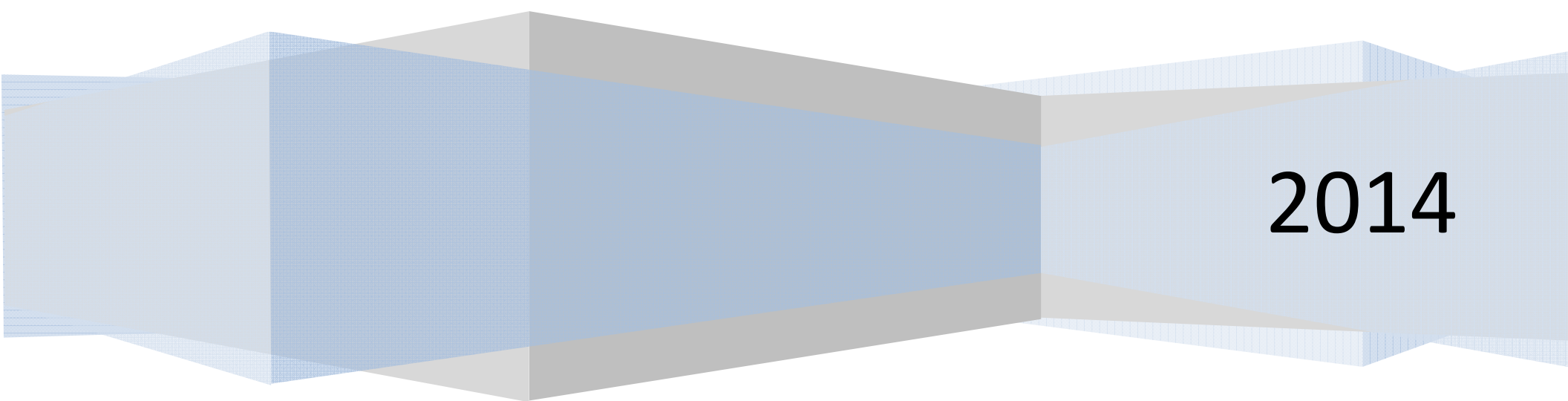


Social Security Administration

ERE Screen Shots

For OMB Clearance 0960-0753



2014

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Login Screen

ERE Login Screen

Text Size ▾ | Accessibility Help



Social Security

Official Website of the U.S. Social Security Administration

Electronic Records Express (ERE)

OMB No. 0000-0000
[Paperwork Reduction Act](#)

Sign In

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 Username.
- 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 identify of an individual could be punished by a fine or imprisonment, or both.
- I am authorized to do business under this Username.

By entering your Username, Password and clicking on the "Sign In" button, you certify that you have read, understand and agree to the above statements.

Username:

Password:

Help & Support

If you need assistance with the Electronic Records Express Website, please contact us.

Email:
EETechSupport@SSA.gov

Call Us (toll free):
1-866-691-3061

Your privacy is important.

For details about our use of your information, we encourage you to read our [Privacy Act Statement](#).

Privacy Act Statement

Text Size ▾ | Accessibility Help



Social Security

The Official Website of the U.S. Social Security Administration

Electronic Records Express (ERE)

See Revised Privacy Act Statement Attached

Privacy Act Statement

Collection and Use of Personal Information Electronic Records Express Business Services Online

Sections 205 [42 U.S.C. 405] of the Social Security Act, as amended, the Government Paperwork Elimination Act [44 U.S.C. 3504], and the Federal Information Security Management Act of 2002 [Title III] of the E-Government Act of 2002 [P.L. 107-347] authorize us to collect this information to allow you access to our Business Services Online (BSO).

We will use the information you provide to register you, your company or authorized employees(s) to use our online services. We will verify the personally identifiable information (such as name, Social Security number, and date of birth) you provide against our records for user registration. Providing this information is voluntary. However, failing to provide us the requested information will prevent you or your company from using our online services.

We rarely use the information you provide for any purpose other than registration and granting access to our online services. We may disclose the information in accordance with approved routine uses compliant with the Privacy Act [5 U.S.C. § 552a(b)] which include but are not limited to the following:

To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of our BSO; and

To comply with Federal laws requiring the release of information from our records (e.g., to the Office General Services Administration and National Archives Records Administration).
A complete list of routine uses for this information is available in our Privacy Act Systems of Records Notice entitled, *Master Files of Social Security Number (SSN) Holders and SSN Applications* (60-0058) and the *Central Repository of Electronic Authentication Data Master File* (60-0373). These notices, additional information about this collection of information, and other information regarding our systems and programs, are available on-line at www.socialsecurity.gov or at your local Social Security office.

Help & Support

If you need assistance with the Electronic Records Express Website, please contact us.

Email:
EETechSupport@SSA.gov

Call Us (toll free):
1-866-691-3061

Close

ERE Homepage

Administrator's Homepage view

Marianne Jones | [Sign Out](#) Text Size  | [Accessibility Help](#)



Social Security

Official Website of the U.S. Social Security Administration

Electronic Records Express (ERE)

[System Notices \(2\)](#) - Updated: 07/08/2013

[Sign Up for Email/Text ERE System Notifications](#)

[What's New?](#) - Updated: 07/01/2013

Evidence Functions [?](#) [Help](#)

- [Access Electronic Requests](#)
- [Access Provider's Electronic Requests](#)
- [Send Individual Response](#)
- [Send Grouped Response](#)
- [Send Report\(s\) with Scanned Signature](#)
- [Send CE Report](#)
- [Send CE No Show Response](#)
- [Prepare Report for Provider](#)
- [Review/Submit Prepared Requests](#)
- [Track Status of Submissions](#)
- [Submission Inquiry](#)
- [Teacher Questionnaire \(PDF\)](#)

Account Functions [?](#) [Help](#)

- [Create Account](#)
- [Search Accounts](#)
- [Modify Your Account](#)
- [Change Your Password](#)
- [Manage Your Email Notifications](#)

Payment Functions [?](#) [Help](#)

- [Submit Payment Request](#)
- [Access Provider's Electronic Payment Requests](#)

Help & Support


Email:
EETechSupport@SSA.gov


Call Us (toll free):
1-866-691-3061

[? User Resources](#)

Account Maintenance Screens

Create an Individual End-User Account

Marianne Jones | [Sign Out](#) Text Size  | [Accessibility Help](#)



Social Security

Official Website of the U.S. Social Security Administration

ERE: Create an Account

1 Provide Account Information**2** Review**3** Confirmation

Account Type & Username

What type of account would you like to create?

Administrator Account

Regional Administrator Account

Sponsor Account

Individual End-User Account

Demo Account

Username:

Username must contain:

- Exactly 8 characters
- At least one numeral
- At least one letter
- No special characters

[? User Resources](#)

User Information

Name:

<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle	Last

Primary Phone Number:

U.S. International

<input type="text"/>	<input type="text"/>
10-digit Number	Ext.

Alternate Phone Number (optional):

U.S. International

<input type="text"/>	<input type="text"/>
10-digit Number	Ext.

FAX Number (optional):

U.S. International

<input type="text"/>	<input type="text"/>
10-digit Number	Ext.

Primary Email Address:

Confirm Primary Email Address:

Alternate Email Address (optional):

Confirm Alternate Email Address (Optional):

Organization Information

Organization Type:

Attorneys Office

Organization Name:

Department (optional):

Position (optional):

Address:

Country:

United States or U.S. Territory

Street Address:

Street Line 1:

Street Line 2: [+ Add Line](#)

City/Town:

State/Territory:

--

ZIP Code:

Primary Site:

--

Primary Site Contact:

--

Account Functions

Select the functions that apply to the user. You must select at least one option.

- Send Individual Case
- Send Grouped Files
- Consultative Exam
- Prepare Consultative Exam Report for Provider
- Review/Submit CE Reports
- Consultative Exam with Scanned Signatures
- Secure Messaging
- Contact ODAR Office
- CE Payment Request: Provider
- CE Payment Request: Billing Clerk
- MER Payment Request: Provider
- MER Payment Request: Billing Clerk

Additional Information

Comments (optional):

(254 characters maximum)

Characters remaining: 254

Next

Cancel

Manage End-User Relationships

Marianne Jones | [Sign Out](#)

Text Size  | [Accessibility Help](#)



Social Security

Official Website of the U.S. Social Security Administration

ERE: Create Relationship

Username: **SJONES01**

First Name: **Susan**

Last Name: **Jones**

Organization: **Angulara Services**

State/Territory: **MD**

Function: **CE Admin Staff**

[? User Resources](#)

Search for Available Users By:

Username:

Organization Name:

Last Name:

Organization Type:

First Name:

State/Territory:

User Type(s):

- CE Medical
- MER Billing
- CE Billing

[Search](#)

[Cancel](#)

Manage End-User Relationships – Search Results



Social Security

Official Website of the U.S. Social Security Administration

ERE: Create Relationship

Username: **SJONES01**

First Name: **Susan**

Last Name: **Jones**

Organization: **Angulara Services**

State/Territory: **MD**

Function: **CE Admin Staff**

[? User Resources](#)

Search Results

Select the user(s) that you would like to create a relationship with.

