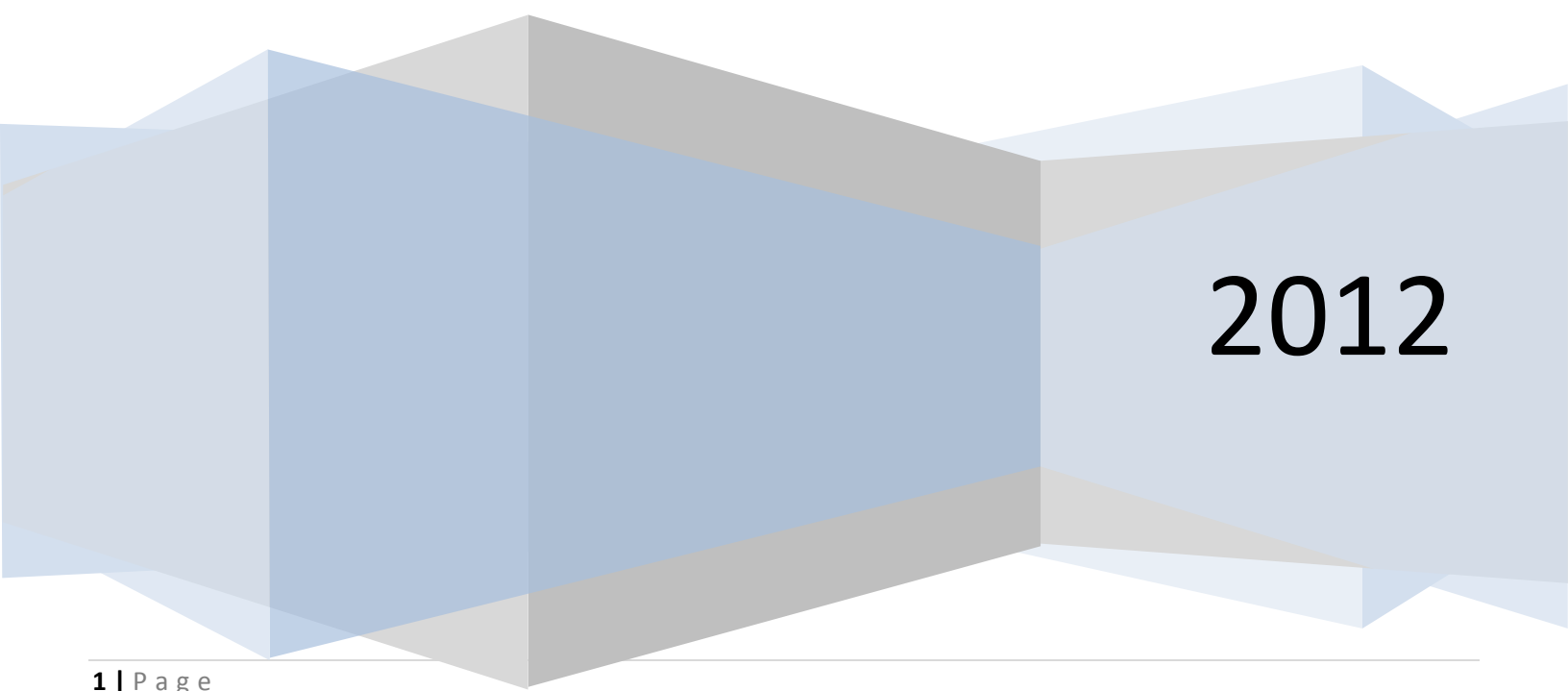


ERE Screen Shots

For OMB Clearance 0960-0753



2012

Login Screen

ERE Login Screen

Social Security Online
www.socialsecurity.gov

Social Security Administration

HomeQuestions?How to Contact UsSearch

**Electronic Records Express Login**

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

Acknowledgement for Website Access

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

I certify that:

- I understand that I may be subject to penalties if I submit fraudulent information.
- I agree that I am responsible for all actions taken with my User ID.
- I am aware that any person who knowingly and willfully makes any representation to falsely obtain information from Social Security records and/or intends to deceive the Social Security Administration as to the true identity of an individual could be punished by a fine or imprisonment, or both.
- I am authorized to do business under this User ID.

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

User ID
Password

Note: -Password is case sensitive
-System will time-out after a half-hour of inactivity

If you need assistance with the Electronic Records Express Website, please contact us via email at EEAccountInfo@ssa.gov or you can call us at 1-866-691-3061.

Information about Social Security's Online Policies

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

- [Details of Social Security's Online Privacy Policy](#)
- [Details of Social Security's Online Security Policy](#)
- [The Privacy Act and The Freedom of Information Act](#)

Paperwork Reduction Act

This information collection meets the clearance requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. The OMB control number for Electronic Records Express is 0960-0753; expiration date 09/30/2012. We estimate that it will take about 5 minutes to read the instructions, gather the necessary facts, and answer the questions. You may send comments to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. **Send only comments on our time estimate to this address.**

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

ERE Homepage

Administrator's homepage view

Social Security Online

www.socialsecurity.gov

Electronic Records Express

Frequently Asked Questions

User Instructions



Electronic Records Express Home
Welcome to Electronic Records Express

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

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

Document Exchange Services
[Access Electronic Requests](#)
[Access Provider's Electronic Requests](#)
[Send Transcription Report To Provider](#)
[Pickup Transcription Reports](#)
[Teacher Questionnaire](#)
[Track Status of Submissions](#)
[Submission Inquiry](#)

Payment Request Services
[Prepare Payment Request](#)
[Review / Submit Payment Requests](#)
[Submit Payment Request](#)
[Access Provider's Electronic Payment Requests](#)

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

Bulletin Board
Updated 01/15/2012
[What's New?](#)
 [Get important information about Electronic Records Express availability.](#)

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

Test Test
Mohammad.Qamar@ssa.gov
1111111111
[Log Out](#)

[FAQ's](#)
[User Instructions](#)
From here you can also:
[Modify your account information](#)
[Change your password](#)
[Account Maintenance](#)

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

Create an Individual End-User Account

 [Privacy Policy](#) | [Accessibility Policy](#) | [Linking Policy](#) | [Site Map](#) | [Contact Us](#)

Manage End-User Relationships

Social Security Online
www.socialsecurity.gov

Home

Questions?

How to Contact Us

Search

Electronic Records Express



Electronic Records Express Relationship Management

User ID: DATTA003

Organization:

State/Province:

First Name: VikasAdmin

Last Name: Datta

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

Electronic Records Express
Home

Account Maintenance

Change Password

Logout

New/Current Relationships

Delete Selected

	User ID	Last Name	First Name	Organization	Org Type	State/Province	User Type
☐	DMERPR02	Datta	DMERPROTWO		SSA Internal		CE Medical
☐	DATTA002	Datta	DATTAOOTWO	none	Attorneys Office	MD	CE Billing

Delete Selected

Available Users

Search by:

User ID: Last Name: First Name:

Organization: Organization Type: State/Province:

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

Search

Add Selected

	User ID	Last Name	First Name	Organization	Org Type	State/Province	User Type
☐	DATTA002	Datta	DATTAOOTWO	none	Attorneys Office	MD	CE Medical

Add Selected

Return to Account Summary screen



[Privacy Policy](#) | [Accessibility Policy](#) | [Linking Policy](#) | [Site Map](#) | [Contact Us](#)



Create Individual End-User Account Summary

Social Security Online

www.socialsecurity.gov

Home

Questions?

