Social Security Administration

2017

ERE Screen Shots

For OMB Clearance 0960-0753

Login Screen

ERE Login Screen

	Text Size 💽 🛛 Accessibility
Social Security Official Website of the U.S. Social Security Administration	
Electronic Records Express (ERE)	OMB No. 0000-00 Paperwork Reduction A
Sign In	Help & Support
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.	If you need assistance with the Electronic Records Express Website, please contact us.
I certify that:	Email: EETechSupport@SSA.gov
 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 	Call Us (toll free): 1-866-691-3061
imprisonment, or both. I am authorized to do business under this Username. 	Your privacy is important.
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.	For details about our use of your information, we encourage you to read our Privacy Act Statement.
Username:	
Password:	
Sign In Cancel	



Social Security

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



SSA will insert the following revised Privacy Act Statement into the form as soon as possible:

Privacy Act Statement Collection and Use of Personal Information

Section 205 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us offering you access to our Business Services Online (BSO) suite of services.

We will use the information that you provide to register you, your company, or authorized employee(s) to use our BSO suite of services. We will verify the personally identifiable information (e.g., name, Social Security number, and date of birth) you provide against our records for user registration. We may also share your information for the following purposes, called routine uses:

- 1. To a congressional office in response to an inquiry from that office made at the request of the subject of a record or a third party on that person's behalf.; and
- 2. To other Federal agencies and our contractors, including external data sources, to assist us in administering our programs.

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) 60-0058, entitled Master Files of Social Security Number (SSN) Holders and SSN Applications and 60-0373, entitled Central Repository of Electronic Authentication Data Master File. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.

ERE Homepage

Administrator's Homepage view

USA USA MINISTRATIC

Social Security

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

OMB No. 0960-0753 Electronic Records Express (ERE) Paperwork Reduction Act Help & Support What's New? - What's New Updated: 05/16/2015 System Notices(0) - System Notice Updated: 02/28/2017 Email: EETechSupport@SSA.gov Sign Up for Email ERE System Notifications Call Us (toll free): 1-866-691-3061 Evidence Functions 2 Help Account Functions 2 Help Access Electronic Requests Create Account Over Resources Access Provider's Electronic Requests · Search Accounts · Send Individual Response · Modify Your Account For your security, please log out · Send Grouped Response · Change Your Password and close all Internet windows · Send CE with Scanned Signature Manage Your Email Notifications when you are finished. 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) Messaging Functions 2 Help Payment Functions 2 Help Submit Payment Request · Secure Messaging · Contact ODAR Office Access Provider's Electronic Payment Requests

Account Maintenance Screens

ate an Individual End-User Account	
rianne Jones Sign Out	Text Size 💌 Accessibility He
Official Website of the U.S. Social Security Administration	
ERE: Create an Account	
Provide Account Information 2 Review 3 Confirmation	
Account Type & Username	User Resources
What type of account would you like to create? Administrator Account Regional Administrator Account Sponsor Account Individual End-User Account	
Demo Account	
Username must contain: • Exactly 8 characters • At least one numeral • At least one letter • No special characters	
User Information	

First Middle Last Primary Phone Number: U.S. International Io-digit Number Ext. FAX Number (optional): U.S. International Io-digit Number Ext. FAX Number (optional): U.S. International Io-digit Number Ext. FAX Number (optional): U.S. International Io-digit Number Ext. Primary Email Address: Confirm Primary Email Address (optional): Confirm Alternate Email Address (Optional): Organization Information Organization Name: Organization Name: Department (optional):	Name:			
Primary Phone Number: U.S. International 10-digit Number Ext. Atternate Phone Number (optional): U.S. International 10-digit Number Ext. FAX Number (optional): 0.U.S. International 10-digit Number Ext. Primary Email Address: Confirm Primary Email Address: Atternate Email Address (optional): Confirm Alternate Email Address (Optional): Confirm Alternate Email Address (Optional): Organization Information Organization Type: Attorneys Office • Organization Name: Department (optional):	First	Middle	Last	
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Primary Email Address: Confirm Primary Email Address: Alternate Email Address (optional): Confirm Alternate Email Address (Optional): Confirm Alternate Email Address (Optional): Organization Information Organization Type: Attorneys Office Organization Name: Organization Name:	10-digit Number	Ext.		
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Organization Name:	Allotheys Office	;	¥	
Department (optional):	Organization N	ame:		
Department (optional):				
	Department (op	otional):		