<input type="checkbox"/>	Username	Last Name ▲	First Name	Organization Name	Organization Type	State	User Type
<input type="checkbox"/>	ANGU123	Angulara	Sam	Angulara Services	CE Provider	MD	CE Medical
<input type="checkbox"/>	JOEANG	Angela	Joe	Steven's Medical Group	CE Provider	MD	CE Medical
<input type="checkbox"/>	KROMA01	Ang	Kroma	MedTron Technologies	CE Provider	MD	CE Medical
<input type="checkbox"/>	ANGELIS	Angellis	Karen	Medicus Maximus	CE Provider	VA	CE Medical
<input type="checkbox"/>	AROG001	Angsley	Ficus	Ficus and Co.	CE Provider	MD	CE Medical

[Create Relationship](#)

[Edit Search](#)

[Cancel](#)

Create Individual End-User Account Summary

Marianne Jones | [Sign Out](#)

Text Size | [Accessibility Help](#)



Social Security

Official Website of the U.S. Social Security Administration

ERE: Account Summary

You successfully created the relationship(s).

Actions

- [Modify Account Info](#)
- [Reset Password](#)
- [Suspend Account](#)
- [Delete Account](#)
- [View Log History](#)

[User Resources](#)

Account Information

Username: **SJONES01**
SSA ID: **PZDDF067AC**
Demo Account: **No**
Account Type: **Individual End-User Account**
Account Status: **Active**

Name: **Susan Jones**
Primary Phone Number: **(410) 555-1200**
Alternate Phone Number: **(410) 555-1212**
FAX Number:
Primary Email Address: **susan.jones@angularaservices.org**
Alternate Email Address:

Organization Type: **CE Support Staff**
Organization Name: **Angulara Services**
Department:
Position:
Address: **567 Main St, Baltimore, MD, 21208**

Primary Site: **MD - Timonium DDS [S23]**
Primary Site Contact: **Public, John (JPUBLIC2)**

Account Functions: **Prepare Consultative Exam Report for Doctor**

Comments:

Current Relationships

Username	Last Name	First Name	Organization Name	Organization Type	State	User Type	Action
ANGU123	Angulara	Sam	Angulara Services	CE Provider	MD	CE Medical	Delete

[Create New Relationship](#)

[ERE Home](#)



ERE: Search Accounts

Search for Accounts By:

[? User Resources](#)

Last Name:

SSA ID:

First Name:

Phone Number:

Username:

Email Address:

Primary Site:

Match:

- ALL Information Entered
- ANY Information Entered
- Include Demo Accounts
- Exclude Deleted Accounts

Hide functions to include in search

Functions:

- Send Individual Case
- Send Grouped Files
- Consultative Exam
- Prepare Consultative Exam Report for Provider
- Review/Submit CE Reports
- Consultative Exam with Scanned Signature
- Secure Messaging
- Contact ODAR Office
- ERE Web Services
- CE Payment Request: Provider
- CE Payment Request: Billing Clerk
- MER Payment Request: Provider
- MER Payment Request: Billing Clerk

[Search](#)

[ERE Home](#)

Search Results



Social Security

Official Website of the U.S. Social Security Administration

ERE: Search Accounts

Search Results

[? User Resources](#)

Showing 1-5 of 5

<< First < Prev **1** Next > Last >>

Username ▲	Account Type	First Name	Last Name	Demo?	Account Status	Organization	Phone	Email	Site
PJANE204	Ind	Jane	Public	No	Active	SSA	4433481829	jane.public@ssa.gov	X50
TAMIRAJ	Ind	Tamira	Jameson	No	Active	St. Mary's	4103331111	tamira.jameson@stmarys.org	T21
PJOSE704	Ind	Joseph	Public	No	Deleted	SSA	4433484250	joseph.public@ssa.gov	S74
ANGU123	Ind	Sam	Angulara	No	Active	Angulara Services	4105551212	sam.angulara@angularaservices.org	S23
PJAMES01	Ind	James	Public	No	Deleted	SSA	4109651945	james.public@ssa.gov	V40

<< First < Prev **1** Next > Last >>

[Edit Search](#)

[New Search](#)

[ERE Home](#)

Delete Account

Marianne Jones | [Sign Out](#)

Text Size  | [Accessibility Help](#)



Social Security

Official Website of the U.S. Social Security Administration

ERE: Delete Account

Username: **TAMIRAJ**
First Name: **Tamira**
Last Name: **Jameson**

Organization: **St. Mary's**
State/Territory: **MD**

[? User Resources](#)



The account selected is associated with a number of other users. Please select another Primary Site Contact to reassign the associated accounts.

New Primary Site Contact

Public, Joe (JPUBLIC1) 

[Delete Account](#)

[Cancel](#)

Delete Account - Account Summary




Social Security

Official Website of the U.S. Social Security Administration


ERE: Account Summary




You successfully deleted account TAMIRAJ.
Users associated with this account has been reassigned to Public, Joe (JPUBLIC1).

 [Print this Page](#)

Actions

 [View Log History](#)

 [User Resources](#)

Account Information

Username: **TAMIRAJ**
SSA ID: **AYXK067AP**
Demo Account: **No**
Account Type: **Sponsor Account**
Account Status: **Deleted**

Name: **Tamira Jameson**
Primary Phone Number: **(410) 333-1111**
Alternate Phone Number:
FAX Number:
Primary Email Address: **tamira.jameson@stmarys.org**
Alternate Email Address:

Organization Type: **SSA State DDS Site**
Department:
Position:

Primary Site: **MD - Baltimore ODAR [T21]**
Primary Site Contact: **Public, Tracey (TPUBLIC1)**


Account Functions: **Send Individual Response, Send Grouped Response**

Comments:

[ERE Home](#)

Change Your Password

Marianne Jones | [Sign Out](#) Text Size | [Accessibility Help](#)



Social Security

Official Website of the U.S. Social Security Administration

ERE: Change Your Password

Enter Password Information

Current Password:

New Password:
 Password Strength

Must be 8-20 characters and contain at least:


- at least one uppercase letter (A-Z)
- at least one lowercase letter (a-z)
- at least one number (0-9)
- at least one symbol (! @ # \$ % ^ & *)

Re-enter New Password:

[? User Resources](#)

Change Your Password Confirmation


Marianne Jones | [Sign Out](#) Text Size | [Accessibility Help](#)



Social Security

Official Website of the U.S. Social Security Administration

ERE: Change Your Password



You successfully changed your password and a confirmation email has been sent to you.

[? User Resources](#)

Modify Account

Marianne Jones | [Sign Out](#)

Text Size

[Accessibility Help](#)



Social Security

Official Website of the U.S. Social Security Administration

ERE: Modify Account Information

Account Type & Username

Username: **ANGU123**

SSA ID: **GZXK067AP**

Account Type: **Individual End-User Account**

Account Status: **Active**

Demo Account

[? User Resources](#)

User Information

Name:

Sam Angulara

First Middle Last

Primary Phone Number:

U.S. International

4105551212

10-digit Number [Ext.](#)

Alternate Phone Number (optional):

U.S. International

4105551211

10-digit Number [Ext.](#)

FAX Number (optional):

U.S. International

10-digit Number [Ext.](#)

Primary Email Address:

Confirm Primary Email Address:

Alternate Email Address (optional):

Confirm Alternate Email Address:

Organization Information

Organization Type:

CE Provider

Organization Name:

Angulara Services

Department (optional):

Position (optional):

Address:

Country:

United States or U.S. Territory

Street Address:

Street Line 1: 123 Main St

Street Line 2: [+ Add Line](#)

City/Town:

Baltimore

State/Territory:

Maryland

ZIP Code:

21208

Primary Site:

MD - Timonium DDS [S23]

Primary Site Contact:

Public, John (JPUBLIC1)

Account Functions

Select the functions that apply to the user. You must select at least one option.

- Send Individual Case
- Send Grouped Files
- Consultative Exam
- Prepare Consultative Exam Report for Provider
- Review/Submit CE Reports
- Consultative Exam with Scanned Signatures
- Secure Messaging
- Contact ODAR Office
- CE Payment Request: Provider
- CE Payment Request: Billing Clerk
- MER Payment Request: Provider
- MER Payment Request: Billing Clerk

Additional Information

Comments (optional):

(254 characters maximum)

Characters remaining: 254

Save

Cancel

Modify Account Confirmation



ERE: Account Summary

You successfully saved the account changes and a confirmation email has been sent to the account holder.

Actions

- [Modify Account Info](#)
- [Reset Password](#)
- [Suspend Account](#)
- [Delete Account](#)
- [View Log History](#)

[? User Resources](#)

Account Information

Username: **ANGU123**
SSA ID: **GZXK067AP**
Demo Account: **No**
Account Type: **Individual End-User Account**
Account Status: **Active**

Name: **Sam Angulara**
Primary Phone Number: **(410) 555-1212**
Alternate Phone Number: **(410) 555-1211**
FAX Number:
Primary Email Address: **sam.angulara@angularaservices.org**
Alternate Email Address:

Organization Type: **CE Provider**
Organization Name: **Angulara Services**
Department:
Position:
Address: **567 Main St, Baltimore, MD, 21208**

Primary Site: **MD - Timonium DDS [S23]**
Primary Site Contact: **Public, John (JPUBLIC2)**

Account Functions: **Consultative Exam**

Comments:

Current Relationships


	Username	Last Name	First Name	Organization Name	Organization Type	State	User Type
--	----------	-----------	------------	-------------------	-------------------	-------	-----------


User has no relationships

[Create New Relationship](#)

[ERE Home](#)

Manage Email Notification

Sarah Jones | [Sign Out](#) Text Size  | [Accessibility Help](#)



Social Security

Official Website of the U.S. Social Security Administration

ERE: Manage Your Email Notifications

Email Notifications

ERE automatically sends email notifications indicating that you have new requests.


Manage Email Notifications:
Update notifications for "New Electronic Requests" sent to me at sara.jones@angularaservices.org
[Update your email address](#)


On
 Off (You will still continue to receive emails about errors and system notifications.)

