

Social Security Administration

# ERE Screen Shots

For OMB Clearance 0960-0753



2014

## Table of Contents

Login Screen .....	1
ERE Login Screen .....	1
Privacy Act Statement.....	2
ERE Homepage.....	3
Administrator’s Homepage view .....	3
Account Maintenance Screens .....	4
Create an Individual End-User Account .....	4
Create Individual End-User Account Summary.....	8
Search Accounts.....	9
Search Results .....	10
Delete Account.....	11
Delete Account - Account Summary .....	12
Change Your Password.....	13
Change Your Password Confirmation .....	13
Modify Account.....	14
Modify Account Confirmation .....	16
Manage Email Notification.....	17
Manage Email - Confirmation .....	17
Evidence Services .....	18

Send Individual Response ..... 18

- Destination and Request Information ..... 18
- Review & Add Information..... 19
- Tracking Page ..... 20

Submit MER Payment (non-eOR)..... 21

- Destination and Request Information ..... 21
- Add Invoices ..... 22
- Tracking page ..... 23
- MER No Records (eOR) ..... 24
- MER No Records (eOR) - Tracking page ..... 25

Send Grouped Response ..... 26

- Destination Information..... 26
- Review & Add Information..... 27
- Confirmation ..... 28

Review/Submit Prepared Requests ..... 29

- View Prepared Request and Upload Files - eOR ..... 30
- Confirmation ..... 32
- View Prepared Request and Upload Files (Non-eOR)..... 33
- Review & Add Information..... 34
- Destination Information..... 36
- Confirmation ..... 38


Send CE Report.....	39
Destination and Request Information .....	39
Review & Add Information.....	40
Confirmation (no fiscal).....	41
Confirmation (with fiscal).....	42
Send Report(s) with Scanned Signature.....	43
Destination Information.....	43
Review & Add Information.....	44
Confirmation .....	45
Send CE No Show Response.....	46
Destination and Request Information .....	46
Complete Reason .....	47
Confirmation .....	48
Access Electronic Requests .....	49
Open Requests Page .....	49
CE Request Details/Upload .....	50
Tracking Information (Site does not do fiscal) .....	51
Tracking Information (Site does fiscal).....	52
Request Consultative Exam (CE) Payment (eOR).....	53
Patient Information.....	53
CE Services Performed .....	54

Additional Services.....	55
Payment Information Summary.....	56
Attach and Upload Invoices .....	57
Tracking page .....	58
Access Provider’s Electronic Requests .....	60
Access Provider’s Electronic Requests – Open Requests.....	60
View/Submit Consultative Examination (CE) Request – Prepare Report for Provider (eOR) .....	61
Tracking Information.....	62
Communication Services.....	63
Messaging Services .....	63
Secure Messaging - Inbox .....	63
Compose Message .....	64
Compose Message – Confirmation .....	65
Communication Utility .....	66
Send Message and Files .....	66
Confirmation .....	67

# Login Screen

## ERE Login Screen

Text Size ▾ | Accessibility Help



# Social Security

Official Website of the U.S. Social Security Administration

## Electronic Records Express (ERE)

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

### Sign In

**Acknowledgement for Website Access**

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

I certify that:

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

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

**Username:**

**Password:**

### Help & Support

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

Email:  
[EETechSupport@SSA.gov](mailto:EETechSupport@SSA.gov)

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

**Your privacy is important.**

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

# Privacy Act Statement

Text Size ▾ | Accessibility Help



**Social Security**

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

## Electronic Records Express (ERE)

### Privacy Act Statement

**See Revised Privacy Act Statement Attached**

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

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

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

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

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

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

### Help & Support

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


Email:  
[EETechSupport@SSA.gov](mailto:EETechSupport@SSA.gov)


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

Close

# ERE Homepage

## Administrator's Homepage view

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



## Social Security

Official Website of the U.S. Social Security Administration

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### Electronic Records Express (ERE)

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

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

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

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

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

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

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

**Messaging Functions** [?](#) [Help](#)

- [Secure Messaging](#)
- [Contact ODAR Office](#)

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

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

### Help & Support

Email:  
[EETechSupport@SSA.gov](mailto:EETechSupport@SSA.gov)

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


[? User Resources](#)



# Account Maintenance Screens

## Create an Individual End-User Account

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

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### ERE: Create an Account

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

[? User Resources](#)

#### Account Type & Username

**What type of account would you like to create?**

- Administrator Account
- Regional Administrator Account
- Sponsor Account
- Individual End-User Account

Demo Account

**Username:**

Username must contain:

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

---

#### User Information

**Name:**

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

---

**Primary Phone Number:**

U.S.    International

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

**Alternate Phone Number (optional):**

U.S.    International

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

**FAX Number (optional):**

U.S.    International

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

---

**Primary Email Address:**

**Confirm Primary Email Address:**

**Alternate Email Address (optional):**

**Confirm Alternate Email Address (Optional):**

## Organization Information

**Organization Type:**

Attorneys Office

**Organization Name:**

**Department (optional):**

**Position (optional):**

**Address:**

**Country:**

United States or U.S. Territory

**Street Address:**

Street Line 1:

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

**City/Town:**

**State/Territory:**

--

**ZIP Code:**

**Primary Site:**

--

**Primary Site Contact:**

--

## Account Functions

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

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

## Additional Information

**Comments (optional):**

(254 characters maximum)