Address:				
Country:				
United States or U.S. T	erritory -			
Street Address:				
Street Line 1:				
Street Line 2:		+ Add Line		
City/Town:	State/Territory:		ZIP Code:	
_		•		
Duine - 0i4				
Primary Site:		_		
		•		
Primary Site Contact:				
		•		
Account Function Select the functions that ap	LS	t select at least o	one option.	
Account Function Select the functions that ap Send Individual Case Send Grouped Files Consultative Exam Prepare Consultative Exam Prepare Consultative Exam Prepare Consultative Exam Prepare Consultative Exam Consultative Exam with S Secure Messaging Contact ODAR Office CE Payment Request: Pi MER Payment Request: MER Payment Request:	IS ply to the user. You must am Report for Provider rts iccanned Signatures rovider lling Clerk Provider Billing Clerk	t select at least o	one option.	
Account Function Select the functions that ap Send Individual Case Send Grouped Files Consultative Exam Prepare Consultative Exam Prepare Consultative Exam Review/Submit CE Repo Consultative Exam with S Secure Messaging Contact ODAR Office CE Payment Request: MER Payment Request: MER Payment Request: MER Payment Request:	IS pply to the user. You must am Report for Provider ts scanned Signatures rovider lling Clerk Provider Billing Clerk ation	t select at least o	one option.	
Account Function Select the functions that ap Send Individual Case Send Grouped Files Consultative Exam Prepare Consultative Exam Review/Submit CE Report Consultative Exam with S Secure Messaging Contact ODAR Office CE Payment Request: Bi MER Payment Request: MER Payment Request: MER Payment Request: Additional Inform Comments (optional): (254 characters maximum)	IS ply to the user. You must am Report for Provider rts canned Signatures rovider lling Clerk Provider Billing Clerk ation	t select at least o	one option.	

Manage End-User Relationships

Marianne Jones Sign Out		Text Size 💽 🛛 Accessibility Help
Social Securi	ty al Security Administration	
ERE: Create Relationshi	р	
Username: SJONES01 First Name: Susan Last Name: Jones	Organization: Angulara Services State/Territory: MD Function: CE Admin Staff	2 User Resources
Search for Available Users	By:	
Username:	Organization Name:	
Last Name:	Organization Type:	V
First Name:	State/Territory:	
User Type(s): CE Medical MER Billing		
Search Cancel		

Manage End-User Relationships – Search Results

Social Secu The Official Website of the U.	.S. Social Security A	Administration					
ERE: Create Relations	ship						
Username: 03GV5496 First Name: Individual Last Name: Automated-Sanity		Organization: State/Territory: Function: Prepare Cons Provider, Send Individu	sultative Exam Report fo ial Response	or	1 User R	esources	
Search Results Select the user(s) that you w	ould like to c	reate a relationship	with.				
Username: Last Name: CHINA024 a	<u>First Name:</u> a	Organization Name: 888	Organization Type: Other	<u>State/</u> AL	<u>Territory:</u>	User Type: CE Medical	
Create Relationship Edit S	earch Can	cel					