How to Contact Us

Search



Electronic Records Express
Account Summary

User Id: CEBILCL1

SSA Id: P5JW68YT43

Role: Individual End-User

Status: Active

First Name: CEBillingClerk

Middle Name:

Last Name: CEBillingClerk

Organization Type: SSA Department

Organization Name: LM Validation

Department: Validation

Position: Position

Office Phone: 4433481865 Ext: 1865

Cell Phone:

Fax 1:

Fax 2:

Primary Email: ravi-kiran.karnati@ssa.gov

Alternate Email:

Address Line 1: addressSreet1

Address Line 2:

Address Line 3:

City: Columbia

State/Territory: MD

Zip Code: 21045

Country: US

Primary Site: AL - Birmingham DDS [S01]

Primary Site Contact: Karnati, Hari (RADKAR12)

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

Relationships:

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

Added Comments: CE Billing Clerk by Ravi

[View Log History](#)

Modify

Suspend

Reset Password

Delete

Cancel



[Privacy Policy](#) | [Accessibility Policy](#) | [Linking Policy](#) | [Site Map](#) | [Contact Us](#)



Evidence Submission Services

Send Response for Individual Case

Destination and Request Information

Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home	
John Doe Log Out Help Desk: 1-866-691-3061 Enter 3 character site code or select state and destination: Enter the following information from the request letter or barcode:		 Send Response for Individual Case Destination and Request Information (Step 1 of 3) Site code: OR State: Destination: SSN: RQID (Request ID): RF (Routing Field): ☐ P ☐ D or blank ☐ No RF or No Barcode DR: ☐ F ☐ S ☐ No DR or No Barcode CS: (enter only if applicable) Cancel Continue	

Submit Records

Social Security Online

[www.socialsecurity.gov](#)

John Doe

Log Out

Help Desk: 1-866-691-3061

Destination and request summary:

Attach and upload files to this response:

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

Electronic Records Express Home

Send Response for Individual Case

Attach and Upload Files (Step 2 of 3)



Destination: **MO - St Louis South DDS [S81]**
RQID: **456355234234234234**
DR: **F**

SSN: **242-34-2342**
RF: **D**
CS:

Edit Summary

A maximum of 8 files can be added and all files must total less than 50MB.
File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .mdi, .txt, .rtf, .xls, .xlsx, .pdf, .tiff, .tif.
Please do not upload password-protected files because they cannot be processed.

File 1:

Comments:

Characters remaining: 16000

Tracking Page (Site does not do fiscal)

Social Security Online

[www.socialsecurity.gov](#)

John Doe

Log Out

Help Desk: 1-866-691-3061

Response Information:

Electronic Records Express Home

Send Response for Individual Case

Tracking Information (Step 3 of 3)



Thank you for your submission.

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

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

Destination: **AK Anchorage ODAR [T1G]**
RQID: **5467354534345345345**
DR: **F**

SSN: **234-23-4234**
RF: **D or blank**
CS:

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

8 | Page

Tracking Page (for site that does fiscal)

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

Request Medical Evidence of Record Payment (non-eOR)

Destination and Request Information

Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home	
User Instructions			
Hoi Wong Log Out Help Desk: 1-866-691-3061		 Request Medical Evidence of Record Payment Attach and Upload Invoices	
Destination and request summary:		Destination: MO - St Louis South DDS [S81] SSN: 222-22-2222	
		RQID: adfadf RF: P	
		DR: F CS:	
Invoice Types:		Select the type of invoice(s) you want to upload. ☐ Invoice from DDS ☐ Invoice from Provider ☐ Both	
Upload Invoice(s): You must upload at least one invoice.		A maximum of 4 invoices can be added and all invoices must total less than 20MB. File types accepted: .wpd, .doc, .jpg, .bmp, .mdi, .txt, .rtf, .xls, .pdf, .tiff, .tif, .docx, .xlsx Please do not upload password-protected invoices because they cannot be processed.	
		Invoice 1: 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: Characters remaining:16000	
		Cancel Submit	

Tracking page

Social Security Online		Electronic Records Express		User Instructions									
www.socialsecurity.gov		Electronic Records Express Home											
Hoi Wong Log Out Help Desk: 1-866-691-3061		 Request Medical Evidence of Record Payment Response and Payment Tracking Information											
		Warning: The ERE website account you are using is a demo account. Submissions will not be sent to the final destination. Thank you for your submission. Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.											
		Destination: MO - St Louis South DDS [S81] SSN: 222-22-2222											
		RQID: adfadf RF: P											
		DR: F CS:											
Response Information:		Tracking Number: 1353A940717A6545											
		Date and Timestamp: 02/01/2012 at 03:21 PM EST											
		<table><thead><tr><th>File Name</th><th>File Size</th></tr></thead><tbody><tr><td>Test.doc</td><td>26.0 KB</td></tr><tr><td colspan="2">Total file size:</td></tr><tr><td colspan="2">26.0 KB</td></tr></tbody></table>				File Name	File Size	Test.doc	26.0 KB	Total file size:		26.0 KB	
File Name	File Size												
Test.doc	26.0 KB												
Total file size:													
26.0 KB													
		Additional comments were entered during this submission.											
Payment Request Information:		Tracking Number: 1353A959C018E133											
		Date and Timestamp: 02/01/2012 at 03:22 PM EST											
		<table><thead><tr><th>Invoice File Name</th><th>Invoice File Size</th></tr></thead><tbody><tr><td>Test.doc</td><td>26.0 KB</td></tr><tr><td colspan="2">Total file size:</td></tr><tr><td colspan="2">26.0 KB</td></tr></tbody></table>				Invoice File Name	Invoice File Size	Test.doc	26.0 KB	Total file size:		26.0 KB	
Invoice File Name	Invoice File Size												
Test.doc	26.0 KB												
Total file size:													
26.0 KB													
		Invoice Types: Invoice from DDS											
		ERE Print Send Another Request ERE Home											

No Records

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

Tracking page

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

Send Grouped Files

Destination and Documentation Information

Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home	
User Instructions			
Hoi Wong Log Out			
Help Desk: 1-866-691-3061			
Enter 3 character site code or select state and destination:			
		Site code: OR State:	
		Destination:	
Select one of the following for ALL documents in this upload:			
		☐ The first page of all the documents has an enhanced 2-D barcode like the following example (ignore all other barcode types):	
			
		RQID: 20051204273664 SITE: S99 DR: F SSN: 000000000 DOCTYPE: 0001 RF: D CS: fedc	
		☐ The first page of all documents does NOT contain a 2-D barcode.	
		Cancel Continue	