Characters remaining: 254

Next

Cancel

# Manage End-User Relationships



## Social Security

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### ERE: Create Relationship

Username: **SJONES01**

First Name: **Susan**

Last Name: **Jones**

Organization: **Angulara Services**

State/Territory: **MD**

Function: **CE Admin Staff**

[? User Resources](#)

#### Search for Available Users By:

Username:

Organization Name:

Last Name:

Organization Type:

First Name:

State/Territory:

User Type(s):

- CE Medical
- MER Billing
- CE Billing

[Search](#)

[Cancel](#)

# Manage End-User Relationships – Search Results



## Social Security

Official Website of the U.S. Social Security Administration

### ERE: Create Relationship

Username: **SJONES01**

First Name: **Susan**

Last Name: **Jones**

Organization: **Angulara Services**

State/Territory: **MD**

Function: **CE Admin Staff**

[? User Resources](#)

### Search Results

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

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

[Create Relationship](#)

[Edit Search](#)

[Cancel](#)

# Create Individual End-User Account Summary

Marianne Jones | [Sign Out](#)

Text Size | [Accessibility Help](#)



## Social Security

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### ERE: Account Summary

You successfully created the relationship(s).

#### Actions

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

[User Resources](#)

#### Account Information

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

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

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

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

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

Comments:

#### Current Relationships

Username	Last Name	First Name	Organization Name	Organization Type	State	User Type	Action
ANGU123	Angulara	Sam	Angulara Services	CE Provider	MD	CE Medical	<a href="#">Delete</a>

[Create New Relationship](#)

[ERE Home](#)



## Social Security

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### ERE: Search Accounts

#### Search for Accounts By:

[? User Resources](#)

Last Name:

SSA ID:

First Name:

Phone Number:

Username:

Email Address:

Primary Site:

#### Match:

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

#### Hide functions to include in search

#### Functions:

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

[Search](#)

[ERE Home](#)

# Search Results



## Social Security

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### ERE: Search Accounts

#### Search Results

[? User Resources](#)

Showing 1-5 of 5

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

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

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

[Edit Search](#)

[New Search](#)

[ERE Home](#)

# Delete Account

Marianne Jones | [Sign Out](#)

Text Size  | [Accessibility Help](#)



## Social Security

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### ERE: Delete Account

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

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

[? User Resources](#)



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

#### New Primary Site Contact

Public, Joe (JPUBLIC1) 

[Delete Account](#)

[Cancel](#)



# Delete Account - Account Summary




## Social Security

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### ERE: Account Summary




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

 [Print this Page](#)

#### Actions

 [View Log History](#)

 [User Resources](#)

#### Account Information

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

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

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

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


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

Comments:

[ERE Home](#)

## Change Your Password

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



### Social Security

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## ERE: Change Your Password

### Enter Password Information

**Current Password:**

**New Password:**  
 Password Strength

Must be 8-20 characters and contain at least:


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

**Re-enter New Password:**

[? User Resources](#)

## Change Your Password Confirmation

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### Social Security

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## ERE: Change Your Password




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

[? User Resources](#)

# Modify Account

Marianne Jones | [Sign Out](#)

Text Size 

[Accessibility Help](#)



## Social Security

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### ERE: Modify Account Information

#### Account Type & Username

Username: **ANGU123**

SSA ID: **GZXK067AP**

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

Account Status: **Active**

Demo Account

[? User Resources](#)

#### User Information

##### Name:

Sam    Angulara

First Middle Last

##### Primary Phone Number:

U.S.  International

4105551212

10-digit Number [Ext.](#)

##### Alternate Phone Number (optional):

U.S.  International

4105551211

10-digit Number [Ext.](#)

##### FAX Number (optional):

U.S.  International

10-digit Number [Ext.](#)

##### Primary Email Address:

##### Confirm Primary Email Address:

##### Alternate Email Address (optional):

##### Confirm Alternate Email Address:

## Organization Information

**Organization Type:**

CE Provider

**Organization Name:**

Angulara Services

**Department (optional):**

**Position (optional):**

**Address:**

**Country:**

United States or U.S. Territory

**Street Address:**

Street Line 1: 123 Main St

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

**City/Town:**

Baltimore

**State/Territory:**

Maryland

**ZIP Code:**

21208

**Primary Site:**

MD - Timonium DDS [S23]

**Primary Site Contact:**

Public, John (JPUBLIC1)

## Account Functions

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

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

## Additional Information

**Comments (optional):**

(254 characters maximum)

Characters remaining: 254

Save

Cancel

# Modify Account Confirmation



### ERE: Account Summary

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

#### Actions

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

[? User Resources](#)

#### Account Information

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

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

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

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

Account Functions: **Consultative Exam**

Comments:


#### Current Relationships


	Username	Last Name	First Name	Organization Name	Organization Type	State	User Type
User has no relationships							

[Create New Relationship](#)

[ERE Home](#)

## Manage Email Notification

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



### Social Security

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## ERE: Manage Your Email Notifications

#### Email Notifications

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

---


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


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

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

[? User Resources](#)

## Manage Email - Confirmation

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




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## ERE: Manage Your Email Notifications

**You successfully turned OFF email notifications.**


[ERE Home](#)


[? User Resources](#)