[? User Resources](#)

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

Manage Email - Confirmation


Sarah Jones | [Sign Out](#) Text Size  | [Accessibility Help](#)



Social Security

Official Website of the U.S. Social Security Administration

ERE: Manage Your Email Notifications

 **You successfully turned OFF email notifications.**


[? User Resources](#)


[ERE Home](#)

Evidence Services

Send Individual Response

Destination and Request Information

Top Ramen | [Sign Out](#) Text Size  | [Accessibility Help](#)



Social Security

Official Website of the U.S. Social Security Administration

ERE: Send Individual Response

1 Destination Information**2** Review & Add Information**3** Confirmation

Destination and Request Information

Please refer to your request letter or barcode to complete this information.

[? User Resources](#)

Select destination by: [? More Info](#)

Site code State

Site Code:
T21

State: **MD - Maryland**

Destination: **MD - Baltimore ODAR [T21]**

Social Security Number (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 (only if applicable):

Review & Add Information

Susan Kim | [Sign Out](#)

Text Size  | [Accessibility Help](#)



Social Security

Official Website of the U.S. Social Security Administration

ERE: Send Individual Response

- 1 ✓ Destination Information
- 2 Review & Add Information
- 3 Confirmation

Review

[Edit](#) Destination and Request Information

[? User Resources](#)

Destination: **MD - Baltimore ODAR [T21]** RF: **P**
SSN: **000-00-0701** DR: **F**
RQID: **000000241156125** CS: **01**

Attach and Upload Files

- A maximum of 10 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, .tiff, .tif
- Please do not upload password-protected files because they cannot be processed.

File 1:

[Browse](#)

[Delete](#)

Document Type

Document Date:

mm/dd/yyyy

Notes:

[Add A File](#)

[Submit](#)

[Previous](#)

[Cancel](#)



Social Security

Official Website of the U.S. Social Security Administration

ERE: Send Individual Response

- 1 ✓ Destination Information
- 2 ✓ Review & Add Information
- 3 Confirmation

✓ **Thank you for your submission.**

Individual Response Submission - Tracking Information.

Tracking Number: **12E5G203C4AFEDG6**

Submitted on: **09/29/2013 at 04:16 PM ET**

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

[Print this Page](#)

[? User Resources](#)

Submission Summary

Tracking Information

Destination and Request Information

Destination: **MD - Baltimore ODAR [T21]**

SSN: **000-00-0701**

RQID: **00000024156125**

RF: **P**

DR: **F**

CS: **01**

Uploaded File(s)

File Information	File Size
File: MarySim-NeuroReport.doc	100 KB
Document Type: Medical Evidence of Record (MER)	
Treatment Source: Sam Angulara	
Date: 09/05/2013 to 09/06/2013	
Notes: No notes added	
Total File Size:	100 KB


[Send Another Response](#)

[ERE Home](#)

Submit MER Payment (non-eOR)

Destination and Request Information

Sarah Jones | [Sign Out](#) Text Size | [Accessibility Help](#)



Social Security

Official Website of the U.S. Social Security Administration

ERE: Submit Payment Request

1 Destination Information**2** Review & Add Information**3** Confirmation

Destination and Request Information

Please refer to your request letter or barcode to complete this information.

Select destination by: [? More Info](#)

Site code State

Site Code:
S23

State: **MD - Maryland**

Destination: **MD - Timonium DDS [S23]**

Social Security Number (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


Is this payment request for a Consultative Exam?

Yes No

[? User Resources](#)

Add Invoices




Sam Angulara | [Sign Out](#) Text Size  | [Accessibility Help](#)



Social Security

Official Website of the U.S. Social Security Administration

ERE: Submit Payment Request

1  Destination Information2  Review & Add Information3  Confirmation

Review

Edit Destination and Request Information [? User Resources](#)

Destination: MD - Timonium DDS [S23]	RF: P
SSN: 000-00-0701	DR: F
RQID: 000000241156125	CS: 01

Is this payment request for a Consultative Exam: **No**

Invoice Types

Select the types of invoice(s) you want to upload.

Invoice from DDS

Invoice from Provider

Both

Attach and Upload Invoices

- A maximum of 4 files can be added 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 files because they cannot be processed.

File 1: Delete

Payment Request Agreement

Please read this statement and indicate your agreement. When you select "Submit," you will generate an electronic signature and submit your response.

I am certifying under penalty of perjury, that the information 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.

I have read and agree to the above.



ERE: Submit Payment Request

- 1 ✓ Destination Information
- 2 ✓ Review & Add Information
- 3 Confirmation

✓ **Thank you for your submission.**
Payment Request Submission - Tracking Information.

Tracking Number: **11B5F200B4AFEDB6**
Submitted on: **09/29/2013 at 04:16 PM ET**

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

[Print this Page](#)

[? User Resources](#)

Submission Summary

Tracking Information

Destination and Request Information

Destination: **MD - Timonium DDS [S23]**
SSN: **000-00-0701**
RQID: **00000024156125**
RF: **P**
DR: **F**
CS: **01**
Is this payment request for a Consultative Exam: **No**

Uploaded Invoice(s)

File Name	File Size
Goodwin-BayleyInvoice.doc	100 KB
Total File Size:	100 KB


Invoice Type: **DDS**
Your payment was electronically signed.

[Send Another Request](#)


[ERE Home](#)


MER No Records (eOR)

Tamira Jameson | [Sign Out](#) Text Size Accessibility Help

**Social Security**
Official Website of the U.S. Social Security Administration

ERE: View/Submit Evidence Request

 **Immediate Response Needed**

 [User Resources](#)

Patient Name: Janice Goodwin	Patient SSN: XXX-XX-0002
Patient DOB: 10/19/1978	Provider Name: Sam Angulara
Request Type: Evidence Request	Request Date: 09/17/2013
Requesting Office: MD - Timonium DDS [S23]	Disability Examiner: Mark Evans
Request ID: 20100304DOE2_200002 D	

Request Details

Special Instructions:

Documentation

File Name	Date Added
Request Letter	03/06/2010
Authorization to Disclose Information	03/16/2010
Background Evidence	03/16/2010
Supporting Documentation	03/16/2010

Request Response

Do you have records to submit for this case?

Yes No

Add Reason

Reason for No Records to Submit:

- More information needed (comments required)
- More time needed (comments required)
- No records found for requested timeframe
- Person is not my patient
- Release Form 827 is incomplete or missing (comments required)
- Other

Comments:
(16,000 characters maximum)

Characters remaining: 16,000

Additional Examination or Test (optional)

Is the provider willing to provide an additional examination or test?

Yes No

Submit

[Previous](#)

[Cancel](#)



Social Security

Official Website of the U.S. Social Security Administration

ERE: View/Submit Evidence Request




Thank you for your submission.

Individual Response Submission - Tracking Information.

Tracking Number: **GZX13067AP**

Date and Timestamp: **09/21/2010 at 02:54 PM ET**

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

 [Print this Page](#)

[? User Resources](#)

Submission Summary

Tracking Information

Patient Information

Patient Name: **Janice Goodwin**

Patient SSN: **XXX-XX-0002**

Patient DOB: **10/20/1978**

Provider Name: **Sam Angulara**

Request Type: **Evidence Request**

Request Date: **03/04/2013**

Requesting Office: **MD - Timonium DDS [S23]**

Request ID: **20100304DOE2_200002 D**

Disability Examiner: **Mark Evans**

Request Response

Reason: **No records found for requested timeframe**


[ERE Home](#)

[Review Another Request](#)

Send Grouped Response

Destination Information

Tamira Jameson | [Sign Out](#) Text Size  | [Accessibility Help](#)



Social Security
Official Website of the U.S. Social Security Administration

ERE: Send Grouped Files

1 Destination Information**2** Review & Add Information**3** Confirmation

Destination and Request Information

Select destination by: [More Info](#)

Site code State

Site Code:
S23

State: **MD - Maryland**

Destination: **MD - Timonium DDS [S23]**

Does the first page of all the documents contain an enhanced 2-D barcode? [More Info](#)

Yes No

[? User Resources](#)

Review & Add Information



Social Security

Official Website of the U.S. Social Security Administration

ERE: Send Grouped Files

- 1 ✓ Destination Information
- 2 Review & Add Information
- 3 Confirmation

Review

[Edit](#) Destination and Request Information

[? User Resources](#)

State: **MD - Maryland**

Destination: **MD - Timonium DDS [S23]**

Barcode present? **Yes**

Attach and Upload Files

- A maximum of 10 files can be added and all files must total less than 50MB.
- ONLY zipped files can be uploaded. Uploaded zipped files must contain .tif, .tiff, .jpg, .bmp, .mdi or .pdf files.
- Please do not upload password-protected files because they cannot be processed.

File 1:

[Browse](#)

[Delete](#)

[Add A File](#)

[Submit](#)

[Previous](#)

[Cancel](#)

Confirmation



Social Security

Official Website of the U.S. Social Security Administration

ERE: Send Grouped Files

- 1 ✓ Destination Information
- 2 ✓ Review & Add Information
- 3 Confirmation

✓ **Thank you for your submission.**
Grouped Files Submission - Tracking Information.

Tracking Number: **CCXKR017AF**

Date and Timestamp: **03/29/2013 at 04:16 PM ET**

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

[? User Resources](#)

[Print this Page](#)

Submission Summary

Tracking Information

Destination and Request Information

State: **MD - Maryland**

Destination: **MD - Timonium DDS [S23]**

Barcode present? **Yes**

Uploaded File(s)

File Name	File Size
Sept30Evidence.doc	160 KB
Total File Size	160 KB

[ERE Home](#)

[Send Another Response](#)

Review/Submit Prepared Requests



ERE: Review / Submit Prepared Requests

This page shows everything that has been prepared by you or your staff. None of these items have been or will be submitted to the requesting office until you review and submit each one.

