type: <input type="text"/>	
Do you have records to submit for this case?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
	<input type="button" value="Cancel"/>	<input type="button" value="Next"/>	