Attach and Upload Files

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

Tracking Page

Social Security Online		Electronic Records Express							
www.socialsecurity.gov		Electronic Records Express Home							
User Instructions									
Hoi Wong Log Out Help Desk: 1-866-691-3061		 Send Grouped Files Tracking Information (Step 3 of 3)							
		Warning: The ERE website account you are using is a demo account. Submissions will not be sent to the final destination. Thank you for your submission. Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.							
Response Information:		Tracking Number: 1353AA05239560A7							
		Date and Timestamp: 02/01/2012 at 03:34 PM EST							
		Barcode Present: YES							
		Destination: MO - St Louis South DDS [S81]							
		<table><tr><th>File Name</th><th>File Size</th></tr><tr><td>ERMSG13.zip</td><td>65.0 KB</td></tr><tr><td colspan="2">Total file size: 65.0 KB</td></tr></table>		File Name	File Size	ERMSG13.zip	65.0 KB	Total file size: 65.0 KB	
File Name	File Size								
ERMSG13.zip	65.0 KB								
Total file size: 65.0 KB									
		ERE Print Send More Files ERE Home							

Consultative Examination (CE) Services

Review/Submit Prepared Requests

Social Security Online		Electronic Records Express						
www.socialsecurity.gov		Electronic Records Express Home						
User Instructions								
John Public Log Out Help Desk: 1-866-691-3061		 Review/Submit Prepared Requests Review Prepared Requests						
		This page shows everything that has been prepared for you by your staff. None of these items have been or will be submitted to the requesting office until you review and explicitly submit each one. Select the Review link next to each prepared request to review the report's details and take action upon it. You may select the heading of each column to sort the displayed information by that column in ascending and descending order. These items will be removed from this list once you have successfully submitted it or 30 days from the date of preparation, regardless of whether you have taken action on it.						
Name	Last 4 of SSN	DOB	▼Date/Time Prepared	Prepared By	Response Status	Response Request	Payment Status	Payment Request
Doe, Jay	5555	11/11/1950	09/03/2010 12:44 PM	Grace Suk	NEW	Review Response		
LastName, FirstName	8002	01/02/1979	09/03/2010 12:44 PM	Grace Suk	NEW	Review Response		

Attach and Upload Files

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

Tracking Information

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

Pickup Provider's Transcription Reports

Select Provider's Inbox

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

Inbox Folder

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

Prepare CE Report for Provider

Preparation

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

Attach and Upload Files

Social Security Online		Electronic Records Express																	
www.socialsecurity.gov		Electronic Records Express Home																	
User Instructions																			
CE Admin Shah Log Out																			
Help Desk: 1-866-691-3061		Prepare CE Report for Provider Attach and Upload Files (Step 2 of 3)																	
Reviewing Provider:		Shah, CM ProABilling																	
Destination and request summary:		<table><tr><td>Patient Name:</td><td>Jane Doe</td><td>DOB:</td><td>01/01/1980</td></tr><tr><td>Destination:</td><td>MD - Timonium DDS [S23]</td><td>SSN:</td><td>222-22-2222</td></tr><tr><td>RQID:</td><td>1234</td><td>RF:</td><td>D</td></tr><tr><td>DR:</td><td>S</td><td>CS:</td><td></td></tr></table> Edit Summary		Patient Name:	Jane Doe	DOB:	01/01/1980	Destination:	MD - Timonium DDS [S23]	SSN:	222-22-2222	RQID:	1234	RF:	D	DR:	S	CS:	
Patient Name:	Jane Doe	DOB:	01/01/1980																
Destination:	MD - Timonium DDS [S23]	SSN:	222-22-2222																
RQID:	1234	RF:	D																
DR:	S	CS:																	
Attach and upload files:		A maximum of 8 files can be added and all files must total less than 50MB. File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .mdi, .btt, .rtf, .xls, .xlsx, .pdf, .tiff, .tif. Please do not upload password-protected files because they cannot be processed. File 1: Browse... Clear File 1 Add Another File																	
Additional Comments: You can type up to three letter size pages (approximately 16,000 characters) of comments.		Comments: Characters remaining: 16000 Verify the above information before sending this CE Report to the provider. Cancel Prior Page Send to Provider																	

Tracking Information

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

Send CE Report

Destination and Request Information

Social Security Online

www.socialsecurity.gov

John Doe

Log Out

Help Desk: 1-866-691-3061

Enter 3 character site code or select state and destination:

Enter the following information from the request letter or barcode:

Electronic Records Express Home

User Instructions

 **Send Consultative Exam Report**
Destination and Request Information (Step 1 of 3)

Site code: OR State:

Destination:

SSN:

RQID (Request ID):

RF (Routing Field): ☐ P ☐ D or blank ☐ No RF or No Barcode

DR: ☐ F ☐ S ☐ No DR or No Barcode

CS:
(enter only if applicable)

Cancel

Continue

Attach and Upload Files

Social Security Online

www.socialsecurity.gov

John Doe

Log Out

Help Desk: 1-866-691-3061

Destination and request summary:

Attach and upload files to this report:

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

Please read this statement and indicate your understanding by checking the "I have read..." box below. When you select "Submit", you will generate an electronic signature and submit your response.

Electronic Records Express Home

User Instructions

 **Send Consultative Exam Report**
Attach and Upload Files (Step 2 of 3)

Destination: MO - St Louis South DDS [S81] SSN: 345-34-3453

RQID: 567345345345 RF: D

DR: F CS:

Edit Summary

A maximum of 8 files can be added and all files must total less than 50MB.
File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .mdi, .txt, .rtf, .xls, .xlsx, .pdf, .tiff, .tif

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

File 1: Browse...

Clear File 1

Add Another File

Comments:

Characters remaining: 16000

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

☐ I have read and agree to the above.

Cancel

Prior Page

Submit

Tracking Information (for site that does fiscal)

Social Security Online		Electronic Records Express							
www.socialsecurity.gov		Electronic Records Express Home							
User Instructions									
Hoi Wong Log Out Help Desk: 1-866-691-3061		 Send Consultative Exam Report Tracking Information (Step 3 of 3)							
		Warning: The ERE website account you are using is a demo account. Submissions will not be sent to the final destination. Thank you for your submission. Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.							
Response Information:		Tracking Number: 1353AB31217B104F Date and Timestamp: 02/01/2012 at 03:55 PM EST							
		Destination: MO - St Louis South DDS [S81] SSN: 222-22-2222 RQID: sgafada3434 RF: P DR: F CS: 							
		<table><thead><tr><th>File Name</th><th>File Size</th></tr></thead><tbody><tr><td>Test.doc</td><td>26.0 KB</td></tr><tr><td colspan="2">Total file size: 26.0 KB</td></tr></tbody></table>		File Name	File Size	Test.doc	26.0 KB	Total file size: 26.0 KB	
File Name	File Size								
Test.doc	26.0 KB								
Total file size: 26.0 KB									
		Additional comments were entered during this submission.							
		Your report was electronically signed.							
		ERE Print Request Payment Send Another Report ERE Home							