[? User Resources](#)


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

Patient Name ▲	SSN (Last 4)	DOB	Prepared Date	Prepared Time (ET)	Prepared By	Response Status
Public, Jane	0002	10/19/1978	03/04/2010	02:30PM	Susan Jones	Viewed
Quanta, Peter	0225	01/06/2010	03/25/2010	03:45PM	Susan Jones	New
Slander, Nic	0005	12/06/1942	03/27/2010	03:15PM	Susan Jones	New
Walter, Lip	7354	11/06/1945	03/22/2010	11:00AM	Susan Jones	Pending
Walter, Lip	7354	11/06/1945	03/22/2010	04:30PM	Susan Jones	New
Walter, Lip	7354	11/06/1945	03/22/2010	11:00AM	Susan Jones	New
Xander, Moose	1235	11/08/1972	03/17/2010	04:30PM	Susan Jones	New

[ERE Home](#)

View Prepared Request and Upload Files - eOR

Sam Angulara | [Sign Out](#)

Text Size  | [Accessibility Help](#)



Social Security

Official Website of the U.S. Social Security Administration

ERE: Review / Submit Prepared Request

Patient Name: **Peter Quanta** Patient SSN: **XXX-XX-0001**
Patient DOB: **01/10/1970** Prepared By: **Susan Jones**
Date Prepared: **09/02/2013** Provider Name: **Sam Angulara**
Request Type: **Consultative Exam** Request Date: **09/17/2013**
Request ID: **00000241156125** Disability Examiner: **Mark Evans**
Requesting Office: **MD - Timonium DDS [S23]** CE Appt Date & Time: **09/20/2013 09:00 AM ET**
Location: **1314 Lombard, Baltimore, MD 21224**

[? User Resources](#)

Service Items

Service Item 1:

Item Description: **Check Up**

Item Code: **102**

Request Details

Special Instructions:

Peter is scared of needles. Be gentle.

Lollipops are recommended.

Files Loaded by Preparer:

File Name	File Size	Action
Quanta.tif	900 KB	Delete

To revise a file:

1. Click on the file name to open
2. Save the file to your computer
3. Edit and save the file
4. Attach the new file (below)
5. Delete the original file loaded by your preparer

Attach and Upload New Files

- A maximum of 10 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](#)

[Delete](#)

[Add A File](#)

Additional Information

Comments (optional):
(16,000 characters maximum)

Characters remaining: 16,000

Consultative Examination Authorization Agreement

Please read this statement and indicate your agreement. When you select "Submit," you will generate an electronic signature for your response.

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" 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 with the Agreement above.

Submit

Cancel

Confirmation



Social Security

Official Website of the U.S. Social Security Administration

ERE: Review / Submit Prepared Requests



Thank you for your submission.
Prepared Request Submission - Tracking Information.

Tracking Number: **GZXKR067AP**

Submitted on: **09/29/2013 at 04:16 PM ET**

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

[Print this Page](#)

[? User Resources](#)

Submission Summary

Tracking Information

Patient & Appointment Information

Patient Name: **Peter Quanta**

Patient SSN: **XXX-XX-0001**

Patient DOB: **01/10/1970**

Provider Name: **Sam Angulara**

Request Type: **Consultative Exam**

Request Date: **09/02/2013**

Requesting Office: **MD - Timonium DDS [S23]**

Request ID: **20100304DPE2_100003 D**

Disability Examiner: **Mark Evans**

CE Appt Date & Time: **09/20/2013 09:00 AM ET**

Location: **1314 Lombard, Baltimore, MD 21224**

Uploaded File(s)

Files Loaded By Preparer

File Name	File Size
Quanta.tif	900 KB
Total File Size:	900 KB

New Files

File Name	File Size
medicalrecords_Quanta.doc	100 KB
Total File Size:	100 KB

Additional Information

Comments: **Comments were entered**

Your response was electronically signed.

[Review Another Request](#)

[ERE Home](#)

View Prepared Request and Upload Files (Non-eOR)

Sam Angulara | [Sign Out](#)

Text Size | [Accessibility Help](#)



Social Security

Official Website of the U.S. Social Security Administration

ERE: Review / Submit Prepared Request

- 1** Destination Information
- 2** Review & Add Information
- 3** Confirmation

Prepared By: **Jane Doe**

Date Prepared: **01/20/2013**

Reviewing Provider: **Sam Angulara**

[User Resources](#)

Patient Information

Patient Name:

First: Middle: Last:

Patient Date of Birth:

Destination and Request Information

Select destination by: [More Info](#)

Site code State

Site Code:

S23

State: **MD - Maryland**

Destination: **MD - Timonium DDS [S23]**

Social Security Number (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 (only if applicable):

Document Type:

Review & Add Information

Sam Angulara | [Sign Out](#) Text Size | [Accessibility Help](#)



Social Security

Official Website of the U.S. Social Security Administration

ERE: Review / Submit Prepared Request

1 Destination Information2 Review & Add Information3 Confirmation

Edit **Destination and Request Information** User Resources

Patient Name: Tony Synapson	Patient DOB: 10/20/1980
Destination: MD - Timonium DDS [S23]	RF: D
SSN: 123-45-6789	DR: F
RQID: 201003042_10003 D	CS:
Document Type: 0002	

Files Loaded by Preparer:

File Name	File Size	Action
Quanta.tif	900 KB	Delete

To revise a file:

1. Click on the file name to open
2. Save the file to your computer
3. Edit and save the file
4. Attach the new file (below)
5. Delete the original file loaded by your preparer

Attach and Upload New Files

- A maximum of 10 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: Delete

Browse

Add A File

Additional Information

Comments (optional):
(16,000 characters maximum)

Characters remaining: 16,000

Consultative Examination Authorization Agreement

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 for your response.

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" 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 with the Agreement above.

Submit Previous Cancel

Confirmation



Social Security

Official Website of the U.S. Social Security Administration

ERE: Review / Submit Prepared Requests

- 1 ✓ Destination Information
- 2 ✓ Review & Add Information
- 3 Confirmation

✓ **Thank you for your submission.**
Prepared Request Submission - Tracking Information.

Tracking Number: **GZXKR067AP**

Submitted on: **09/29/2013 at 04:16 PM ET**

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

[Print this Page](#)

[? User Resources](#)

Submission Summary

Tracking Information

Patient Information

Patient Name: **Tony Synapson**

Patient DOB: **10/20/1980**

Destination: **MD - Timonium DDS [S23]**

SSN: **XXX-XX-6789**

RQID: **201003042_10003 D**

RF: **D**

DR: **F**

CS:

Document Type: **0002**

Uploaded File(s)

Files Loaded By Preparer:

File Name	File Size
Quanta.tif	900 KB
Total File Size:	900 KB

New Files

File Name	File Size
medicalrecords_Quanta.doc	100 KB
Total File Size:	100 KB

Additional Information

Comments: **Comments were added**

Your response was electronically signed.


[Review Another Request](#)

[ERE Home](#)

Prepare Report for Provider

Destination Information

Sarah Jones | Sign Out | Text Size | Accessibility Help

 **Social Security**
Official Website of the U.S. Social Security Administration

ERE: Prepare Report for Provider

1 Destination Information | 2 Review & Add Information | 3 Confirmation

[? User Resources](#)

Enter Provider Information

Select the provider for who this CE Report is being prepared.

Reviewing Provider:
--

Enter Patient Information

Patient Name:
First Middle Last

Patient Date of Birth:
10/20/1980

Destination and Request Information

Please refer to your request letter or barcode to complete this information.

Select destination by: [? More Info](#)
 Site code State

Site Code:
S23
State: **MD - Maryland**
Destination: **MD - Timonium DDS [S23]**
[Edit](#)

Social Security Number (SSN):
123-45-6789

RQID (Request ID):
201003042_10003 D

RF (Routing Field):
 P
 D or Blank
 No RF or No Barcode

DR:
 F
 S
 No DR or No Barcode

CS (only if applicable):

Document Type:
Consultative Examination Report

[Next](#) [Cancel](#)

Review & Add Information



Social Security

Official Website of the U.S. Social Security Administration

ERE: Prepare Report for Provider

- 1 ✓ Destination Information
- 2 **Review & Add Information**
- 3 Confirmation

Review

[Edit](#) Destination and Request Information

[? User Resources](#)

Reviewing Provider : **Sam Angulara** RF: **P**
Patient Name: **Tony Synapson** DR: **F**
Patient DOB: **01/02/1976** CS: **01**
Destination: **MD - Timonium DDS [T23]** Document Type: **3171**
SSN: **000-00-0663**
RQID: **00000024156125**

Attach and Upload Files

- A maximum of 10 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](#)

[Delete](#)

[Add A File](#)

Additional Comments:
(16,000 characters maximum)

Characters remaining: 16,000

[Send to Provider](#)

[Previous](#)

[Cancel](#)

Confirmation



ERE: Prepare Report for Provider

- 1 ✓ Destination Information
- 2 ✓ Review & Add Information
- 3 Confirmation



Thank you for your submission.

Prepared Submission - Tracking Information.