Create Individual End-User Account Summary

Social Secu The Official Website of the U	I.S. Social Security Administration
ERE: Account Summ	ary
You successfully created the re	lationship(s).
Action Modify Account Info	Account Information
 Suspend Account Delete Account View Log History 	SSA ID: X4ZDB1C5VY Demo Account: No Account Type: Individual End-UserAccount Account Status: ACTIVE
1 User Resources	Name: Individual Automated-Sanity Primary Phone Number: 123 456 7890 Alternate Phone Number: 0009999999 FAX Number: 00099999999 Primary Email Address: tia.l.white@ssa.gov Alternate Email Address: tia_white1@yahoo.com
	Organization Type: Other Organization Name: Department: Position: position 123abc Address: ,, Primary Site: CA - Roseville DDS [S62] Primary Site Contact: Region DDS-Sites
	Account Functions: Send Individual Response, Send Grouped Response, Prepare Consultative Exam Report for Provider, Secure Messaging, Contact ODAR Office Comments: executing AUAS automated Sanity!

Current Relationships

Username	Last Name	Eirst Name	Organization Name	Organization Type	<u>State</u>	User Type	Action
CHINA024	a	8	888	Other	AL	CE Medical	Delete
PRWAKCE1	khalid	aftab	org	Other	MD	CE Medical	Delete
Create New Relationship							
ERE Home	Back To Sear	rch Results					

Search Accounts

anne Jones Sign Out		Text Size 💌 🛛 Accessibility
Official Website of the U.S. Social Sec	urity Administration	
ERE: Search Accounts		
Search for Accounts By:		2 User Resources
Last Name:	SSA ID:	
First Name:	Phone Number:	
Username:	Email Address:	
Primary Site:		
	•	
Match: (a) ALL 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 Review/Submit CE Reports Consultative Exam with Scanned Signa Secure Messaging	Provider ture	
Contact ODAR Office		
MER Payment Request: Billing Clerk MER Payment Request: Billing Clerk MER Payment Request: Billing Clerk		

Search EF

ERE Home

Search Results

	Social Secur ne Official Website of the U.S	social Security	Administration					
ERE: Se	arch Accounts							
Search Re	sults					2 Us	ser Resources	
Showing 26-2	7 of 27					<< First < Pr	rev 12 Next>	Last >>i
<u>Username</u> v	Account Type	Last Name	First Name	Account Status	Organization	Phone Phone	<u>Email</u>	<u>Site</u>
SMUS3737	Individual End-User Account	Pun	R	ACTIVE		(111) 111- 1111	vikas.datta@ssa. gov	V40
SMUS3738	Individual End-User Account	Putcon	Cig	ACTIVE		(111) 111- 1111	vikas.datta@ssa. gov	V40
Showing 26-2	7 of 27					<< First < Pr	rev 1 2 Next >	Last >>
Edit Searcl	New Search	ERE Home						

Delete Account

arianne Jones I Sign Out		Text Size 💽 👘 Accessibility F
Social Secur Official Website of the U.S. So	ity clal Security Administration	
ERE: Delete Account		
Username: TAMIRAJ	Organization: St. Mary's	1 User Resources
First Name: Tamira Last Name: J ameson	State/Territory: MD	
Last Name. Cameson		
A The account selected is asso Primary Site Contact to reass	ciated with a number of other users. Please select an ign the associated accounts.	nother
New Primary Site Contact		
Public, Joe (JPUBLIC1)	Ŧ	
Delete Account Cancel		

Delete Account - Account Summary

ianne Jones Sign Out		Text Size 💌	Accessibility He
Social S Official Website of t	ecurity ne U.S. Social Security Administration		
ERE: Account Sur	nmary		
🔗 You sussessfully do			
Users associated wi	the account TAMIRAJ. In this account has been reassigned to Public, Joe (JPUBLIC1).		
🖨 Print this Page			
Actions	Account Information		
View Log History	Username: TAMIRAJ		
	SSA ID: AYXK067AP		
② User Resources	Demo Account: No		
	Account Type: Sponsor Account		
	Account Status: Deleted		
	Name: Tamira Jameson		
	Deinere Diese Number (110) 000 1111		

Primary Priorie Number: (#10) 333-1111
Alternate Phone Number:
FAX Number:
Primary Email Address: tamira.jameson@stmarys.org
Alternate Email Address:
Organization Type: S\$A 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

