

# Fact Sheet – Exclusion of Certain Medical Sources’ Evidence

*Under section 223(d)(5)(C) of the Social Security Act (Act), we must exclude evidence from certain medical sources unless we find we have good cause to consider it.*

*Sections 404.1503b and 416.903b of our regulations set forth when we may find good cause. They also require medical sources that fall under section 223(d)(5)(C) of the Act to abide by certain reporting requirements, as described in this Fact Sheet.*

*Failure to self-report may result in referral to our Office of the Inspector General (OIG) for investigation and possible penalty.*

## Why You Received This Fact Sheet

The Secretary of the Department of Health & Human Services (HHS) or our OIG informed us that you are a medical source that falls under section 223(d)(5)(C) of the Act.

Section 223(d)(5)(C) of the Act mandates that, absent good cause, we cannot consider evidence furnished by a medical source who:

- was convicted of a felony under sections 208 or 1632 of the Act; or
- was excluded from participating in any Federal health care program under section 1128 of the Act; or
- was imposed with a civil monetary penalty (CMP), assessment, or both, for submitting false evidence under section 1129 of the Act.

Sections 404.1503b and 416.903b of our regulations define when we may have good cause to consider these sources’ evidence.

## What We Need From You

Each time you submit evidence for a Social Security disability claim, you must attach a written statement indicating that you are a medical source that falls within one of the categories of excluded medical sources.

Please provide this statement with your evidence regardless of whether you submit the evidence to us directly or through a representative, claimant, or other individual or entity.

We will use this statement to determine whether good cause exists to use your evidence when determining disability. Thus, it is vitally important that you submit this statement, and your evidence, to us.

## What Your Statement Must Include

Under our rules, your written statement must include your name, title, basis of exclusion, and following heading:

**“WRITTEN STATEMENT  
REGARDING SECTION 223(d)(5)(C)  
OF THE SOCIAL SECURITY ACT –  
DO NOT REMOVE”**

You must also include the following information, as it applies to your situation:

- the date of your felony conviction under sections 208 or 1632 of the Act,
- the reason, effective date, and expected length of your exclusion under section 1128 of the Act, and whether it was waived by HHS’ Office of Inspector General, and
- the date of the CMP, the assessment, or both, under section 1129 of the Act.

### **Where to Place the Written Statement**

You should place your written statement before the first page (but after any barcode page) of evidence submitted as part of a Social Security disability claim.

### **Your Written Statement May Not be Removed**

No individual or entity may remove the written statement before submitting the evidence to us.

### **We May Recontact You**

We may ask you for more information concerning your written statement or for clarification of information that you already provided.

### **What May Happen if You Do Not Comply**

If you do not include the written statement with your evidence, we may refer you to our OIG for potential further action, including investigation and CMP pursuit.

### **For More Information Visit Our Website**

For more information, visit our website at [[www.ssa.gov/applyfordisability](http://www.ssa.gov/applyfordisability)] You may also call us at 1-800-772-1213 (TTY 1-800-325-0778).

### **Privacy Act Statement – Collection & Use of Personal Information**

Sections 208, 221, 223(d)(5)(C), 1128, 1129, 1631(e), 1632, and 1633 of the Social Security Act (Act) allow us to collect this information. Furnishing us this information is mandatory. Failing to provide the information may result in referral to our Office of the Inspector General for further action. We will use the information to determine if an individual is disabled or continues to be disabled under our rules. We

may also share your information for the following purposes, called routine uses: (1) To private medical and vocational consultants for use in making preparation for, or evaluating the results of, consultative medical examinations or vocational assessments which they were engaged to perform by SSA or State agency acting in accord with sections 221 or 1633 of the Act; and, (2) To specified business and other community members and Federal, State, and local agencies for verification of eligibility for benefits under section 1631(e) of the Act. In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs. A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0089, entitled Claims Folder System, and 60-0320, entitled Electronic Disability (eDIB) Claim File. Additional information and a full listing of all our SORNs are available on our website at [[www.socialsecurity.gov/foia/bluebook](http://www.socialsecurity.gov/foia/bluebook)].

### **Paperwork Reduction Act Statement**

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to comply with these requirements unless we display a valid Office of Management and Budget control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and complete the written documentation described above. You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed written documentation.