Tracking Number: **13E5G203C4BBC5P6**

Date and Timestamp: **09/29/2013 at 04:16 PM ET**

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

[Print this Page](#)

[? User Resources](#)

Submission Summary

Tracking Information

Reviewing Provider Information

Reviewing Provider: **Sam Angulara**

Patient Information

Patient Name: **Tony Synapson**

Patient DOB: **01/02/1976**

Destination and Request Information

Destination: **MD - Timonium DDS [S23]**

SSN: **000-00-0663**

RQID: **00000024156125**

RF: **P**

DR: **F**

CS: **01**

Document Type: **3171**

Uploaded File(s)


File Name	File Size
CE_Synapson.doc	1523 KB
Total File Size	1523 KB


[Prepare Another CE Report](#)

[ERE Home](#)

Send CE Report

Destination and Request Information

Sam Angulara | [Sign Out](#) Text Size  | [Accessibility Help](#)



Social Security

Official Website of the U.S. Social Security Administration

ERE: Send CE Report

1 Destination Information**2** Review & Add Information**3** Confirmation

Destination and Request Information

Please refer to your request letter or barcode to complete this information.

Select destination by: [? More Info](#)

Site code State

Site Code:
S23

State: **MD - Maryland**

Destination: **MD - Timonium DDS [S23]**

Social Security Number (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 (only if applicable):

Document Type:

[? User Resources](#)

Review & Add Information



Social Security

Official Website of the U.S. Social Security Administration

ERE: Send CE Report

- 1 Destination Information
- 2 Review & Add Information
- 3 Confirmation

Review

[Edit](#) Destination and Request Information

[? User Resources](#)

Destination: **MD - Timonium DDS [S23]** RF: **P**
SSN: **000-00-0701** DR: **F**
RQID: **000000241156125** CS: **01**
Document Type: **0002**

Attach and Upload Files

- A maximum of 10 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](#)

[Delete](#)

[Add A File](#)

Additional Comments:
(16,000 characters maximum)

Characters remaining: 16,000

Consultative Examination Authorization Agreement

Please read this statement and indicate your agreement. When you select "Submit", you will generate an electronic signature and submit your response.

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" 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 with the Agreement above.

[Submit](#)

[Previous](#)

[Cancel](#)

Confirmation (no fiscal)



Social Security

Official Website of the U.S. Social Security Administration

ERE: Send CE Report

- 1 ✓ Destination Information
- 2 ✓ Review & Add Information
- 3 Confirmation



Thank you for your submission.


CE Report Submission - Tracking Information.

Tracking Number: **12B5F233B4AFEDB6**

Submitted on: **09/29/2013 at 04:16 PM ET**

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

[? User Resources](#)

 [Print this Page](#)

Submission Summary

Tracking Information

Destination and Request Information

Destination: **MD - Timonium DDS [S23]**

SSN: **000-00-0701**

RQID: **00000024156125**

RF: **P**

DR: **F**

CS: **01**

Document Type: **0002**

Uploaded File(s)

File Name	File Size
CE_Synapson.doc	100 KB
Total File Size:	100 KB

Your response was electronically signed.

[Send Another Response](#)

[ERE Home](#)

Confirmation (with fiscal)



ERE: Send CE Report

- 1 ✓ Destination Information
- 2 ✓ Review & Add Information
- 3 Confirmation



Thank you for your submission.

CE Report Submission - Tracking Information.

Tracking Number: **12B5F233B4AFEDB6**

Submitted on: **09/29/2013 at 04:16 PM ET**

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

[? User Resources](#)

[Print this Page](#)

Submission Summary

Tracking Information

Destination and Request Information

Destination: **MD - Timonium DDS [S23]**

SSN: **000-00-0701**

RQID: **00000024156125**

RF: **P**

DR: **F**

CS: **01**

Document Type: **0002**

Uploaded File(s)

File Name	File Size
CE_Synapson.doc	100 KB
Total File Size:	100 KB

Your response was electronically signed.


[Send Another Response](#)


[Submit Payment Request](#)

[ERE Home](#)

Send Report(s) with Scanned Signature

Destination Information

Sarah Jones | [Sign Out](#) Text Size  | [Accessibility Help](#)



Social Security
Official Website of the U.S. Social Security Administration

ERE: Send Report(s) with Scanned Signature

1 Destination Information**2** Review & Add Information**3** Confirmation

Destination and Request Information

Select destination by: [? More Info](#)

Site Code State

State:

Destination:

Does the first page of all the documents contain an enhanced 2-D barcode? [? More Info](#)

Yes No

NextCancel

[? User Resources](#)

Review & Add Information



ERE: Send Report(s) with Scanned Signature

- 1 ✓ Destination Information
- 2 **Review & Add Information**
- 3 Confirmation

Review

[Edit](#) Destination and Request Information

[? User Resources](#)

State: **MD - Maryland**

Destination: **MD - Timonium DDS [S23]**

Barcode present? **Yes**

Attach and Upload Files

- A maximum of 10 files can be added and all files must total less than 50MB.
- ONLY zipped files can be uploaded. Uploaded zipped files must contain .tif, .tiff, .jpg, .bmp, .mdi or .pdf files.
- Please do not upload password-protected files because they cannot be processed.

File 1:

[Browse](#)

[Delete](#)

[Add A File](#)

[Submit](#)

[Previous](#)

[Cancel](#)

Confirmation



ERE: Send Report(s) with Scanned Signature

- 1 ✓ Destination Information
- 2 ✓ Review & Add Information
- 3 Confirmation



Thank you for your submission.

Scanned Signature Submission - Tracking Information.

Tracking Number: **GZCD0041AP**

Submitted on: **09/29/2013 at 04:16 PM ET**

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

[? User Resources](#)

[Print this Page](#)

Submission Summary

Tracking Information

Destination and Request Information

State: **MD - Maryland**

Destination: **MD - Timonium DDS [S23]**

Barcode present? **Yes**

Uploaded File(s)

File Name	File Size
Sept30Evidence.zip	100 KB
Total File Size:	100 KB


[ERE Home](#)

[Send Another Response](#)

Send CE No Show Response

Destination and Request Information

Sarah Jones | [Sign Out](#) Text Size | [Accessibility Help](#)



Social Security

Official Website of the U.S. Social Security Administration

ERE: Send No Show Response

1 Destination Information**2** Review & Add Information**3** Confirmation

Destination and Request Information

Please refer to your request letter or barcode to complete this information.

Select destination by: [? More Info](#)

Site code State

Site Code:
S23

State: **MD - Maryland**

Destination: **MD - Timonium DDS [S23]**

Social Security Number (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

[? User Resources](#)




Complete Reason



Social Security

Official Website of the U.S. Social Security Administration

ERE: Send No Show Response

- 1  Destination Information
- 2  Review & Add Information
- 3  Confirmation

Review

[Edit](#) Destination and Request Information

[? User Resources](#)

Destination: MD - Timonium DDS [S23]	RF: P
SSN: 000-00-0701	DR: F
RQID: 000000241156125	CS: 01

Add No Show Reason and Comments

Select a reason and provide comments about why the exam was not performed.

Reason for No Show Response:

- No contact with patient
- Patient cancelled appointment (comments required)
- Patient showed up for appointment, but could not be evaluated (comments required)
- Other (comments required)

Comments:

(16,000 characters maximum)

Characters remaining: 16000

[Submit](#)

[Previous](#)

[Cancel](#)




Confirmation



Social Security

Official Website of the U.S. Social Security Administration

ERE: Send No Show Response

- 1  Destination Information
- 2  Review & Add Information
- 3  Confirmation




Thank you for your submission.

No Show Submission - Tracking Information.

Tracking Number: **GZXKR067AP**

Date and Timestamp: **09/29/2013 at 04:16 PM ET**

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

 [Print this Page](#)

[? User Resources](#)

Submission Summary

Tracking Information

Destination and Request Information

Destination: **MD - Timonium DDS [S23]**

SSN: **000-00-0701**

RQID: **00000024156125**

RF: **P**

DR: **F**

CS: **01**

No Show Reason and Comments

Reason: **No Show/No Contact with Patient**

Comments: **Comments were added**

[Send Another Response](#)

[ERE Home](#)

Access Electronic Requests

Open Requests Page

Sam Angulara | [Sign Out](#)

Text Size | [Accessibility Help](#)



Social Security

Official Website of the U.S. Social Security Administration

ERE: Access Electronic Requests

Request Type:

Open Requests

Show


[? User Resources](#)

Patient Name	SSN (Last 4)	DOB	Request Date	Appt Date	Appt Time	Location	Follow-Up	Request Status	Payment Status	Payment Request
Abner, Eidel	1562	11/30/1961	12/11/2013	12/19/2013	07:30AM	Baltimore, MD	12/27/2013	New	New	Need Report
Baggins, Bluto	2770	07/22/1950	09/13/2013	10/08/2013	06:45AM	Baltimore, MD	10/25/2013	Updated	Updated	Need Report
Dacrop, Crema	1235	11/08/1972	11/25/2013	12/12/2013	04:00PM	Baltimore, MD	12/18/2013	Updated	Updated	Need Report
Davos, Arya	0005	12/06/1942	10/02/2013	10/08/2013	02:15PM	Baltimore, MD	11/12/2013	New	New	Need Report
D'Souza, Lou	0004	03/04/1944	10/01/2013	09/20/2013	11:00AM	Baltimore, MD	11/04/2013	Update Pending	Update Pending	Need Report
Dushku, Leka	0234	12/20/1929	10/14/2013	11/01/2013	01:45PM	Baltimore, MD	11/08/2013	Updated	Updated	Need Report
Fuchs, Steiner	0201	08/12/1938	11/05/2013	11/18/2013	10:45AM	Baltimore, MD	11/24/2013	Prepared	New	Need Report
Fuentes, Lisa	2585	03/05/1959	11/12/2013	11/26/2013	08:15AM	Baltimore, MD	12/10/2013	Update Pending	Update Pending	Need Report
Gagnon, Liam	8453	08/25/1963	12/05/2013	12/25/2013	02:30PM	Baltimore, MD	12/31/2013	Prepared	New	Need Report