Request Consultative Exam (CE) Payment

Attach and Upload Invoices

Social Security Online		Electronic Records Express										
www.socialsecurity.gov		Electronic Records Express Home										
User Instructions												
Hoi Wong Log Out Help Desk: 1-866-691-3061		 Request Consultative Exam (CE) Payment Attach and Upload Invoices										
Destination and request summary:		Destination: MO - St Louis South DDS [S81] SSN: 222-22-2222 RQID: sgafada3434 RF: P DR: F CS: 										
Invoice Types:		Select the type of invoice(s) you want to upload. ☐ Invoice from DDS ☐ Invoice from Provider ☐ Both										
Upload Invoice(s): You must upload at least one invoice.		A maximum of 4 invoices can be added and all invoices must total less than 20MB. File types accepted: .wpd, .doc, .jpg, .bmp, .mdi, .txt, .xls, .pdf, .tiff, .tif, .docx, .xlsx Please do not upload password-protected invoices because they cannot be processed. <table><tr><td>Invoice 1:</td><td> </td><td>Browse...</td></tr><tr><td colspan="2"></td><td>Clear Invoice 1</td></tr><tr><td colspan="3">Add Another Invoice</td></tr></table>		Invoice 1:		Browse...			Clear Invoice 1	Add Another Invoice		
Invoice 1:		Browse...										
		Clear Invoice 1										
Add Another Invoice												
Additional Comments: You can type up to three letter size pages (approximately 16,000 characters) of comments.		Comments: Characters remaining: 16000 Cancel Submit										

Tracking page

Social Security Online		Electronic Records Express												
www.socialsecurity.gov		Electronic Records Express Home	User Instructions											
Hoi Wong Log Out Help Desk: 1-866-691-3061		 Request Consultative Exam (CE) Payment Response and Payment Tracking Information												
		Warning: The ERE website account you are using is a demo account. Submissions will not be sent to the final destination. Thank you for your submission. Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.												
		Destination: MO - St Louis South DDS [S81]	SSN: 222-22-2222											
		RQID: sgafada3434	RF: P											
		DR: F	CS:											
Response Information:		Tracking Number: 1353AB31217B104F												
		Date and Timestamp: 02/01/2012 at 03:55 PM EST												
		<table><thead><tr><th>File Name</th><th>File Size</th></tr></thead><tbody><tr><td>freeFormText.txt</td><td>1.0 KB</td></tr><tr><td>Test.doc</td><td>26.0 KB</td></tr><tr><td>eSignature.txt</td><td>1.0 KB</td></tr><tr><td colspan="2">Total file size:</td><td>28.0 KB</td></tr></tbody></table>		File Name	File Size	freeFormText.txt	1.0 KB	Test.doc	26.0 KB	eSignature.txt	1.0 KB	Total file size:		28.0 KB
File Name	File Size													
freeFormText.txt	1.0 KB													
Test.doc	26.0 KB													
eSignature.txt	1.0 KB													
Total file size:		28.0 KB												
		Additional comments were entered during this submission.												
		Your response was electronically signed.												
Payment Request Information:		Tracking Number: 1353AB522D33E08A												
		Date and Timestamp: 02/01/2012 at 03:57 PM EST												
		<table><thead><tr><th>Invoice File Name</th><th>Invoice File Size</th></tr></thead><tbody><tr><td>Test.doc</td><td>26.0 KB</td></tr><tr><td colspan="2">Total file size:</td><td>26.0 KB</td></tr></tbody></table>		Invoice File Name	Invoice File Size	Test.doc	26.0 KB	Total file size:		26.0 KB				
Invoice File Name	Invoice File Size													
Test.doc	26.0 KB													
Total file size:		26.0 KB												
		Invoice Types: Invoice from DDS												
		Additional comments were entered during the payment request submission.												
		ERE Print Send Another Request ERE Home												

Send CE Report(s) with Scanned Signature

Destination and Documentation Information

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

Attach and Upload Files

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

Tracking Information

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

Send CE No Show Response

Destination and Request Information

Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home	
User Instructions			
Hoi Wong Log Out Help Desk: 1-866-691-3061		 Send CE No Show Response Report Destination and Request Information (Step 1 of 3)	
Enter 3 character site code or select state and destination:		Site code: OR State:	
		Destination:	
Enter the following information from the request letter or barcode:		SSN:	
		RQID (Request ID):	
		RF (Routing Field): ☐ P ☐ D or blank ☐ No RF or No Barcode	
		DR: ☐ F ☐ S ☐ No DR or No Barcode	
		CS: (enter only if applicable)	
		Cancel Continue	

Complete Reason

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

Tracking Information

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

Request Payment for CE No Show Response

Attach and Upload Invoices

Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home	
User Instructions			
Hoi Wong Log Out		 Request Payment for CE No Show Response Attach and Upload Invoices	
Help Desk: 1-866-691-3061			
Destination and request summary:	Destination: CT - Hartford DDS [S08]	SSN: 111-11-1111	
	RQID: 22222	RF: P	
	DR: F	CS:	
Invoice Types:	Select the type of invoice(s) you want to upload. ☐ Invoice from DDS ☐ Invoice from Provider ☐ Both		
Upload Invoice(s): You must upload at least one invoice.	A maximum of 4 invoices can be added and all invoices must total less than 20MB. File types accepted: .wpd, .doc, .jpg, .bmp, .mdi, .txt, .rtf, .xls, .pdf, .tiff, .tif, .docx, .xlsx Please do not upload password-protected invoices because they cannot be processed. Invoice 1: 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: Characters remaining:16000		
Please read this statement and indicate your agreement by checking the "I have read..." box. When you select "Submit", you will generate an electronic signature and submit.	I am certifying under penalty of perjury, that the information provided is true and correct and that the services for which I am requesting payment have been performed. By checking the "I have read and agree with the above" checkbox below, I am certifying that I electronically sign the invoice contained within. ☐ I have read and agree to the above. CancelSubmit		

Tracking Information

Social Security Online		Electronic Records Express							
www.socialsecurity.gov		Electronic Records Express Home User Instructions							
Hoi Wong Log Out Help Desk: 1-866-691-3061		 Request Payment for CE No Show Response Response and Payment Tracking Information Warning: The ERE website account you are using is a demo account. Submissions will not be sent to the final destination. Thank you for your submission. Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.							
		Destination: CT - Hartford DDS [S08] SSN: 111-11-1111 RQID: 22222 RF: P DR: F CS:							
Response Information:		Tracking Number: 1353AC0EE37CDD1D Date and Timestamp: 02/01/2012 at 04:10 PM EST The specified reason was: Patient cancelled appointment (Provide reason if known) Additional comments were entered during this submission.							
Payment Request Information:		Tracking Number: 1353AC12862FE1F2 Date and Timestamp: 02/01/2012 at 04:10 PM EST <table><thead><tr><th>Invoice File Name</th><th>Invoice File Size</th></tr></thead><tbody><tr><td>Test.doc</td><td>26.0 KB</td></tr><tr><td colspan="2">Total file size: 26.0 KB</td></tr></tbody></table> Invoice Types: Invoice from DDS Additional comments were entered during the payment request submission. Your payment request was electronically signed.		Invoice File Name	Invoice File Size	Test.doc	26.0 KB	Total file size: 26.0 KB	
Invoice File Name	Invoice File Size								
Test.doc	26.0 KB								
Total file size: 26.0 KB									
		ERE Print Send Another Request ERE Home							