Official Website of the U.S. Social Security Administration	
ERE: Change Your Password	
Enter Password Information	2 User Resources
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 (1 @ # \$ % ^ & *) Re-enter New Password:	
	_

Change Your Password Confirmation

Marianne Jones Sign Out	Text Size 💌 Accessibility Help
Social Security Official Website of the U.S. Social Security Administration	
ERE: Change Your Password	
You successfully changed your password and a confirmation email has been sent to you.	User Resources
ERE Home	

Modify Account

Social Security	
Willings Official Website of the U.S. Social Security Administration	
CRE: Modify Account Information	
Account Type & Username	3 User Resources
Username: ANGU123	
SSA ID: GZXK067AP	
Account Type: Individual End-User Account	
Account Status: Active	
Demo Account	
User Information	
Name:	
Sam Angulara	
First Middle Last	
Primary Phone Number: U.S. International 4105551212	
10-digit Number Ext.	
Alternate Phone Number (optional):	
4105551211	
10-digit Number Ext.	
FAX Number (optional): © U.S. © International	
10-digit Number Ext.	
Primary Email Address:	
sam.angulara@angularaservices.org	
Confirm Primary Email Address:	
Alternate Email Address (optional):	
Confirm Alternate Email Address:	

Organization Type					
CE Provider			•		
Organization Name					
Angulara Services					
Department (optio	nal):				
osition (optional)	:				
Address: Country:					
United States or	U.S. Terri	itory 👻			
Street Address:					
Street Line 1:	123 Mair	n St	1		
Street Line 2:			+ Add Line		
City/Town:		State/Territory:		ZIP Code:	
		Maryland	•	21208	
Baltimore					
Baltimore					
Baltimore Primary Site:					

	t Functions
Select the Send In Send G Consult Prepare Review Consult Secure Contac CE Pay MER Pa	unctions that apply to the user. You must select at least one option. ividual Case ouped Files tive Exam Consultative Exam Report for Provider Submit CE Reports tive Exam with Scanned Signatures Aessaging ODAR Office tent Request: Provider tent Request: Billing Clerk ment Request: Billing Clerk
Additi	nal Information
Commen (254 char	s (optional): cters maximum)
Commen (254 char	s (optional): cters maximum)

Modify Account Confirmation

Vou successfully sav	red the account changes and a confirmation email has been sent to the account holder.
Actions	Account Information
Modify Account Info	Username: ANGU123
Reset Password Suspend Account	SSA ID: GZXK067AP
Delete Account	Demo Account: No
View Log History	Account Type: Individual End-User Account Account Status: Active
User Resources	Name: Sam Angulara
	Primary Phone Number: (410) 555-1212
	Alternate Phone Number: (410) 555-1211
	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 Relationshi	ps
Username Last Na	ame First Name Organization Name Organization Type State User Type
	User has no relationships

Manage Email Notification

Sarah Jones Sign Out	Text Size < Accessibility Help
Social Security The Official Website of the U.S. Social Security Administration	
ERE: Manage Your Email Notifications	
Email Notifications ERE automatically sends email notifications indicating that you have new requests.	O User Resources
Manage Email Notifications: Update notifications for "New Electronic Requests" sent to me at sara.jones@angularaservices.org	
D Update your email address	
Submit ERE Home	

Manage Email - Confirmation

Sarah Jones Sign Out	Text Size 💽 🛛 Accessibility Help
Social Security Official Website of the U.S. Social Security Administration	
ERE: Manage Your Email Notifications	
Vou successfully turned OFF email notifications.	2 User Resources
ERE Home	

Evidence Services

Send Individual Response

Destination and Request Information

RE: Send Individual Response	
Destination Information 2 Review & Add Information 3 Confirmation	
Destination and Request Information lease refer to your request letter or barcode to complete this information.	2 User Resources
elect destination by: 🕜 More Info	
Site code State	
21	
ate: MD - Maryland	
estination: MD - Baltimore ODAR [T21]	
Edit	
ocial Security Number (SSN): QID (Request ID):	
r (Kouung riend):)P	
D or Blank	
) No RF or No Barcode	
R:	
)F	
35 No DR or No Barcode	
THE DIVERTICE CONTRACTOR	
S (only if applicable):	