# Evidence Services

## Send Individual Response

### Destination and Request Information

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



## Social Security

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---

### ERE: Send Individual Response

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

#### Destination and Request Information

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

[? User Resources](#)

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

Site code  State

**Site Code:**  
T21

State: **MD - Maryland**

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

---

**Social Security Number (SSN):**

**RQID (Request ID):**

**RF (Routing Field):**

P

D or Blank

No RF or No Barcode

**DR:**

F

S

No DR or No Barcode

**CS (only if applicable):**

# Review & Add Information



### ERE: Send Individual Response

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

#### Review

[Edit](#) Destination and Request Information

[? User Resources](#)

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

#### Attach and Upload Files

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

File 1:

[Browse](#)

[Delete](#)

Document Type

Document Date:

mm/dd/yyyy 

Notes:

[Add A File](#)

[Submit](#)

[Previous](#)

[Cancel](#)





## Social Security

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### ERE: Send Individual Response

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

✓ **Thank you for your submission.**

#### Individual Response Submission - Tracking Information.

Tracking Number: **12E5G203C4AFEDG6**

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

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

[Print this Page](#)

[? User Resources](#)

### Submission Summary

#### Tracking Information

#### Destination and Request Information

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

SSN: **000-00-0701**

RQID: **00000024156125**

RF: **P**

DR: **F**

CS: **01**

#### Uploaded File(s)

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


[Send Another Response](#)

[ERE Home](#)

# Submit MER Payment (non-eOR)

## Destination and Request Information

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



### Social Security

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### ERE: Submit Payment Request

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

#### Destination and Request Information

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

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

Site code  State

**Site Code:**  
S23

State: **MD - Maryland**

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

**Social Security Number (SSN):**

**RQID (Request ID):**

**RF (Routing Field):**

P

D or Blank

No RF or No Barcode

**DR:**

F

S

No DR or No Barcode

**CS:**  
Enter only if applicable


**Is this payment request for a Consultative Exam?**

Yes  No

[? User Resources](#)

# Add Invoices

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



## Social Security

Official Website of the U.S. Social Security Administration

---

### ERE: Submit Payment Request

1 Destination Information    2 Review & Add Information    3 Confirmation

#### Review

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

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

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

#### Invoice Types

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

Invoice from DDS

Invoice from Provider

Both

#### Attach and Upload Invoices

- A maximum of 4 files can be added and all files must total less than 20MB.
- File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .mdi, .txt, .xls, .xlsx, .pdf, .rtf, .tiff, .tif
- Please do not upload password-protected files because they cannot be processed.

**File 1:**  [Browse](#) [Delete](#)

[Add Another Invoice](#)

#### Payment Request Agreement

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

I am certifying under penalty of perjury, that the information is true and correct and that the services for which I am requesting payment have been performed.

By checking the "I have read and agree to the above" checkbox below, I am certifying that I electronically sign the invoice contained within.

**I have read and agree to the above.**

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




## ERE: Submit Payment Request

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

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

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

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

 [Print this Page](#)

[? User Resources](#)

### Submission Summary

Tracking Information

#### Destination and Request Information

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

#### Uploaded Invoice(s)

File Name	File Size
Goodwin-BayleyInvoice.doc	100 KB
<b>Total File Size:</b>	<b>100 KB</b>


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

[Send Another Request](#)

[ERE Home](#)


# MER No Records (eOR)


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

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

---

## ERE: View/Submit Evidence Request

 **Immediate Response Needed**

 [User Resources](#)

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

### Request Details

Special Instructions:

---

#### Documentation

File Name	Date Added
<a href="#">Request Letter</a>	03/06/2010
<a href="#">Authorization to Disclose Information</a>	03/16/2010
<a href="#">Background Evidence</a>	03/16/2010
<a href="#">Supporting Documentation</a>	03/16/2010

### Request Response

**Do you have records to submit for this case?**

Yes  No

### Add Reason

**Reason for No Records to Submit:**

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

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

Characters remaining: 16,000

### Additional Examination or Test (optional)

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

Yes  No

**Submit**

[Previous](#)

[Cancel](#)



## Social Security

Official Website of the U.S. Social Security Administration

### ERE: View/Submit Evidence Request




**Thank you for your submission.**

**Individual Response Submission - Tracking Information.**

Tracking Number: **GZX13067AP**

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

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

 [Print this Page](#)

[? User Resources](#)

#### Submission Summary

Tracking Information

##### Patient Information

Patient Name: **Janice Goodwin**

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

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

Provider Name: **Sam Angulara**

Request Type: **Evidence Request**

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

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

Request ID: **20100304DOE2\_200002 D**

Disability Examiner: **Mark Evans**

##### Request Response

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


[ERE Home](#)

[Review Another Request](#)

# Send Grouped Response

## Destination Information

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



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

---

### ERE: Send Grouped Files

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

#### Destination and Request Information

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

Site code  State

**Site Code:**  
S23

State: **MD - Maryland**

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

---

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

Yes  No

[? User Resources](#)

# Review & Add Information



## Social Security

Official Website of the U.S. Social Security Administration

### ERE: Send Grouped Files

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

#### Review

[Edit](#) Destination and Request Information

[User Resources](#)

State: **MD - Maryland**

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

Barcode present? **Yes**

#### Attach and Upload Files

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

File 1:

[Browse](#)

[Delete](#)

[Add A File](#)

[Submit](#)

[Previous](#)