Document Exchange Services

Access Electronic Requests

Open Requests Page

Social Security Online

[www.socialsecurity.gov](#)

DATA00TWO Datta

Log Out

Help Desk: 1-866-691-3061

Electronic Records Express Home



Access Electronic Requests
View Electronic Requests - Open Requests

User Instructions

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

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

▲ Patient Name	Last 4 of SSN	DOB	Request Date	Appt Date and Time	Location	Follow-Up	Request Status	Response Request	Payment Status	Payment Request
DOE, TESTCASE2001	2001	10/20/1980	06/27/2010	06/27/2010			NEW	View Request		
DOE, TESTCASE2005	2005	10/20/1986	06/27/2010				PENDING	View Request		
DOE, TESTCASE2005	2005	11/20/1979	03/30/2010				NEW	View Request		
DOE, TESTCASE2006	2006	11/20/1979	03/30/2010				PENDING	View Request		
DOE, TESTCASE2008	2008	10/20/1986	06/30/2010				PENDING	View Request	NEW	Need Report

Closed Requests

Submitted Requests

Open Over 90 Days

Open Payments

ERE Home

CE Request Details/Upload

Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home	
DATTAAOTWO Datta		Access Electronic Requests	
Log Out		Send CE Report	
Help Desk: 1-866-691-3061		*** Immediate Response Needed ***	
What's Changed:			
Patient Information:		Patient Name: TESTCASE2001 DOE SSN: XXX-XX-2001 DOB: 10/20/1979	
Request Information:		Provider Name: DATTAAOTWO Datta Request Type: Consultative Exam Request Date: 06/30/2010 Requesting Office: WI - Wisconsin DDS [S56] Request ID: REQUESTRX20111222_162327D Disability Examiner: testExaminer CE Appointment Date and Time: 07/25/2010 11:24 AM Location: Test 1506 Woodlawn Drive test maryfield Ellicott MD 21045 - 1121 Service Item 1: 200 test104 Service Item 2: 201 test105 Service Item 3: 202 test106	
Special Instructions:		VAL CE Report Test for ERE Release	
Request Documentation:		Request Letter (Added on 12/22/2011) Authorization To Disclose Information (Added on 12/22/2011) Background MER (Added on 12/22/2011) Supporting Documentation (Added on 12/22/2011)	
Attach and upload files to this response:		A maximum of 8 files can be added and all files must total less than 50MB. File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .mdi, .txt, .xls, .xlsx, .pdf, .rtf, .tif, .tif Please do not upload password-protected files because they cannot be processed. File 1: Browse... Clear File 1 Add Another File	
Additional Comments:		Comments: Characters remaining: 16000	
Please read this statement and indicate your agreement by checking the "I have read..." box. When you select "Submit", you will generate an electronic signature and submit your response.		I am certifying under 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. ☐ I have read and agree to the above.	
		Cancel Prior Page Submit	

Tracking Information (Site does not do fiscal)

Social Security Online		Electronic Records Express			
www.socialsecurity.gov		Electronic Records Express Home			
User Instructions					
DATTAOOTWO Datta					
Log Out		Send CE Report			
Help Desk: 1-866-691-3061		Tracking Information			
Thank you for your submission.					
Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.					
Response Information:					
Tracking Number:		13516BB6C604E043			
Date and Timestamp:		01/25/2012 at 04:17 PM EST			
Patient Name:		TESTCASE2001 DOE			
SSN:		XXX-XX-2001			
DOB:		10/20/1979			
Provider Name:		DATTAOOTWO Datta			
Request Type:		Consultative Exam			
Request Date:		06/30/2010			
Requesting Office:		WI - Wisconsin DDS [S56]			
Request ID:		REQUESTRX20111222_162327D			
Disability Examiner:		testExaminer			
CE Appointment Date and Time:		07/25/2010 11:24 AM			
Location:		Test			
		1506			
		Woodlawn Drive			
		test			
		maryfield			
		Ellicott, MD 21045-1121			
File Name		File Size			
508.doc		26.0 KB			
Total file size:		26.0 KB			
Your response was electronically signed.					
ERE Print Review Another Request ERE Home					

Tracking Information (Site does fiscal)

Social Security Online		Electronic Records Express								
www.socialsecurity.gov		Electronic Records Express Home								
User Instructions										
Srihari Padala										
Log Out		Send CE Report								
Help Desk: 1-866-691-3061		Tracking Information								
Thank you for your submission.										
Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.										
Response Information:		Tracking Number: 131AAD2C4D2970D1								
		Date and Timestamp: 08/08/2011 at 03:16 PM EDT								
		Patient Name: Kal Penn								
		SSN: XXX-XX-4231								
		DOB: 10/20/1982								
		Provider Name: Srihari Padala								
		Request Type: Consultative Exam								
		Request Date: 03/28/2010								
		Requesting Office: XX - DEMO/TESTDDS REL12 [V76]								
		Request ID: 201103091000701001 D								
		Disability Examiner: testExaminerfiscal								
		CE Appointment Date and Time: 07/05/2010 07:24 PM								
		Location: TestOne								
		13 Woods								
		Apt 15								
		Columbia								
		Maryfield								
		Ellicott, MD 21045-1121								
		<table><tr><th>File Name</th><th>File Size</th></tr><tr><td>Test.doc</td><td>26.0 KB</td></tr><tr><td colspan="2">Total file size:</td><td>26.0 KB</td></tr></table>		File Name	File Size	Test.doc	26.0 KB	Total file size:		26.0 KB
File Name	File Size									
Test.doc	26.0 KB									
Total file size:		26.0 KB								
Your response was electronically signed.										
ERE Print Request Payment Review Another Request ERE Home										

Request Consultative Exam (CE) Payment (eOR)

Payment Information

Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home	
DATA00TWO Datta		User Instructions	
Log Out			
Help Desk: 1-866-691-3061		Request Consultative Exam (CE) Payment Payment Information	
		* Denotes Required Field	
Patient Information:	Patient Name: TESTCASE2004 DOE		
	SSN: XXX-XX-2004		
	DOB: 10/20/1985		
Request Information:	Request ID: REQUESTRX20111219_093348D		
Special Instructions:	Payment SP		
Disability Determination Services (DDS) Billing Office Information:	DDS Address: DDS Street Add1 156722		
	DDS Street Add20006722		
	DDS Street Add30000022		
	DDS Street Add30000022		
	DDS City, MD, 21041-1111		
	Phone Number: (444) 333 - 2222 Ext: 11111		
	Fax Number:		
DDS Invoice / Voucher Information:	DDS Invoice/Voucher Number: 12345678900014		
	Legacy System Vendor Code: A1001001A07E08B32122J0025		
	Legacy Case Number: 6771807		
	Other DDS Number: A1001001A07E08B32122J04473123456123038		
Provider Information:	First Name : FNMprvdr		
	Middle Name: MNMprvdr		
	Last Name: LNMMprvdr Suffix PRVD		
	Title: Provider title		
	Organization Name: Provider organization		
	* Taxpayer ID: 1000000000013		
	* Payee Taxpayer ID: 1234567891213		
	* Payee Legal Entity Name: Payee check		
	Invoice Number:		
	* State Vendor Code: 333333		
	Remit Address: ☒ Domestic ☐ Foreign		
	* Street Address 1: Prvdr RemitAdd1 15722		
	Street Address 2: Prvdr RemitAdd2 15722		
	Street Address 3: Prvdr RemitAdd3 15722		
	Street Address 4: Prvdr RemitAdd4 15722		
	* City: Prvdr Remit City		
	* State: MD - Maryland		
	* Zip: 21043 - 3333		
	Phone Number: (111)222-3333 Ext 44444		
	Fax Number:		
	* Has the Provider Information changed? ☒ Yes ☐ No		
Comments:	Characters remaining: 255		
	Cancel Prior Page Continue		