Review & Add Information

CE. Send Individual Respo	nse		
Destination Information Destination Information	w & Add Information 3 Confirmat	ion	
Review			O User Resources
Edit Destination and Request Ir	nformation		
estination: DC - Washington ODAR [X73]	RF P		
SN: 123-45-6789	DR: F		
QID: u90hn42e	CS		
A maximum of 10 files can be added and al File types accepted: wpd, doc, docx, jpg, Please do not upload password-protected f File 1:	I files must total less than 50MB. bmp, mdi, bt, xis, xisx, pdf, rtf, tif, tif, les because they cannot be processed. Browse		
A maximum of 10 files can be added and al File types accepted: wpd, doc, docx, jpg, Please do not upload password-protected f File 1: Document Type:	I files must total less than 50MB. .bmp, .mdi, .bt, .vis, .xisx, .pdf, .rtf, .tif, .tif. lies because they cannot be processed. Browse.		
A maximum of 10 files can be added and al File types accepted: wpd, doc, docx, jpg, Please do not upload password-protected f File 1: Document Type: Notes:	I files must total less than 50MB. bmp, mdi, txt, xls, xlsx, pdf, rtf, tif, tif. les because they cannot be processed. Browse		
A maximum of 10 files can be added and al File types accepted: wpd, doc, docx, jpg, Please do not upload password-protected f File 1: Document Type: Remove File Remove File	I files must total less than 50MB. bmp, mdi, bt, xis, xisx, pdf, rtf, tif, tif. les because they cannot be processed. Browse	V	

Tracking Page

an Kim Sign Out		Text Size 💽 🕴 Accessibility
Social Security Official Website of the U.S. Social Security Administration		
ERE: Send Individual Response		
1 Destination Information 2 Review & Add Information 3	Confirmation	
🤣 Thank you for your submission.		② User Resources
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 probl processing your submission.	ems that prevent us from	
🚔 Print this Page		
Submission Summary Tracking Information		
Submission Summary Tracking Information Destination and Request Information		-
Submission Summary Tracking Information Destination and Request Information Destination: MD - Baltimore ODAR [T21]		
Submission Summary Tracking Information Destination and Request Information Destination: MD - Baltimore ODAR [T21] SSN: 000-00-0701		
Submission Summary Tracking Information Destination and Request Information Destination: MD - Baltimore ODAR [T21] SSN: 000-00-0701 RQID: 00000024156125		
Submission Summary Tracking Information Destination and Request Information Destination: MD - Baltimore ODAR [T21] SSN: 000-00-0701 RQID: 00000024156125 RF: P DD: 5		
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		
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)		
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	
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: MarySim-NeuroReport.doc	File Size 100 KB	
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: MarySim-NeuroReport.doc Document Type: Medical Evidence of Record (MER)	File Size 100 KB	
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: MarySim-NeuroReport.doc Document Type: Medical Evidence of Record (MER) Treatment Source: Sam Angulara	File Size 100 KB	
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: MarySim-NeuroReport.doc Document Type: Medical Evidence of Record (MER) Treatment Source: Sam Angulara Date: 09/05/2013 to 09/06/2013	File Size 100 KB	
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: MarySim-NeuroReport.doc Document Type: Medical Evidence of Record (MER) Treatment Source: Sam Angulara Date: 09/05/2013 to 09/06/2013 Notes: No notes added Detemport of the source of	File Size 100 KB	

Submit MER Payment (non-eOR)

