SOCIAL SECURITY ADMINISTRATION

Refer To:
Claimant Social Security Number
Claimant Name
DOB

Office of Disability Adjudication and Review
Hearing Office Name
Hearing Office Street Address
City, State Zip Code
Telephone Number/Fax Number

Month Day, Year

Doctor Name
Doctor Street Address
City, State Zip Code

A claim for disability benefits, filed by the above-named individual under the Social Security Act, is before the Office of Disability Adjudication and Review for hearing and decision.

Please provide the following information within the next ten days:
Requested information

If you are currently registered as a user of the Electronic Records Express (ERE), use the attached barcode information when submitting the requested evidence (RQID, RF, and DR fields). If you are not a registered user of ERE, fax the evidence, along with the enclosed barcode, using this fax number– (877)548-8804. Remember that the enclosed barcode must be the first page of each set of documents being faxed. Note: **If you request payment, the request should be returned to the address shown above or sent via the fax number noted below – it is different than the FECS fax number used for medical evidence.**

Your assistance in furnishing this information will facilitate the adjudication of this claim and will be greatly appreciated. A medical release form is enclosed. We are authorized to pay up to $, which is the same amount that the Disability Determination Service Office pays for such a report. If you require payment for the evidence, please supply us with the necessary information requested on the attached page and return this letter by mail or fax (Hearing Office Fax Number) to our office as soon as possible. Please refer to the attached schedule for payment information. If you have any questions, please contact (Contact Person) at the phone number listed above.

Thank you for your cooperation.

Sincerely,

ALJ Name
Administrative Law Judge

Enclosures

See Next Page

cc: Claimant Name
Claimant Street Address
City, State Zip Code

See Next Page

Doctor Name
Doctor Street Address
City, State Zip Code

Medical Source Information (to be completed by physician)

Signature: _____ Amount: _____

Physician SSN or, if incorporated, EIN: _____ Date: _____

or

Medical Center Name and Federal Tax EIN: _____ Date: _____

Payee Name – Please Print: (First, Middle Initial, Last Name); Payee SSN, or if incorporated, EIN: (The EIN or SSN must belong to the payee.) _____ Date: _____

_____

_____

Remittance Address: _____

Telephone Number: _____

Hearing Office Information (to be completed by hearing office personnel)

Evidence Received by: _____ Date: _____

CAN: _____ SOC: _____ APPROVED FOR PAYMENT BY: _____ DATE: _____

TPD# _____ PAID BY (INITIALS) _____ SYSTEMS ID NUMBER ____ DATE: _____

INSERT THIS END FIRST

Please include this barcode cover sheet as the first page of <u>each set of documents</u> returned.

Fax the evidence to this fax number:

(877)548-8804

RQID:00000000000000000000021565 SITE:T21 DR:S
SSN:367237305 DOCTYPE:3143 RF:D CS:5fed

Claimant: Claimant Name
SSN: Claimant Social Security Number

SSA will insert the following revised Privacy Act and PRA Statements into the form at its next scheduled reprinting:

Privacy Act Statement
Collection and Use of Personal Information

Sections 205(a), 1631(d)(1) and 1631(e)(1) of the Social Security Act as amended, [42 U.S.C. 405(a), 1383(d)(1) and 1383(e)(1)] authorize us to collect this information. We will use the information you provide to help us determine the claimants benefit amount. The information you provide on this form is voluntary. However, failure to provide the requested information may prevent us from making an accurate and timely decision on any claim filed.

We rarely use the information you provide on this form for any purpose other than for the reasons explained above. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits or coverage;

2. To comply with Federal laws requiring the release of information from Social Security records to other agencies (e.g., to the Government Accountability Office, General Services Administration, National Archives Records Administration, and the Department of Veterans Affairs);

3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level.

4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching agencies can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in our System of Records Notices entitled, Administrative Law Judge Working File on Claimant Cases, 60-0005 and Claims Folders Systems, 60-0089. The notices, additional information regarding this form, and information regarding our system and programs, are available on-line at www.socialsecurity.gov or at any local Social Security office.

Paperwork Reduction Act Statement - This information collection meets the 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. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to*****:** *SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.*