CE Services Performed

Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home	
User Instructions			
DATTAO0TWO Datta Log Out Help Desk: 1-866-691-3061		 Request Consultative Exam (CE) Payment Services Performed * Denotes Required Field	
Patient Information:		Patient Name: TESTCASE2004 DOE SSN: XXX-XX-2004 DOB: 10/20/1985	
Services Information:		Authorization Date: 03/18/2010 * Date of Service: Service Item 1 Item Description: service item 1 Item Code: 201 * Item performed?: ☐ Yes ☐ No Authorized Amount: \$99.99 * Requested Amount: \$ Service Item 2 Item Description: service item 2 Item Code: 202 * Item performed?: ☐ Yes ☐ No Authorized Amount: \$125.00 * Requested Amount: \$ Service Item 3 Item Description: service item 3 Item Code: 203 * Item performed?: ☐ Yes ☐ No Authorized Amount: \$0.22 * Requested Amount: \$ Total Authorized: \$225.21 Total Requested: \$0.00 * Were additional service items performed? ☐ Yes ☐ No	
		Cancel Prior Page Continue	

Additional Services

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

Payment Information Summary

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

Attach and Upload Invoices

Social Security Online		Electronic Records Express		User Instructions	
www.socialsecurity.gov		Electronic Records Express Home			
DATTAOOTWO Datta Log Out Help Desk: 1-866-691-3061		 Request Consultative Exam (CE) Payment Attach and Upload Invoices			
Patient Information:		Patient Name: TESTCASE2004 DOE SSN: XXX-XX-2004 DOB: 10/20/1985			
Invoice Types:		Select the type of invoice(s) you want to upload. ☐ Invoice from DDS ☐ Invoice from Provider ☐ Both			
Upload Invoice(s):		A maximum of 4 invoices can be submitted and all files must total less than 20MB. File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .mdi, .bdt, .xls, .xlsx, .pdf, .rtf, .tiff, .tif Please do not upload password-protected invoices because they cannot be processed. Invoice 1: Browse... Clear Invoice 1 Add Another Invoice			
Please read this statement and indicate your agreement by checking the "I have read..." box. When you select "Submit", an electronic signature will be generated for your response.		I am certifying under penalty of perjury, that the information provided is true and correct and that the services for which I am requesting payment have been performed. By checking the "I have read and agree to the above" checkbox below, I am certifying that I electronically sign the invoice contained within. ☐ I have read and agree to the above. Cancel Prior Page Submit			

CE Response/Payment Request Tracking Information

Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home	
DATTAO0TWO Datta		User Instructions	
Log Out			
Help Desk: 1-866-691-3061			
			
Request Consultative Exam (CE) Payment			
Payment Request Tracking Information			
Thank you for your submission.			
Please retain your tracking number(s) in case there are errors or problems that prevent us from processing your submission.			
Payment Request Information:	Tracking Number:		1351143079A352C9
	Date and Timestamp:		01/24/2012 at 02:48 PM EST
	Patient Name:		TESTCASE2004 NONAME DOE
	SSN:		XXX-XX-2004
	DOB:		10/20/1985
	Provider Name:		FNMprvdr MNMprvdr LNMMprvdr PRVD
	Request Type:		Consultative Exam
	Request Date:		03/18/2010
	Requesting Office:		CO - Colorado DDS [S07]
	Request ID:		20111221131644_205420
	Disability Examiner:		disability CE Examiner
	CE Appointment Date:		07/10/2010 12:59 PM
	Location:		Shortlocationofappointmnt
	DDS Invoice/Voucher Number:		12345678900014
	Legacy System Vendor Code:		A1001001A07E08B32122J0025
Legacy Case Number:		6771807	
Other DDS Number:		A1001001A07E08B32122J04473123456123038	
Title:		Provider title	
Organization Name:		Provider organization	
Invoice Number:			
Taxpayer ID:		1000000000013	
Payee Taxpayer ID:		1234567891213	
Payee Legal Entity Name:		Payee check	
State Vendor Code:		333333	
Remit Address:		Prvdr Remit Add1 15722	
		Prvdr Remit Add2 15722	
		Prvdr Remit Add3 15722	
		Prvdr Remit Add4 15722	
		Prvdr Remit City, MD 21043-3333	
Phone Number:		(111) 222 - 3333	Ext: 44444
Has the Provider Information changed?		No	
Authorization Date:		03/18/2010	Date of Service: 11/11/2011
Service Item 1:			
Item Description:		service item 1	
Item Code:		201	
Was This Item Performed?		Yes	
Authorized Amount:		\$99.99	
Requested Amount:		\$111.00	
Service Item 2:			
Item Description:		service item 2	
Item Code:		202	
Was This Item Performed?		Yes	
Authorized Amount:		\$125.00	
Requested Amount:		\$222.00	
Service Item 3:			
Item Description:		service item 3	
Item Code:		203	
Was This Item Performed?		Yes	
Authorized Amount:		\$.22	
Requested Amount:		\$333.00	
Additional Service Item 1:			
Item Description:		cvxv	
Item Code:		Requested Amount:	\$1.00
Authorized By:		me	
When Authorized:		today	
Invoice File Name		Invoice File Size	
508.doc		26.0 KB	
		Total file size:	26.0 KB
Invoice Types: Invoice from DDS			
Your payment request was electronically signed.			
ERE Print Request Another Payment ERE Home			

Request Medical Evidence of Record Payment (eOR)

Payment Information

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

Attach and Upload Invoice

Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home	
User Instructions			
DATTAO0TWO Datta			
Log Out		Request Medical Evidence of Record Payment	
Help Desk: 1-866-691-3061		Attach and Upload Invoices	
Patient Information:		Patient Name: TESTCASE2008 DOE	
		SSN: XXX-XX-2008	
		DOB: 10/20/1986	
Invoice Types:		Select the type of invoice(s) you want to upload.	
		☐ Invoice from DDS	
		☐ Invoice from Provider	
		☐ Both	
Upload Invoice(s):		A maximum of 4 invoices can be submitted and all files must total less than 20MB. File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .mdj, .txt, .xls, .xlsx, .pdf, .rtf, .tiff, .tif Please do not upload password-protected invoices because they cannot be processed.	
		Invoice 1: Browse...	
		Clear Invoice 1	
		Add Another Invoice	
Please read this statement and indicate your agreement by checking the "I have read..." box. When you select "Submit", an electronic signature will be generated for your response.		I am certifying under penalty of perjury, that the information provided is true and correct and that the services for which I am requesting payment have been performed.	
		By checking the "I have read and agree to the above" checkbox below, I am certifying that I electronically sign the invoice contained within.	
		☐ I have read and agree to the above.	
		Cancel	Prior Page Submit