[Cancel](#)



# Confirmation



## Social Security

Official Website of the U.S. Social Security Administration

### ERE: Send Grouped Files

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

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

Tracking Number: **CCXKR017AF**

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

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

[? User Resources](#)

[Print this Page](#)

#### Submission Summary

Tracking Information

##### Destination and Request Information

State: **MD - Maryland**

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

Barcode present? **Yes**

##### Uploaded File(s)

File Name	File Size
Sept30Evidence.doc	160 KB
<b>Total File Size</b>	<b>160 KB</b>

[ERE Home](#)

[Send Another Response](#)

# Review/Submit Prepared Requests



## Social Security

Official Website of the U.S. Social Security Administration

### ERE: Review / Submit Prepared Requests

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

[? User Resources](#)


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

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

[ERE Home](#)

# View Prepared Request and Upload Files - eOR

Sam Angulara | [Sign Out](#)

Text Size  | [Accessibility Help](#)



## Social Security

Official Website of the U.S. Social Security Administration

### ERE: Review / Submit Prepared Request

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

[? User Resources](#)

#### Service Items

**Service Item 1:**  
Item Description: **Check Up**  
Item Code: **102**

#### Request Details

**Special Instructions:**  
Peter is scared of needles. Be gentle.  
  
Lollipops are recommended.

**Files Loaded by Preparer:**

File Name	File Size	Action
<a href="#">Quanta.tif</a>	900 KB	<a href="#">Delete</a>

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

#### Attach and Upload New Files

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

**File 1:**

[Browse](#)

[Delete](#)

[Add A File](#)

## Additional Information

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

Characters remaining: 16,000

## Consultative Examination Authorization Agreement

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

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

I have read and agree with the Agreement above.

**Submit**

Cancel

# Confirmation



## Social Security

Official Website of the U.S. Social Security Administration

### ERE: Review / Submit Prepared Requests



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

Tracking Number: **GZXKR067AP**

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

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

[Print this Page](#)

[? User Resources](#)

#### Submission Summary

Tracking Information

#### Patient & Appointment Information

Patient Name: **Peter Quanta**

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

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

Provider Name: **Sam Angulara**

Request Type: **Consultative Exam**

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

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

Request ID: **20100304DPE2\_100003 D**

Disability Examiner: **Mark Evans**

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

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

#### Uploaded File(s)

##### Files Loaded By Preparer

File Name	File Size
Quanta.tif	900 KB
<b>Total File Size:</b>	<b>900 KB</b>

##### New Files

File Name	File Size
medicalrecords_Quanta.doc	100 KB
<b>Total File Size:</b>	<b>100 KB</b>

##### Additional Information

Comments: **Comments were entered**

Your response was electronically signed.

[Review Another Request](#)

[ERE Home](#)

# View Prepared Request and Upload Files (Non-eOR)

Sam Angulara | [Sign Out](#)

Text Size | [Accessibility Help](#)



## Social Security

Official Website of the U.S. Social Security Administration

### ERE: Review / Submit Prepared Request

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

Prepared By: **Jane Doe**

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

Reviewing Provider: **Sam Angulara**

[User Resources](#)

#### Patient Information

**Patient Name:**

First:  Middle:  Last:

**Patient Date of Birth:**

#### Destination and Request Information

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

Site code  State

**Site Code:**

S23

State: **MD - Maryland**

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

**Social Security Number (SSN):**

**RQID (Request ID):**

**RF (Routing Field):**

P  
 D or Blank  
 No RF or No Barcode

**DR:**


F  
 S  
 No DR or No Barcode

**CS (only if applicable):**

**Document Type:**

# Review & Add Information

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



## Social Security

Official Website of the U.S. Social Security Administration

---

### ERE: Review / Submit Prepared Request

1 Destination Information2 Review & Add Information3 Confirmation

Edit **Destination and Request Information** User Resources

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

#### Files Loaded by Preparer:

File Name	File Size	Action
Quanta.tif	900 KB	<span style="border: 1px solid #ccc; padding: 2px 5px; border-radius: 3px;">Delete</span>

**To revise a file:**

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

#### Attach and Upload New Files

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

**File 1:**  Delete

Browse

Add A File

#### Additional Information

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

Characters remaining: 16,000

#### Consultative Examination Authorization Agreement

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

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

**I have read and agree with the Agreement above.**

Submit Previous Cancel

# Confirmation



## Social Security

Official Website of the U.S. Social Security Administration

### ERE: Review / Submit Prepared Requests

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

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

Tracking Number: **GZXKR067AP**

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

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

[Print this Page](#)

[? User Resources](#)

#### Submission Summary

Tracking Information

##### Patient Information

Patient Name: **Tony Synapson**

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

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

SSN: **XXX-XX-6789**

RQID: **201003042\_10003 D**

RF: **D**

DR: **F**

CS:

Document Type: **0002**

##### Uploaded File(s)

Files Loaded By Preparer:

File Name	File Size
Quanta.tif	900 KB
<b>Total File Size:</b>	<b>900 KB</b>

New Files

File Name	File Size
medicalrecords_Quanta.doc	100 KB
<b>Total File Size:</b>	<b>100 KB</b>

Additional Information

Comments: **Comments were added**

**Your response was electronically signed.**

[Review Another Request](#)


[ERE Home](#)