[ERE Home](#)

CE Request Details/Upload

Sam Angulara | Sign Out Text Size Accessibility Help

 **Social Security**
Official Website of the U.S. Social Security Administration

ERE: View / Submit CE Request

i **Immediate Response Needed** [User Resources](#)

Patient Name: Janice Goodwin	Patient SSN: XXX-XX-0001
Patient DOB: 01/20/2010	Provider Name: Sam Angulara
Request Type: Consultative Exam	Request Date: 09/17/2013
Request ID: 00000241166125	Disability Examiner: Mark Evans
Requesting Office: MD - Timonium DDS [523]	CE Appt Date & Time: 09/20/2013 09:00 AM ET
Location: 1314 Lombard, Baltimore, MD 21224	

Service Items

Service Item 1:
Item Description: **Psychological Exam, Child**
Item Code: **104**

Request Details

What's Changed:
Appointment Date

Special Instructions:
Sam, you've been authorized to perform a Bayley Scales of Infant Development
Let me know if you have questions
- Mark

Documentation:

File Name	Date Added
Goodwin.doc	03/06/2011
Goodwin_2010.doc	03/06/2011
Goodwin_Med.pdf	03/06/2011
Supporting Documentation	03/06/2011

Request Response

Was a Consultative Exam performed?
 Yes No

Attach and Upload Files

- A maximum of 10 files can be added and all files must total less than 50MB
- File types accepted: wpd, doc, docx, jpg, bmp, mdi, xl, xls, xlsx, pdf, rtf, tiff, tif
- Please do not upload password-protected files because they cannot be processed.

File 1:

Additional Information

Comments (optional):
(16,000 characters maximum)

Characters remaining: 16,000

Consultative Examination Authorization Agreement

Please read this statement and indicate your agreement. When you select "Submit", you will generate an electronic signature and submit your response.

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" 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 with the Agreement above.

Local intranet | Protected Mode: Off 100%

Tracking Information (Site does not do fiscal)



Social Security

Official Website of the U.S. Social Security Administration

ERE: View / Submit CE Request




Thank you for your submission.

CE Report Submission - Tracking Information.

Tracking Number: **1276D6802B1230B5**

Submitted on: **09/29/2013 at 04:16 PM ET**

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

 [Print this Page](#)

[? User Resources](#)

Submission Summary

Tracking Information

Patient & Appointment Information

Patient Name: **Janice Goodwin**

Patient SSN: **XXX-XX-0001**

Patient DOB: **01/20/2010**

Provider Name: **Sam Angulara**

Request Type: **Consultative Exam**

Request Date: **03/04/2010**

Requesting Office: **MD - Timonium DDS [S23]**

Request ID: **000000241156125**

Disability Examiner: **Mark Evans**

CE Appt Date & Time: **09/20/2013 09:00 AM ET**

Location: **1314 Lombard, Baltimore, MD 21224**

Uploaded File(s)

File Name	File Size
GoodwinCE..doc	56 KB
Total File Size:	56 KB

Additional Information

Comments: **No comments added**

You have electronically signed.

[Review Another Request](#)

[ERE Home](#)

Tracking Information (Site does fiscal)



ERE: View / Submit CE Request



Thank you for your submission.
CE Report Submission - Tracking Information.

Tracking Number: **1276D6802B1230B5**

Submitted on: **09/29/2013 at 04:16 PM ET**

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

[Print this Page](#)

[? User Resources](#)

Submission Summary

Tracking Information

Patient & Appointment Information

Patient Name: **Janice Goodwin**

Patient SSN: **XXX-XX-0001**

Patient DOB: **01/20/2010**

Provider Name: **Sam Angulara**

Request Type: **Consultative Exam**

Request Date: **03/04/2010**

Requesting Office: **MD - Timonium DDS [S23]**

Request ID: **000000241156125**

Disability Examiner: **Mark Evans**

CE Appt Date & Time: **09/20/2013 09:00 AM ET**

Location: **1314 Lombard, Baltimore, MD 21224**

Uploaded File(s)

File Name	File Size
GoodwinCE..doc	56 KB
Total File Size:	56 KB

Additional Information

Comments: **No comments added**

You have electronically signed.

[Review Another Request](#)

[Submit Payment Request](#)

[ERE Home](#)

Request Consultative Exam (CE) Payment (eOR)

Patient Information

Sam Anguilara | Sign Out Text Size | Accessibility Help



ERE: Request CE Payment

- 1 Patient Information
- 2 Enter Services
- 3 Review
- 4 Confirmation

Patient Name: **Janice Goodwin** Patient SSN: **XXX-XX-0001**
Patient DOB: **01/20/2013** Request ID: **20100928SHAH_0004 D**
DDS Address: **Suite A 123 Street, City, DC, 10001** Phone Number: **(404) 348-1735 Ext. 451**
Fax Number: **(405) 496-9625** DDS Invoice/Voucher Number: **1326**
Legacy System Vendor Code: **A12346** Legacy Case Number: **677182**
Other DDS Number: **DDS9803**

[User Resources](#)

Payment Information

Special Instructions

N/A

Provider Information

Provider's Name (optional):

--
Title First Middle Last Suffix

Organization Name (optional):

Angulara Services

Taxpayer ID:

113457

Payee Taxpayer ID:

123456

Payee Legal Entity Name:

SSA

Invoice Number (optional):

State Vendor Code:

234AF21EF

Remit Address:

Country:

United States or U.S. Territory

Street Address:

Street Line 1: 456 Main Street

Street Line 2: [Add Line](#)

City/Town:

Baltimore

State/Territory:

Maryland

ZIP Code:

21208

Primary Phone Number (optional):

U.S. International

10-digit Number Ext.

Fax Number (optional):

U.S. International

10-digit Number

Has the Provider Information Changed?

Yes No

Payment Information

Did you perform a review of records?

Yes No


Comments: (255 characters maximum)

Characters remaining: 255

[Next](#) [Previous](#) [Cancel](#)

CE Services Performed

Sam Angulara | [Sign Out](#)





Text Size  | [Accessibility Help](#)



Social Security

Official Website of the U.S. Social Security Administration

ERE: Request CE Payment

- 1  Patient Information
- 2  Enter Services
- 3  Review
- 4  Confirmation

Patient Name: **Janice Goodwin**

Patient SSN: **XXX-XX-0001**

Patient DOB: **01/20/2013**

[? User Resources](#)

Services Performed

Authorization Date: **08/25/2013**

Date of Service:

mm/dd/yyyy

Service Item 1

Item Description: **Psychological Exam, Child**

Item Code: **437**

Authorized Amount: **\$230.00**

Item Performed?

Yes No

Requested Amount:

\$

[Add Additional Service Item](#)

Total Authorized: **\$0**

Total Payment Requested: **\$0**

[Next](#)

[Previous](#)

[Cancel](#)

Additional Services



Social Security

Official Website of the U.S. Social Security Administration

ERE: Request CE Payment

- 1 Patient Information
- 2 Enter Services
- 3 Review
- 4 Confirmation

Patient Name: **Janice Goodwin** Patient SSN: **XXX-XX-0001** Patient DOB: **01/20/2013**

[? User Resources](#)

Services Performed

Authorization Date: **08/25/2013**

Date of Service:

mm/dd/yyyy

Service Item 1

Item Description: **Psychological Exam, Child**

Item Code: **437**

Authorized Amount: **\$230.00**

Item Performed?

- Yes No

Additional Service Item 1 [Delete](#)

Item Description:
(255 characters maximum)

Characters remaining: 255

Item Code (optional):

Requested Amount:

\$

Authorized By:

When Authorized:

If the exact date is unknown, please provide your best estimate.

[Add Additional Service Item](#)

Additional Requested Total: **\$0.00**

Services Performed Total: **\$230.00**

Total Payment Requested: \$230.00

[Next](#)

[Previous](#)

[Cancel](#)

Payment Information Summary

Sam Angulara | [Sign Out](#)

Text Size | [Accessibility Help](#)



Social Security

Official Website of the U.S. Social Security Administration

ERE: Request CE Payment

- 1 Patient Information 2 Enter Services 3 **Review** 4 Confirmation

Patient Name: **Janice Goodwin** Patient SSN: **XXX-XX-0001** Patient DOB: **01/20/2013**

[? User Resources](#)

Payment Information Summary

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

[Edit](#) **Provider Information**

Name: **Sam Angulara**
Organization Name: **Angulara Services**
Invoice Number: **1009XC25**
Taxpayer ID: **113457**
Payee Taxpayer ID: **123456**
Payee Legal Entity Name: **SSA**
State Vendor Code: **1111**
Remit Address: **456 Main Street, Baltimore, MD 21208**
Phone Number: **(410) 555 - 1212**
Fax Number: **(410) 555 -1213**
Comments: **Comments were not entered**
Provider Information changed: **No**

[Edit](#) **Service Information**

Authorization Date: **09/25/2013**
Date of Service: **09/22/2013**
Service Item 1:
Item Description: **Psychological Exam, Child**
Item Code: **104**
Was This Item Performed: **Yes**
Authorized Amount: **\$230.00**
Requested Amount: **\$230.00**

Additional Service Item 1:
Item Description: **Bayley Scales of Infant Development**
Item Code: **143**
Requested Amount: **\$130.00**
Authorized By: **Mark Evans**
When Authorized: **September 29st, 2013**

Totals:
Additional Requested Total: **\$130.00**
Services Performed Total: **\$230.00**
Total Payment Requested: **\$360.00**

Upload Invoices

Do you have invoices to upload?
 Yes No


[Next](#)

[Previous](#)

[Cancel](#)

Attach and Upload Invoices

Sam Angulara | [Sign Out](#) Text Size | [Accessibility Help](#)



Social Security

Official Website of the U.S. Social Security Administration

ERE: Request CE Payment

1 Patient Information2 Enter Services3 Review4 Add Invoices5 Confirmation

Patient Name: **Janice Goodwin**Patient SSN: **XXX-XX-0001**Patient DOB: **01/20/2013**[? User Resources](#)

Invoice Types

Select the types of invoice(s) you want to upload.