Payment Information Summary

Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home	
DATTAOOTW0 Datta		User Instructions	
Log Out			
Help Desk: 1-866-691-3061		Request Medical Evidence of Record Payment Payment Information Summary	
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: TESTCASE2008 DOE SSN: XXX-XX-2008 DOB: 10/20/1986	
Provider Information:		Name: ERETest test test ERE Title: Mr Organization Name: TestOrg Invoice Number: Taxpayer ID: 113457 Payee Taxpayer ID: 123456 Payee Legal Entity Name: ERE0231Test2 State Vendor Code: 123456 Remit Address: 1506 Woodlawn Dr testing test area test4 City, State, Zip: Baltimore, MD 21044-1211 Phone Number: (443) 497 - 1735 Ext: 348 Comments: Has the Provider Information changed? No	
		Edit Provider Information	
Payment Information:		Payment Requested Amount: \$1.00 Page Count: Were records photocopied? No	
		Edit Payment Information	
		Cancel Continue	

Response and Payment Tracking Information

Social Security Online		Electronic Records Express		User Instructions	
www.socialsecurity.gov		Electronic Records Express Home			
DATTAAOOTWO Datta		Request Medical Evidence of Record Payment			
Log Out		Response and Payment Request Tracking Information			
Help Desk: 1-866-691-3061					
Thank you for your submission.					
Please retain your tracking number(s) in case there are errors or problems that prevent us from processing your submission.					
Patient Name:		TESTCASE2008 DOE			
SSN:		XXX-XX-2008			
DOB:		10/20/1986			
Provider Name:		ERETest test test ERE			
Request Type:		Evidence Request			
Request Date:		06/30/2010			
Requesting Office:		WI - Wisconsin DDS [S56]			
Request ID:		20111222162311_205668			
Disability Examiner:		testExaminer			
Location:					
Response Information:					
Tracking Number:		13511894A061D092			
Date and Timestamp:		01/24/2012 at 04:05 PM EST			
		File Name		File Size	
508.doc				26.0 KB	
		Total file size:		26.0 KB	
Your response was electronically signed.					
Payment Request Information:					
Tracking Number:		135118BFF41003D4			
Date and Timestamp:		01/24/2012 at 04:08 PM EST			
DDS Invoice/Voucher Number:		1326			
Legacy System Vendor Code:		A12346			
Legacy Case Number:		677182			
Other DDS Number:		DDS9803			
Title:		Mr			
Organization Name:		TestOrg			
Invoice Number:					
Taxpayer ID:		113457			
Payee Taxpayer ID:		123456			
Payee Legal Entity Name:		ERE0231Test2			
State Vendor Code:		123456			
Remit Address:		1506 Woodlawn Dr testing test area test4 Baltimore, MD 21044-1211			
Phone Number:		(443) 497 - 1735		Ext: 348	
Has the Provider Information changed?		No			
Payment Requested Amount:		\$1.00			
Page Count:		Were records photocopied?		No	
		Invoice File Name		Invoice File Size	
508.doc				26.0 KB	
		Total file size:		26.0 KB	
Invoice Types: Invoice from DDS					
Your payment request was electronically signed.					
ERE Print Request Another Payment ERE Home					

Access Provider's Electronic Payment Requests

View Provider's Electronic Requests – Open Requests

Social Security Online

Electronic Records Express

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

Rachel Public
[Log Out](#)

**Access Provider's Electronic Requests**
View Provider's Electronic Requests - Open Requests

Help Desk: 1-866-691-3061

Select Provider:

Provider: Doe, John [View Provider's Electronic Requests](#)

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

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

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

View Provider's Electronic Requests – Submitted Requests

Social Security Online

Electronic Records Express

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

Srihari Padala
[Log Out](#)

**Access Provider's Electronic Requests**
View Provider's Electronic Requests - Submitted Requests

Help Desk: 1-866-691-3061

Select Provider:

Provider: Padala, Srihari [View Provider's Electronic Requests](#)

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

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

▲ Patient Name	Last 4 of SSN	DOB	Request Date	Appt Date and Time	Location	Follow-Up	Request Status	Response Request	Payment Status	Payment Request
Penn, Kal	4231	10/20/1982	03/28/2010	07/05/2010 07:24 PM	TestingPlace		RESPONDED	View Request		

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

Electronic Request Details

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

Prepare CE Report for Provider (eOR)

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

Tracking Information

Social Security Online		Electronic Records Express								
www.socialsecurity.gov		Electronic Records Express Home								
ilavazhagan ramachandran		User Instructions								
Log Out										
Help Desk: 1-866-691-3061		Prepare CE Report for Provider Tracking Information								
		Thank you for your submission.								
		Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.								
Response Information:		Tracking Number: 131B3908185EB041								
		Date and Timestamp: 08/10/2011 at 08:00 AM EDT								
		Reviewing Provider: ramachandran, ilavazhagan								
		Patient Name: Bob CEFiscal								
		SSN: XXX-XX-6066								
		DOB: 10/20/1982								
		Provider Name: ilavazhagan ramachandran								
		Request Type: Consultative Exam								
		Request Date: 02/17/2011								
		Requesting Office: CA - San Diego DDS [S59]								
		Request ID: 2010061110000000CE D								
		Disability Examiner: testExaminerfiscal								
		CE Appointment Date and Time: 02/17/2011 07:24 PM								
		Location: TestOne								
		13 Woods								
		Apt 15								
		Columbia								
		Maryfield								
		Ellicott, MD 21045-1121								
		<table><thead><tr><th>File Name</th><th>File Size</th></tr></thead><tbody><tr><td>test.doc</td><td>26.0 KB</td></tr><tr><td colspan="2">Total file size:</td><td>26.0 KB</td></tr></tbody></table>		File Name	File Size	test.doc	26.0 KB	Total file size:		26.0 KB
File Name	File Size									
test.doc	26.0 KB									
Total file size:		26.0 KB								
		ERE Print Review Another Request ERE Home								

Send Transcription Report to Doctor

Destination and File Attachment

Social Security Online

www.socialsecurity.gov

Jane Public

Log Out

Help Desk: 1-866-691-3061

Select a Provider and DDS Destination:

Attach and upload files:

Electronic Records Express

Electronic Records Express Home

User Instructions

**Send Transcription Report To Provider**
Destination and File Attachment

Provider:
[Select Provider]

State: [Select State]

Destination: [Select Destination]

You can submit up to 8 files and a maximum of 50MB in a single upload.
File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .mdl, .rtf, .txt, .xls, .xlsx, .pdf, .tiff, .tif

File 1:

Tracking Information

Social Security Online

www.socialsecurity.gov

Jane Public

Log Out

Help Desk: 1-866-691-3061

Electronic Records Express

Electronic Records Express Home

User Instructions

**Send Transcription Report To Provider**
Tracking Information

Thank you for your submission.