# Prepare Report for Provider

## Destination Information

Sarah Jones | Sign Out | Text Size | Accessibility Help

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

### ERE: Prepare Report for Provider

1 Destination Information 2 Review & Add Information 3 Confirmation

[? User Resources](#)

#### Enter Provider Information

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

**Reviewing Provider:**  
--

#### Enter Patient Information

**Patient Name:**  
First Middle Last

**Patient Date of Birth:**  
10/20/1980

#### Destination and Request Information

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

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

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

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

**RQID (Request ID):**  
201003042\_10003 D

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

**DR:**  
 F  
 S  
 No DR or No Barcode

**CS (only if applicable):**

**Document Type:**  
Consultative Examination Report

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

# Review & Add Information



## Social Security

Official Website of the U.S. Social Security Administration

### ERE: Prepare Report for Provider

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

#### Review

[Edit](#) Destination and Request Information

[? User Resources](#)

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

#### Attach and Upload Files

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

File 1:

[Browse](#)

[Delete](#)

[Add A File](#)

**Additional Comments:**  
(16,000 characters maximum)

Characters remaining: 16,000

[Send to Provider](#)

[Previous](#)

[Cancel](#)

# Confirmation



## ERE: Prepare Report for Provider

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



**Thank you for your submission.**

**Prepared Submission - Tracking Information.**

Tracking Number: **13E5G203C4BBC5P6**

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

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

[Print this Page](#)

[? User Resources](#)

### Submission Summary

Tracking Information

### Reviewing Provider Information

Reviewing Provider: **Sam Angulara**

### Patient Information

Patient Name: **Tony Synapson**

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

### Destination and Request Information

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

SSN: **000-00-0663**

RQID: **00000024156125**

RF: **P**

DR: **F**

CS: **01**

Document Type: **3171**

### Uploaded File(s)

File Name	File Size
CE_Synapson.doc	1523 KB
<b>Total File Size</b>	<b>1523 KB</b>


[Prepare Another CE Report](#)

[ERE Home](#)

# Send CE Report

## Destination and Request Information

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



### Social Security

Official Website of the U.S. Social Security Administration

---

### ERE: Send CE Report

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

#### Destination and Request Information

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

[? User Resources](#)

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

Site code  State

**Site Code:**  
S23

State: **MD - Maryland**

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

---

**Social Security Number (SSN):**

**RQID (Request ID):**

**RF (Routing Field):**

P

D or Blank

No RF or No Barcode

**DR:**

F

S

No DR or No Barcode

**CS (only if applicable):**

---

**Document Type:**

# Review & Add Information



## Social Security

Official Website of the U.S. Social Security Administration

### ERE: Send CE Report

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

#### Review

[Edit](#) Destination and Request Information

[? User Resources](#)

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

#### Attach and Upload Files

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

File 1:

[Browse](#)

[Delete](#)

[Add A File](#)

**Additional Comments:**  
(16,000 characters maximum)

Characters remaining: 16,000

#### Consultative Examination Authorization Agreement

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

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

I have read and agree with the Agreement above.

[Submit](#)

[Previous](#)

[Cancel](#)

# Confirmation (no fiscal)



## Social Security

Official Website of the U.S. Social Security Administration

### ERE: Send CE Report

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



**Thank you for your submission.**

#### CE Report Submission - Tracking Information.

Tracking Number: **12B5F233B4AFEDB6**

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

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

[? User Resources](#)

[Print this Page](#)

### Submission Summary

Tracking Information

#### Destination and Request Information

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

SSN: **000-00-0701**

RQID: **00000024156125**

RF: **P**

DR: **F**

CS: **01**

Document Type: **0002**

#### Uploaded File(s)

File Name	File Size
CE_Synapson.doc	100 KB
<b>Total File Size:</b>	<b>100 KB</b>

Your response was electronically signed.

[Send Another Response](#)

[ERE Home](#)

# Confirmation (with fiscal)



### ERE: Send CE Report

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



**Thank you for your submission.**

#### CE Report Submission - Tracking Information.

Tracking Number: **12B5F233B4AFEDB6**

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

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

[? User Resources](#)

[Print this Page](#)

### Submission Summary

#### Tracking Information

#### Destination and Request Information

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

SSN: **000-00-0701**

RQID: **00000024156125**

RF: **P**

DR: **F**

CS: **01**

Document Type: **0002**

#### Uploaded File(s)

File Name	File Size
CE_Synapson.doc	100 KB
<b>Total File Size:</b>	<b>100 KB</b>

Your response was electronically signed.


[Send Another Response](#)


[Submit Payment Request](#)

[ERE Home](#)

# Send Report(s) with Scanned Signature

## Destination Information

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



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

---

### ERE: Send Report(s) with Scanned Signature

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

#### Destination and Request Information

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

Site Code  State

**State:**

**Destination:**

---

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

Yes  No

NextCancel




[? User Resources](#)



# Review & Add Information



## ERE: Send Report(s) with Scanned Signature

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

### Review

[Edit](#) Destination and Request Information

[? User Resources](#)

State: **MD - Maryland**

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

Barcode present? **Yes**

### Attach and Upload Files

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

File 1:

[Browse](#)

[Delete](#)

[Add A File](#)

[Submit](#)

[Previous](#)

[Cancel](#)