Invoice from DDS

Invoice from Provider

Both

Upload Invoice(s)

- A maximum of 4 files can be added 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 files because they cannot be processed.

File 1:

Payment Request Agreement

Please read this statement and indicate your agreement. When you select "Submit," you will generate an electronic signature and submit your response.

I am certifying under penalty of perjury, that the information 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.

I have read and agree with the above.

Tracking page



ERE: Request CE Payment

- 1 Patient Information
- 2 Enter Services
- 3 Review
- 4 Add Invoices
- 5 Confirmation



Thank you for your submission.

Consultative Exam Payment Request submission - Tracking Information.

Tracking Number: **12B5F233B4AFEDB6**

Date and Timestamp: **09/29/2013 at 04:16 PM ET**

Consultative Exam Request submission - Tracking Information.

Tracking Number: **1276D6802B1230B5**

Date and Timestamp: **09/29/2013 at 04:04 PM ET**

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

[User Resources](#)

[Print this Page](#)

Submission Summary

Tracking Information

Patient and Appointment Information

Patient Name: **Janice Goodwin**

Patient SSN: **XXX-XX-0001**

Patient DOB: **01/20/2013**

Provider Name: **Sam Angulara**

Request Type: **Consultative Exam**

Request Date: **09/17/2013**

Requesting Office: **MD - Timonium DDS [S23]**

Request ID: **20100928SHAH_0004 D**

Disability Examiner: **Mark Evans**

CE Appointment Date and Time: **09/20/2010 09:00 AM**

Location: **1314 Lombard, Baltimore, MD, 21224**

Response Information

File Name	File Size
Goodwin_PsychInvoice.doc	996 KB
Total File Size	996 KB

Comments were added

Your response was electronically signed.

Payment Request Information

DDS Invoice/Voucher Number: **1326**
Legacy System Vendor Code: **A12346**
Legacy Case Number: **677182**
Other DDS Number: **DDS9803**
Provider Name: **Sam Angulara**
Organization Name: **Angulara Services**
Invoice Number: **1009XC25**
Taxpayer ID: **113457**
Payee Taxpayer ID: **123456**
Payee Legal Entity Name: **SSA**
State Vendor Code: **1111**
Remit Address: **456 Main Street, Baltimore, MD 21208**
Phone Number: **(410) 555 - 1212**
Fax Number: **(410) 555 - 1213**
Comments: **Comments were not entered**
Provider Information changed: **No**

Authorization Date: **09/25/2013**
Date of Service: **09/22/2013**

Service Item 1:

Item Description: **Psychological Exam, Child**
Item Code: **104**
Was This Item Performed: **Yes**
Authorized Amount: **\$230.00**
Requested Amount: **\$230.00**

Additional Service Item 1:

Item Description: **Bayley Scales of Infant Development**
Item Code: **143**
Requested Amount: **\$130.00**
Authorized By: **Mark Evans**
When Authorized: **September 29st, 2013**

Totals:

Additional Requested Total: **\$130.00**
Services Performed Total: **\$230.00**
Total Payment Requested: **\$360.00**

File Name	File Size
Goodwin-BayleyInvoice.doc	56 KB
Total File Size	56 KB

Invoice Type: **Invoice From DDS**

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

Your payment request was electronically signed.

[ERE Home](#)

[Request Another Payment](#)

Access Provider's Electronic Requests

Access Provider's Electronic Requests – Open Requests

Sarah Jones | [Sign Out](#)

Text Size ▾ | [Accessibility Help](#)



Social Security

Official Website of the U.S. Social Security Administration

ERE: Access Provider's Electronic Requests

Provider:

Joan Doan ▾

Request Type:

Open Requests ▾

[? User Resources](#)

Show

Patient Name	SSN (Last 4)	DOB	Request Date	Appt Date	Appt Time	Location	Follow-Up	Request Status	Payment Status	Payment Request
Abner, Eidel	1562	11/30/1961	12/11/2013	12/19/2013	07:30AM	Baltimore, MD	12/27/2013	New	New	Need Report
Baggins, Bluto	2770	07/22/1950	09/13/2013	10/08/2013	06:45AM	Baltimore, MD	10/25/2013	Updated	Updated	Need Report
Dacrop, Crema	1235	11/08/1972	11/25/2013	12/12/2013	04:00PM	Baltimore, MD	12/18/2013	Updated	Updated	Need Report
Davos, Arya	0005	12/06/1942	10/02/2013	10/08/2013	02:15PM	Baltimore, MD	11/12/2013	New	New	Need Report
D'Souza, Lou	0004	03/04/1944	10/01/2013	09/20/2013	11:00AM	Baltimore, MD	11/04/2013	Update Pending	Update Pending	Need Report
Dushku, Leka	0234	12/20/1929	10/14/2013	11/01/2013	01:45PM	Baltimore, MD	11/08/2013	Updated	Updated	Need Report
Fuchs, Steiner	0201	08/12/1938	11/05/2013	11/18/2013	10:45AM	Baltimore, MD	11/24/2013	Prepared	New	Need Report
Fuentes, Lisa	2585	03/05/1959	11/12/2013	11/26/2013	08:15AM	Baltimore, MD	12/10/2013	Update Pending	Update Pending	Need Report
Gagnon, Liam	8453	08/25/1963	12/05/2013	12/25/2013	02:30PM	Baltimore, MD	12/31/2013	Prepared	New	Need Report
Gene, Ian	7354	11/06/1945	10/01/2013	10/18/2013	09:15AM	Baltimore, MD	11/02/2013	Updated	Updated	Need Report
Goodwin, Janice	0001	01/20/2010	09/17/2013	09/20/2013	09:00AM	Baltimore, MD	12/15/2013	New	New	Need Report
Janssen, Peter	3622	01/21/1948	09/18/2013	10/05/2013	10:30AM	Baltimore, MD	09/27/2013	Prepared	New	Need Report
Lang, Mayr	9500	09/19/1956	11/22/2013	12/06/2013	08:30AM	Baltimore, MD	12/18/2013	Prepared	New	Need Report
Matthews, Suzanne	0002	10/19/1978	09/17/2013	09/21/2013	07:30AM	Baltimore, MD	12/15/2013	New	New	Need Report
Mattila, Elaine	2151	10/10/1963	10/08/2013	10/15/2013	09:30AM	Baltimore, MD	10/26/2013	Prepared	New	Need Report
Medina, Mariam	0880	12/19/1946	12/27/2013	12/27/2013	04:15PM	Baltimore, MD	12/28/2013	Update Pending	Update Pending	Need Report
Orucov, Ishmail	1002	05/31/1963	10/14/2013	11/08/2013	09:00AM	Baltimore, MD	11/01/2013	Update Pending	Update Pending	Need Report
Parker, Tiberius	0862	04/26/1942	10/09/2013	11/02/2013	07:30AM	Baltimore, MD	10/19/2013	Update Pending	Update Pending	Need Report
Pereira, Simone	0074	03/24/1941	09/06/2013	09/26/2013	09:45AM	Baltimore, MD	10/06/2013	Updated	Updated	Need Report
Picard, Spock	4170	02/31/1955	11/12/2013	11/15/2013	04:00PM	Baltimore, MD	12/07/2013	Prepared	New	Need Report
Tasev, Kona	1350	09/31/1965	09/15/2013	09/30/2013	11:15AM	Baltimore, MD	10/10/2013	Prepared	New	Need Report
Tompkins, Betty	0010	09/08/1955	09/17/2013	09/25/2013	01:45PM	Baltimore, MD	12/15/2013	New	New	Need Report
Tran, Mallory	2233	07/02/1952	12/01/2013	12/10/2013	03:45PM	Baltimore, MD	12/22/2013	New	New	Need Report
Turunen, Eva	5480	06/20/1944	09/25/2013	10/05/2013	10:30AM	Baltimore, MD	10/27/2013	Prepared	New	Need Report
Victor, Riley	6600	07/23/1957	10/18/2013	10/27/2013	10:15AM	Baltimore, MD	11/03/2013	New	New	Need Report
Wu, Benedict	1002	07/23/1966	11/12/2013	12/02/2013	06:15AM	Baltimore, MD	12/05/2013	New	New	Need Report

[ERE Home](#)

View/Submit Consultative Examination (CE) Request – Prepare Report for Provider (eOR)

Sarah Jones | Sign Out Text Size Accessibility Help

Social Security

Official Website of the U.S. Social Security Administration

ERE: View / Submit CE Request

Immediate Response Needed

User Resources

<p>Patient Name: Janice Goodwin</p> <p>Patient DOB: 01/20/2010</p> <p>Request Type: Consultative Exam</p> <p>Requesting Office: MD - Timonium DDS [S23]</p> <p>Request ID: 20100304DOE2_100003 D</p> <p>Location: 1314 Lombard, Baltimore, MD, 21224</p>	<p>Patient SSN: XXX-XX-0001</p> <p>Provider Name: Dr. Sam Angulara, Ph.D.</p> <p>Request Date: 09/17/2013</p> <p>Disability Examiner: Mark Evans is the disability examiner for this CE Exam</p> <p>CE Appt Date & Time: 09/20/2013 09:00 AM ET</p>
--	--

Service Items

Service Item 1:

Item Description: **Psychological Exam, Child**

Item Code: **104**

Request Details

What's Changed:
appointment date

Special Instructions:
Sam, you've been authorized to perform a Bayley Scales of Infant Development

Let me know if you have questions
- Mark

Documentation

File Name	Date Added
Request Letter	03/06/2011
Authorization to Disclose Information	03/16/2011
Background Evidence	03/16/2011
Supporting Documentation	03/16/2011

Request Response

Select a response:

Prepare Report For Provider

Send No Show Response

Attach and Upload Files

- A maximum of 10 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, .tiff, .tif
- Please do not upload password-protected files because they cannot be processed.