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

Tracking Number: 1314E59DA8019AB7

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

Provider: Doe, John

Destination: XX - DEMO/TESTDDS REL12 [V76]

File Name	File Size
Test.doc	26.0 KB
Total file size: 26.0 KB	

Pickup Transcription Report

Inbox Folder

Social Security Online

[www.socialsecurity.gov](#)

Amanda Hebert

Log Out

Help Desk: 1-866-691-3061

View Folders:

[Inbox](#) (5)

[Trash](#) (0)

Electronic Records Express Home

 Pickup Transcription Reports
Inbox Folder

Files will be retained for 45 days from the date of receipt. All files older than 45 days are automatically deleted regardless of whether they have been downloaded or read.

File Name	Date and Time	
☐ TranscribedMedicalReport.doc	7/5/07 11:42:32 AM	Open
☐ TranscribedMedicalReport.doc	7/5/07 11:42:32 AM	Open
☐ TranscribedMedicalReport.doc	7/5/07 11:42:32 AM	Open
☐ TranscribedMedicalReport.doc	7/5/07 11:42:31 AM	Open
☐ TranscribedMedicalReport.doc	7/5/07 11:37:39 AM	Open

Items 1 - 5 of 5

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

Send Checked Item(s) to Trash

User Instructions

Trash Folder

Social Security Online

[www.socialsecurity.gov](#)

Amanda Hebert

Log Out

Help Desk: 1-866-691-3061

View Folders:

[Inbox](#) (3)

[Trash](#) (2)

Electronic Records Express Home

 Pickup Transcription Reports
Trash Folder

Files will be retained for 45 days from the date of receipt. All files older than 45 days are automatically deleted regardless of whether they have been downloaded or read.

File Name	Date and Time	
☐ TranscribedMedicalReport.doc	7/5/07 11:42:32 AM	Open
☐ TranscribedMedicalReport.doc	7/5/07 11:42:32 AM	Open

Items 1 - 2 of 2

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

Delete Checked Item(s)

Restore Checked Item(s)

User Instructions

Payment Request Services

Submit Payment Request

Evidence/CE Request Information

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

Attach and Upload Invoice

Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home User Instructions	
DATTAOOTWO Datta Log Out Help Desk: 1-866-691-3061		 Submit Payment Request Attach and Upload Invoices	
Destination and request summary:		Destination: AK - Alaska DDS [S02] SSN: 111-11-1111 RQID: 222222222222 RF: P DR: F CS: Edit Summary	
Invoice Types:		Select the type of invoice(s) you want to upload. ☐ Invoice from DDS ☐ Invoice from Provider ☐ Both	
Upload Invoice(s): You must upload at least one invoice.		A maximum of 4 invoices can be added and all invoices must total less than 20MB. File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .mdi, .txt, .rtf, .xls, .xlsx, .pdf, .tiff, .tif Please do not upload password-protected invoices because they cannot be processed. Invoice 1: Browse... Clear Invoice 1 Add Another Invoice	
Additional Comments: You can type up to three letter size pages (approximately 16,000 characters) of comments.		Comments: Characters remaining:16000 Cancel Prior Page Submit	

Payment Request Tracking Information

Social Security Online		Electronic Records Express							
www.socialsecurity.gov		Electronic Records Express Home User Instructions							
DATTAOOTWO Datta Log Out Help Desk: 1-866-691-3061		 Submit Payment Request Payment Request Tracking Information							
		Thank you for your submission. Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.							
Payment Information:		Tracking Number: 1351158A03478539 Date and Timestamp: 01/24/2012 at 03:11 PM EST Destination: AK - Alaska DDS [S02] SSN: 111-11-1111 RQID: 22222222222222222222 RF: P DR: F CS:							
		<table><thead><tr><th>Invoice File Name</th><th>Invoice File Size</th></tr></thead><tbody><tr><td>508.doc</td><td>26.0 KB</td></tr><tr><td colspan="2">Total file size: 26.0 KB</td></tr></tbody></table> Invoice Types: Invoice from DDS		Invoice File Name	Invoice File Size	508.doc	26.0 KB	Total file size: 26.0 KB	
Invoice File Name	Invoice File Size								
508.doc	26.0 KB								
Total file size: 26.0 KB									
		ERE Print Submit Another Request ERE Home							

Evidence Submission Failure Screen

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

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

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DATTAOOTWO Datta

Log Out

Help Desk: 1-866-691-3061

Electronic Records Express Home

Send Response for Individual Case

 **Submission Failure**

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

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

- zerobyte.txt is an empty file.

Patient Name:	TESTCASE2005 DOE		
SSN:	XXX-XX-2005		
DOB:	10/20/1986	Provider Name:	DATTAOOTWO Datta
Request Type:	Evidence Request	Request Date:	06/27/2010
Requesting Office:	RI - Rhode Island DDS [S44]	Request ID:	REQUESTRX20111222_161714D

File Name	File Size	
zerobyte.txt	0.0 KB	
Total file size:		0.0 KB

Try Again

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Our Commitment To You



As a Federal agency, the Privacy Act of 1974 (5 U.S.C. § 552a) requires us to protect the information we collect from you. We respect your right to privacy and will protect it when you visit our website. We have always protected the privacy of our customers with utmost importance. In fact, we wrote our first regulation to ensure your privacy. You may have access to any of the information we collect about you at this site and we will accept any errors you may find. Our regulation subsection 401.45 provides information on how to get information about you and subsection 401.65 provides information on how to correct information about you.

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

• Our Use Of Web Measurement And Customization Technologies

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

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

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

Tier 1 – Single session This technology "remembers" the online interactions within a single session or visit to a single web site; they let our server know that a person is continuing a visit to our site and connect the person's activities for analysis. Any information related to a particular visit to the web site is deleted from the person's computer immediately after the session ends.

Tier 2 – Multi-session without personally identifiable information (PII) This type of technology notifies when a person returns to a web site and remembers his or her online interactions and navigations across multiple sessions, typically for the purpose of web analytics, but also for customizing people's online experience.

Tier 3 – Multi-session with PII This type of cookie is the same as Tier 2, but back-end web site programming ties it to people's PII. We do not, and have no plan to, use Tier 3 cookies.

1. The purpose of the web measurement and customization technology

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

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

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

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

2. The usage Tier, session type, and technology used

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

3. The nature of the information collected

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

4. The purpose and use of the information

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

5. Whether and to whom we will disclose the information

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

6. The privacy safeguards applied to the information

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

7. The data retention policy for the information

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

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

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

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

You can remove or block the use of web measurement and customization technologies by changing the setting of your browser to block cookies as described at http://www.usa.gov/foipd_instructions.shtml.

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

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

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

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

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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.



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Last reviewed or modified Wednesday Feb 09, 2011

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The Privacy Act And The Freedom Of Information Act

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The Privacy Act

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

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

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



The Freedom Of Information Act

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

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

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

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