# Confirmation



## ERE: Send Report(s) with Scanned Signature

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



**Thank you for your submission.**

**Scanned Signature Submission - Tracking Information.**

Tracking Number: **GZCD0041AP**

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

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

[? User Resources](#)

[Print this Page](#)

### Submission Summary

Tracking Information

#### Destination and Request Information

State: **MD - Maryland**

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

Barcode present? **Yes**

#### Uploaded File(s)

File Name	File Size
Sept30Evidence.zip	100 KB
<b>Total File Size:</b>	<b>100 KB</b>


[ERE Home](#)

[Send Another Response](#)

# Send CE No Show Response

## Destination and Request Information

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



### Social Security

Official Website of the U.S. Social Security Administration

---

### ERE: Send No Show Response

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

#### Destination and Request Information

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

---

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

Site code  State

**Site Code:**  
S23

State: **MD - Maryland**

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

---

**Social Security Number (SSN):**

**RQID (Request ID):**

**RF (Routing Field):**

P

D or Blank

No RF or No Barcode

**DR:**

F

S

No DR or No Barcode

**CS:**  
Enter only if applicable

[? User Resources](#)




# Complete Reason



## Social Security

Official Website of the U.S. Social Security Administration

### ERE: Send No Show Response

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

#### Review

[Edit](#) Destination and Request Information

[? User Resources](#)

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

#### Add No Show Reason and Comments

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

##### Reason for No Show Response:

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

##### Comments:

(16,000 characters maximum)

Characters remaining: 16000

[Submit](#)

[Previous](#)

[Cancel](#)

# Confirmation



## Social Security

Official Website of the U.S. Social Security Administration

### ERE: Send No Show Response

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




**Thank you for your submission.**

**No Show Submission - Tracking Information.**

Tracking Number: **GZXKR067AP**

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

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

 [Print this Page](#)

[? User Resources](#)

#### Submission Summary

Tracking Information

##### Destination and Request Information

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

SSN: **000-00-0701**

RQID: **00000024156125**

RF: **P**

DR: **F**

CS: **01**

##### No Show Reason and Comments

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

Comments: **Comments were added**

[Send Another Response](#)

[ERE Home](#)

# Access Electronic Requests

## Open Requests Page

Sam Angulara | [Sign Out](#)

Text Size | [Accessibility Help](#)



# Social Security

Official Website of the U.S. Social Security Administration

### ERE: Access Electronic Requests

**Request Type:**

Open Requests

Show

[? User Resources](#)


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

[ERE Home](#)

# CE Request Details/Upload

Sam Angulara | Sign Out Text Size Accessibility Help

---

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

---

ERE: View / Submit CE Request

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

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

### Service Items

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

### Request Details

**What's Changed:**  
Appointment Date

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

**Documentation:**

File Name	Date Added
<a href="#">Goodwin.doc</a>	03/06/2011
<a href="#">Goodwin_2010.doc</a>	03/06/2011
<a href="#">Goodwin_Med.pdf</a>	03/06/2011
<a href="#">Supporting Documentation</a>	03/06/2011

### Request Response

**Was a Consultative Exam performed?**  
 Yes  No

### Attach and Upload Files

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

**File 1:**

### Additional Information

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

Characters remaining: 16,000

### Consultative Examination Authorization Agreement

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

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

I have read and agree with the Agreement above.

---

Local intranet | Protected Mode: Off 100%

# Tracking Information (Site does not do fiscal)



## Social Security

Official Website of the U.S. Social Security Administration

### ERE: View / Submit CE Request




**Thank you for your submission.**

**CE Report Submission - Tracking Information.**

Tracking Number: **1276D6802B1230B5**

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

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

 [Print this Page](#)

[? User Resources](#)

### Submission Summary

Tracking Information

#### Patient & Appointment Information

Patient Name: **Janice Goodwin**

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

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

Provider Name: **Sam Angulara**

Request Type: **Consultative Exam**

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

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

Request ID: **000000241156125**

Disability Examiner: **Mark Evans**

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

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

#### Uploaded File(s)

File Name	File Size
GoodwinCE..doc	56 KB
<b>Total File Size:</b>	<b>56 KB</b>

#### Additional Information

Comments: **No comments added**

**You have electronically signed.**

[Review Another Request](#)

[ERE Home](#)



# Tracking Information (Site does fiscal)



## ERE: View / Submit CE Request



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

Tracking Number: **1276D6802B1230B5**

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

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

[Print this Page](#)

[? User Resources](#)

### Submission Summary

Tracking Information

#### Patient & Appointment Information

Patient Name: **Janice Goodwin**

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

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

Provider Name: **Sam Angulara**

Request Type: **Consultative Exam**

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

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

Request ID: **000000241156125**

Disability Examiner: **Mark Evans**

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

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

#### Uploaded File(s)

File Name	File Size
GoodwinCE..doc	56 KB
<b>Total File Size:</b>	<b>56 KB</b>

#### Additional Information

Comments: **No comments added**

**You have electronically signed.**

[Review Another Request](#)

[Submit Payment Request](#)

[ERE Home](#)

# Request Consultative Exam (CE) Payment (eOR)

## Patient Information

Sam Anguilara | Sign Out Text Size | Accessibility Help



### ERE: Request CE Payment

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

Patient Name: **Janice Goodwin** Patient SSN: **XXX-XX-0001**  
Patient DOB: **01/20/2013** Request ID: **20100928SHAH\_0004 D**  
DDS Address: **Suite A 123 Street, City, DC, 10001** Phone Number: **(404) 348-1735 Ext. 451**  
Fax Number: **(405) 496-9625** DDS Invoice/Voucher Number: **1326**  
Legacy System Vendor Code: **A12346** Legacy Case Number: **677182**  
Other DDS Number: **DDS9803**