Destination and Request Information

h Jones Sign Out	Text Size 💽 🛛 Accessibility H
Official Website of the U.S. Social Security Administration	
ERE: Submit Payment Request	
Destination Information 2 Review & Add Information 3 Confirmation	
Destination and Request Information Please refer to your request letter or barcode to complete this information.	Ø User Resources
Select destination by: 2 More Info Site code State	
Site Code: S23	
State: MD - Maryland Destination: MD - Timonium DDS (S23)	
Edit	
Conist Converte Number (CCN)	
RQID (Request ID):	
RF (Routing Field):	
D or Blank	
© NO RF OF NO BARCODE	
©F	
No DR or No Barcode	
CS: Enter only if applicable	
CS: Enter only if applicable	
CS: Enter only if applicable	

Add Invoices

V Destination information	RE: Submit Medical Evide	ence Payment Request	
Review Image: Destination and Request Information Destination: NO - Timonum DOS (823) RF P Bar: 122.45.4738 Draw Test Set Segment request for a Consultance Exam? No Invoice Type Invoice for DOS Invoice(s) Invoice for DOS Invoice for Provider Bar: 1: Image: Destination and Request for a Consultance Exam? No Invoice for Provider Bar: 1: Image: Destination and example of the second all flag must total less than 2008. • A maximum of feas and backed and all flag must total less than 2008. • The yeas accession and of accession and of a flags must total less than 2008. • The yeas accession and accession and accession and total flags must total less than 2008. • The yeas accession and accession and total flags must total less than 2008. • The yeas accession and accession and the must total less than 2008. • The yeas accession and accession and the must total less than 2008. • The yeas accession and accession and total flags must total less than 2008. • The yeas accession and accession and total flags must total less than 2008. • The yeas accession and total dession and the must total less than 2008. • The yeas accession and total dession and and total flags must total less than 2008. • The yeas accession and total dession and and total section and total dession accession and total dession accession accessing and total dession accessing accessi	Destination information Revi	ew & Add Information 3 Confirmation	
Estimation and Request Information Destination and Request Information Destination MD - Timonium DD 8 [22] RF. P Bit: 1244-8788 DR. F No Invoice Type Invoice Type Invo	Review		O User Resource
Destination: MD - Timonium DD 8 [823] RF: P SR: 123-46-4728 DF: F NGD: 664-64gf CR: 5 IN 5 payment request for a Consultative Elixent? No Envoice Type Ret the types of twoloo(s) you want to upticed. Invoice them DDB Invoice them Invoice Invoice them Invoice the	Edit Destination and Request 1	Information	
Bits: 123-46-8789 CR: F RaD: 644-697 CR: Is the segment request for a Consultative Elxem? No Invoice Type elect the types of involog(s) you want to upload. Invoice the TOB Invoice The Type elect the types of involog(s) you want to upload. Invoice the ToB Invoice Type * A maximum of 4 fles can be boded and all fles must tobel less than 20046. • A maximum of 4 fles can be boded and all fles must tobel less than 20046. • Ite types accepted: upp, doc, docx, jpp, amp, mdl, atr, rtf, vis, xisx, pof, atf, atf. • Please do not upload password-protected flees because they cannot be processed. File 1: Browse. Remove File Actilization Comments: * (1000 characters maximum) Characters remaining: * 16000 Payment Request Agreement Proces read this defament and indicate your agreement by obeoking the "i have read" box. When you select "Bubmit", you will generate an electronic cignature and submit your response. Is an ectifying under penalty of perupy, mat the information provided is tue and correct and that the services for which i an mouseing payment have been performed.	Cestination MD - Timonium DD & (822)	85° B	
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Provides from DDB Provides Pr	Invoice Type		
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Tracking page