File 1:

Additional Information

Comments (optional):
(Approximately 16,000 characters)

Characters remaining: 16000

Send to Provider

Previous

Cancel

Local intranet | Protected Mode: Off 100%

Tracking Information



ERE: View / Submit CE Request



Thank you for your submission.

Prepared CE Report Submission - Tracking Information.

Tracking Number: **13E5G203C4BBC5P6**

Date and Timestamp: **09/29/2013 at 04:16 PM ET**

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

[? User Resources](#)

[Print this Page](#)

Submission Summary

Tracking Information

Reviewing Provider Information

Reviewing Provider: **Sam Angulara**

Patient and Appointment Information

Patient Name: **Janice Goodwin**

Patient SSN: **XXX-XX-0001**

Patient DOB: **01/20/2013**

Provider Name: **Dr. Sam Angulara**

Request Type: **Consultative Exam**

Request Date: **09/17/2013**

Requesting Office: **MD - Timonium DDS [S23]**

Request ID: **20100928SHAH_0004 D**

Disability Examiner: **Mark Evans**

CE Appt Date & Time: **09/20/2013 09:00 AM ET**

Location: **1314 Lombard, Baltimore, MD, 21224**

Uploaded File(s)

File Name	File Size
CE_Synapson.doc	1523 KB
Total File Size	1523 KB

[Prepare Another CE Report](#)


[ERE Home](#)

Communication Services

Messaging Services

Secure Messaging - Inbox

Sarah Jones | [Sign Out](#) Text Size v | [Accessibility Help](#)



Social Security

Official Website of the U.S. Social Security Administration

ERE: Secure Messaging

[ERE Home](#)

[Compose](#)

Folders:

- [Inbox \(1\)](#)
- [Pending](#)
- [Drafts](#)
- [Sent](#)
- [Blocked](#)

[? User Resources](#)

Inbox

Your messages are delivered here.

Showing 1-25 of 200 << First < Prev **1** 2 3 4 Next > Last >>


<input type="checkbox"/>	!		From	Subject	Received (ET)	Expires (ET)	Size
<input type="checkbox"/>	!		Johnson, Gordon	Smith Medical Report	03/01/2012 02:10:40 PM	04/01/2013 02:10:40 PM	37 KB
<input type="checkbox"/>			Don, Jon	Appointments 2	03/01/2012 02:10:40 PM	04/01/2013 02:10:40 PM	--
<input type="checkbox"/>			Don, Jon	Appointments 1	03/01/2012 02:10:40 PM	04/01/2013 02:10:40 PM	--
<input type="checkbox"/>			Doe, John	Appointments B	03/01/2012 02:10:40 PM	04/01/2013 02:10:40 PM	--
<input type="checkbox"/>	!		Doe, John	Appointments A	03/01/2012 02:10:40 PM	04/01/2013 02:10:40 PM	405 KB
<input type="checkbox"/>			Peters, Weyland	Disability Report 5	03/01/2012 02:10:40 PM	04/01/2013 02:10:40 PM	--
<input type="checkbox"/>			Peters, Weyland	Disability Report 4	03/01/2012 02:10:40 PM	04/01/2013 02:10:40 PM	--
<input type="checkbox"/>			Peters, Weyland	Disability Report 3	03/01/2012 02:10:40 PM	04/01/2013 02:10:40 PM	--
<input type="checkbox"/>			Scramjet, Roger	Read Receipt	02/25/2012 02:10:40 PM	03/25/2013 02:10:40 PM	--

<< First < Prev **1** 2 3 4 Next > Last >>

[Delete Selected](#)

Compose Message

Sarah Jones | [Sign Out](#)

Text Size  | [Accessibility Help](#)



Social Security

Official Website of the U.S. Social Security Administration

ERE: Secure Messaging

[ERE Home](#)

Compose

Folders:

[Inbox \(1\)](#)

[Pending](#)

[Drafts](#)

[Sent](#)

[Blocked](#)

[? User Resources](#)

Compose


To:

Cc:

[Search Contacts](#)


Subject:

Importance:

Normal 

Include Attachments

Your Message:



Send

Save as Draft

Cancel

Compose Message – Confirmation



Social Security

Official Website of the U.S. Social Security Administration

ERE: Secure Messaging



You successfully submitted the message.

You will be notified via email if there are any errors in sending this message. It will be held in the Pending folder until processing is complete. If any attachment carries a virus, the message will be moved to your Blocked folder.

The message will expire on 10/21/2013.

[ERE Home](#)

[Compose](#)

Folders:

Inbox (1)

[Pending](#)

[Drafts](#)

[Sent](#)

[Blocked](#)

[User Resources](#)

Inbox

Your messages are delivered here.

Showing 1-25 of 200 << First < Prev **1** 2 3 4 Next > Last >>


<input type="checkbox"/>	!		From	Subject	Received (ET)	Expires (ET)	Size
<input type="checkbox"/>	!		Johnson, Gordon	Smith Medical Report	03/01/2012 02:10:40 PM	04/01/2013 02:10:40 PM	37 KB
<input type="checkbox"/>			Don, Jon	Appointments 2	03/01/2012 02:10:40 PM	04/01/2013 02:10:40 PM	--
<input type="checkbox"/>			Don, Jon	Appointments 1	03/01/2012 02:10:40 PM	04/01/2013 02:10:40 PM	--
<input type="checkbox"/>			Doe, John	Appointments B	03/01/2012 02:10:40 PM	04/01/2013 02:10:40 PM	--
<input type="checkbox"/>	!		Doe, John	Appointments A	03/01/2012 02:10:40 PM	04/01/2013 02:10:40 PM	405 KB
<input type="checkbox"/>			Peters, Weyland	Disability Report 5	03/01/2012 02:10:40 PM	04/01/2013 02:10:40 PM	--
<input type="checkbox"/>			Peters, Weyland	Disability Report 4	03/01/2012 02:10:40 PM	04/01/2013 02:10:40 PM	--
<input type="checkbox"/>			Scramjet, Roger	Medications	02/25/2012 02:10:40 PM	03/25/2013 02:10:40 PM	--
<input type="checkbox"/>			Scramjet, Roger	Read Receipt	02/25/2012 02:10:40 PM	03/25/2013 02:10:40 PM	--


<< First < Prev **1** 2 3 4 Next > Last >>

Delete Selected

Communication Utility

Send Message and Files

Martha Alexander: MALEX0011 [Sign Out](#) Text Size  | [Accessibility Help](#)



Social Security

Official Website of the U.S. Social Security Administration

ERE: Contact ODAR Office

Destination & Message Information

Select destination by: [More Info](#)

Site code State

Site Code:
T21

State: MD - Maryland

Destination: MD - Baltimore ODAR [T21]

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Subject:

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- A maximum of 10 files can be added and all files must total less than 5MB.
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ERE: Contact ODAR Office



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Tracking Number: **126EDF64517646EB**

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Submission Summary

Tracking Information

Destination & Message Information

State: **MD - Maryland**

Destination: **MD - Baltimore ODAR [T21]**

Subject: **Alexander Availability 2013**


Uploaded File(s)

File Name	File Size
AlexanderAvailability.doc	100 KB
Total File Size:	100 KB

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Electronic Records Express (ERE)

Privacy Act Statement

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Section 205(a) [42 U.S.C. 405] of the Social Security Act, as amended, authorizes us to collect this information to allow you access to our Business Services Online (BSO).

We will use the information you provide to register you, your company or authorized employees(s) to use our online services. We will verify the personally identifiable information (such as name, Social Security number, and date of birth) you provide against our records for user registration. Providing this information is voluntary. However, failing to provide us the requested information will prevent you or your company from using our online services.

We rarely use the information you provide for any purpose other than registration and granting access to our online services. We may disclose the information in accordance with approved routine uses compliant with the Privacy Act [5 U.S.C. § 552a(b)] which include but are not limited to the following:

To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of our BSO; and

To comply with Federal laws requiring the release of information from our records (e.g., to the Office General Services Administration and National Archives Records Administration).
A complete list of routine uses for this information is available in our Privacy Act Systems of Records Notice entitled, *Master Files of Social Security Number (SSN) Holders and SSN Applications* (60-0058) and the *Central Repository of Electronic Authentication Data Master File* (60-0373). These notices, additional information about this collection of information, and other information regarding our systems and programs, are available on-line at www.socialsecurity.gov or at your local Social Security office.

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