[User Resources](#)

### Payment Information

#### Special Instructions

N/A

#### Provider Information

##### Provider's Name (optional):

--  
Title First Middle Last Suffix

##### Organization Name (optional):

Angulara Services

##### Taxpayer ID:

113457

##### Payee Taxpayer ID:

123456

##### Payee Legal Entity Name:

SSA

##### Invoice Number (optional):

##### State Vendor Code:

234AF21EF

##### Remit Address:

###### Country:

United States or U.S. Territory

###### Street Address:

Street Line 1: 456 Main Street

Street Line 2: [Add Line](#)

###### City/Town:

Baltimore

###### State/Territory:

Maryland

###### ZIP Code:

21208

##### Primary Phone Number (optional):

U.S.  International

10-digit Number Ext.

##### Fax Number (optional):

U.S.  International

10-digit Number

##### Has the Provider Information Changed?

Yes  No

#### Payment Information

##### Did you perform a review of records?

Yes  No

##### Comments: (255 characters maximum)


Text area for comments

Characters remaining: 255

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

# CE Services Performed

Sam Angulara | Sign Out





Text Size  | Accessibility Help



## Social Security

Official Website of the U.S. Social Security Administration


### ERE: Request CE Payment

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

Patient Name: **Janice Goodwin**

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

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

 [User Resources](#)

#### Services Performed

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

Date of Service:

mm/dd/yyyy

#### Service Item 1

Item Description: **Psychological Exam, Child**

Item Code: **437**

Authorized Amount: **\$230.00**

Item Performed?

Yes  No

Requested Amount:

\$

[Add Additional Service Item](#)

Total Authorized: **\$0**

Total Payment Requested: **\$0**

[Next](#)

[Previous](#)

[Cancel](#)

# Additional Services



## Social Security

Official Website of the U.S. Social Security Administration

### ERE: Request CE Payment

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

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

[? User Resources](#)

#### Services Performed

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

Date of Service:

mm/dd/yyyy

#### Service Item 1

Item Description: **Psychological Exam, Child**

Item Code: **437**

Authorized Amount: **\$230.00**

Item Performed?

- Yes       No

#### Additional Service Item 1

[Delete](#)

Item Description:  
(255 characters maximum)

Characters remaining: 255

Item Code (optional):

Requested Amount:

\$

Authorized By:

When Authorized:

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

[Add Additional Service Item](#)

Additional Requested Total: **\$0.00**

Services Performed Total: **\$230.00**

**Total Payment Requested: \$230.00**

[Next](#)

[Previous](#)

[Cancel](#)

# Payment Information Summary

Sam Angulara | [Sign Out](#)

Text Size | [Accessibility Help](#)



## Social Security

Official Website of the U.S. Social Security Administration

### ERE: Request CE Payment

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

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

[? User Resources](#)

#### Payment Information Summary

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

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

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

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

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

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

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

#### Upload Invoices

Do you have invoices to upload?  
 Yes     No


[Next](#)

[Previous](#)

[Cancel](#)

# Attach and Upload Invoices

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



## Social Security

Official Website of the U.S. Social Security Administration

---

### ERE: Request CE Payment

1 Patient Information2 Enter Services3 Review4 Add Invoices5 Confirmation

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

#### Invoice Types

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

Invoice from DDS

Invoice from Provider

Both

#### Upload Invoice(s)

- A maximum of 4 files can be added and all files must total less than 20MB.
- File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .mdi, .txt, .xls, .xlsx, .pdf, .rtf, .tiff, .tif
- Please do not upload password-protected files because they cannot be processed.

**File 1:**  [Delete](#)

[Browse](#)

[Add A File](#)

#### Payment Request Agreement

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

I am certifying under penalty of perjury, that the information is true and correct and that the services for which I am requesting payment have been performed.

By checking the "I have read and agree with the above" checkbox below, I am certifying that I electronically sign the invoice contained within.

**I have read and agree with the above.**

SubmitPreviousCancel

# Tracking page



### ERE: Request CE Payment

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



Thank you for your submission.

#### Consultative Exam Payment Request submission - Tracking Information.

Tracking Number: **12B5F233B4AFEDB6**

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

#### Consultative Exam Request submission - Tracking Information.

Tracking Number: **1276D6802B1230B5**

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

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

[User Resources](#)

[Print this Page](#)

### Submission Summary

Tracking Information

#### Patient and Appointment Information

Patient Name: **Janice Goodwin**

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

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

Provider Name: **Sam Angulara**

Request Type: **Consultative Exam**

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

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

Request ID: **20100928SHAH\_0004 D**

Disability Examiner: **Mark Evans**

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

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

#### Response Information

File Name	File Size
Goodwin_PsychInvoice.doc	996 KB
<b>Total File Size</b>	<b>996 KB</b>

Comments were added

Your response was electronically signed.

## Payment Request Information

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

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

### Service Item 1:

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

### Additional Service Item 1:

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

### Totals:

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

File Name	File Size
Goodwin-BayleyInvoice.doc	56 KB
<b>Total File Size</b>	<b>56 KB</b>

Invoice Type: **Invoice From DDS**

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

**Your payment request was electronically signed.**

[ERE Home](#)

[Request Another Payment](#)



# Access Provider's Electronic Requests

## Access Provider's Electronic Requests – Open Requests

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Text Size ▾ | [Accessibility Help](#)



**Social Security**

Official Website of the U.S. Social Security Administration

### ERE: Access Provider's Electronic Requests

**Provider:**

Joan Doan ▾

**Request Type:**

Open Requests ▾

[? User Resources](#)

Show

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

[ERE Home](#)

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

Sarah Jones | Sign Out Text Size Accessibility Help

## Social Security

Official Website of the U.S. Social Security Administration

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### ERE: View / Submit CE Request

**Immediate Response Needed** User Resources

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

#### Service Items

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

#### Request Details

**What's Changed:**  
appointment date

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

#### Documentation

File Name	Date Added
<a href="#">Request Letter</a>	03/06/2011
<a href="#">Authorization to Disclose Information</a>	03/16/2011
<a href="#">Background Evidence</a>	03/16/2011
<a href="#">Supporting Documentation</a>	03/16/2011

#### Request Response

**Select a response:**

Prepare Report For Provider  
 Send No Show Response

---

**Attach and Upload Files**

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

**File 1:**

#### Additional Information

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

Characters remaining: 16000

Local intranet | Protected Mode: Off 100%

# Tracking Information



### ERE: View / Submit CE Request



**Thank you for your submission.**

**Prepared CE Report Submission - Tracking Information.**

Tracking Number: **13E5G203C4BBC5P6**

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

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

[? User Resources](#)

[Print this Page](#)

#### Submission Summary

Tracking Information

#### Reviewing Provider Information

Reviewing Provider: **Sam Angulara**

#### Patient and Appointment Information

Patient Name: **Janice Goodwin**

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

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

Provider Name: **Dr. Sam Angulara**

Request Type: **Consultative Exam**

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

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

Request ID: **20100928SHAH\_0004 D**

Disability Examiner: **Mark Evans**

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

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

#### Uploaded File(s)

File Name	File Size
CE_Synapson.doc	1523 KB
<b>Total File Size</b>	<b>1523 KB</b>

[Prepare Another CE Report](#)


[ERE Home](#)

# Communication Services

## Messaging Services

### Secure Messaging - Inbox

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



## Social Security

Official Website of the U.S. Social Security Administration

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### ERE: Secure Messaging

[ERE Home](#)

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[Compose](#)

---

Folders:

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

[? User Resources](#)

#### Inbox

Your messages are delivered here.

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


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

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

[Delete Selected](#)

# Compose Message

Sarah Jones | [Sign Out](#)

Text Size  | [Accessibility Help](#)



## Social Security

Official Website of the U.S. Social Security Administration

### ERE: Secure Messaging

[ERE Home](#)

**Compose**

Folders:

[Inbox \(1\)](#)

[Pending](#)

[Drafts](#)

[Sent](#)

[Blocked](#)

[? User Resources](#)

### Compose


**To:**

**Cc:**

[Search Contacts](#)


**Subject:**

**Importance:**

Normal 

Include Attachments

**Your Message:**



[Send](#)

[Save as Draft](#)

[Cancel](#)

# Compose Message – Confirmation



## Social Security

Official Website of the U.S. Social Security Administration

### ERE: Secure Messaging



#### You successfully submitted the message.

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

The message will expire on 10/21/2013.

[ERE Home](#)

[Compose](#)

Folders:

**Inbox (1)**

[Pending](#)

[Drafts](#)

[Sent](#)

[Blocked](#)

[User Resources](#)

### Inbox

Your messages are delivered here.

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


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


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

Delete Selected

# Communication Utility

## Send Message and Files

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



### Social Security

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### ERE: Contact ODAR Office

#### Destination & Message Information

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

Site code  State

**Site Code:**  
T21

**State:** MD - Maryland

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

[Edit](#)

---

**Subject:**

[? User Resources](#)

#### Attach and Upload Files

- A maximum of 10 files can be added and all files must total less than 5MB.
- File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .mdi, .txt, .rtf, .xls, .xlsx, .pdf, .tiff, .tif, zip

**File 1:**  [Browse](#) [Delete](#)

[Add A File](#)

**Your Message:**

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

# Confirmation



## Social Security

Official Website of the U.S. Social Security Administration

### ERE: Contact ODAR Office



**Thank you for your submission.**


**Contact ODAR Office - Tracking Information.**

Tracking Number: **126EDF64517646EB**

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

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

[? User Resources](#)

 [Print this Page](#)

#### Submission Summary

Tracking Information

#### Destination & Message Information

State: **MD - Maryland**

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

Subject: **Alexander Availability 2013**

#### Uploaded File(s)


File Name	File Size
AlexanderAvailability.doc	100 KB
<b>Total File Size:</b>	<b>100 KB</b>

[ERE Home](#)



## Privacy Act Statement

[Text Size](#) | [Accessibility Help](#)



### Social Security

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

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### Electronic Records Express (ERE)

#### Privacy Act Statement

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

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

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

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

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

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

#### Help & Support

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

Email:  
[EETechSupport@SSA.gov](mailto:EETechSupport@SSA.gov)

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

[Close](#)