Acts. Subline Medical Estachee Fuyinene Request	
Destination Information 2 Review & Add Information 3 Confirmation	
Thank you for your submission. Payment Request Submission - Tracking Information. Tracking Number: 15A8627685BCEF39N Submitted on: 02/28/2017 at 02:16 PM EST Please retain your tracking number in case there are errors or problems that prevent us from pro your submission.	User Resources
Print this page	
Submission Summary Tracking Information Destination and Request Information	
Destination: MD - Timonium DDS [S23] SSN: 123-45-6789 RQID: 654e6gf	
RF: P DR: F CS:	
Is this payment request for a Consultative Exam? No Invoice Type: Invoice from DDS	
Uploaded Invoice(s)	
Uploaded Invoice(s) Invoice Name Invoice Size	
Uploaded Invoice(s) Invoice Name Invoice Size Invoice Name: LCR - Help Desk Tab.docx	89 KB
Uploaded Invoice(s) Invoice Name Invoice Size Invoice Name: LCR - Help Desk Tab.docx Total Invoice Size	89 KB 89 KB
Uploaded Invoice(s) Invoice Name Invoice Size Invoice Name: LCR - Help Desk Tab.docx Total Invoice Size Comments: No comments added	89 KB 89 KB

MER No Records (eOR)

	request	
Priority Request		O User Resources
Patient Name: Matthew Mandya Patient DOB: 01/16/1970 Request Type: Evidence Request Request ID: 2016100300000001 4667D Requesting Office: DE - Delaware DD 8 [809]	Patient 88N: XXX-XX4687 Provider Name: RaviKarnati MERProvider Request Date: 08/28/2018 Disability Examiner: tectExaminerMER	
Request Details		
Special Instructions:		
This is VAL Test for ERE MER fiscal		
Documentation:		64. ¹
File Name	Date Added	E .
Request Letter	10/31/2016	
a second and a second sec		
Supporting Documentation Request Response	10/31/2016	
Bupporting Documentation Request Response Do you have records to submit for this case? O'Yes ®No	10/31/2016	
Request Response Do you have records to submit for this case? O yes ® No Add Reason	10/31/2016	
Bupporting Documentation Request Response Do you have records to submit for this case? Ores ® No Add Reason Reason for No Records to Bubmit: OMore Information needed (comments required More time needed (indicate a new date in the No records found for requested timeframe OPerson is not my patient Preison is not my patient Rease Form 827 is incompilet or missing (c) Other(comments required)	10/31/2016	
Bupporting Documentation Request Response Do you have records to submit for this case? Yes ® No Add Reason Reason for No Records to Bubmit: More information needed (comments required) More time needed (indicate a new date in the No records found for requested timeframe Person is not my patient Release Form 827 is incomplete or missing (s) Comments: (16,000 characters maximum)	10/31/2016	
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MER No Records (eOR) - Tracking page

HL. View / Submit Lvidence Request	
Thank you for your submission. Individual Response Submission - Tracking Information	User Resources
Tracking Number: 15A865F0341D23/9N	
Submitted on: 02/28/2017 at 03:17 PM EST	
Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.	
Print this page	
g mint uns page	
Submission Summary Tracking Information	
Submission Summary Tracking Information Patient Information	
Submission Summary Tracking Information Patient Information Patient Name: Matthew Mandya Patient SSN: XXX-XX-4567	
Submission Summary Tracking Information Patient Information Patient Name: Matthew Mandya Patient SSN: XXX-XX-4567 Patient DOB: 01/16/1970	
Submission Summary Tracking Information Patient Information Patient Name: Matthew Mandya Patient SSN: XXX-XX-4567 Patient DOB: 01/16/1970 Request Type: Evidence Request	
Submission Summary Tracking Information Patient Information Patient Name: Matthew Mandya Patient SSN: XXX-XX-4567 Patient DOB: 01/16/1970 Request Type: Evidence Request Request Date: 09/28/2016	
Submission Summary Tracking Information Patient Information Patient Name: Matthew Mandya Patient SSN: XXX-XX-4567 Patient DOB: 01/16/1970 Request Type: Evidence Request Request Date: 09/28/2016 Requesting Office: DE - Delaware DDS [S09] Perunat ID: 20164100200000001 4567D	
Submission Summary Tracking Information Patient Information Patient Name: Matthew Mandya Patient SSN: XXX-XX-4567 Patient DOB: 01/16/1970 Request Type: Evidence Request Request Date: 09/28/2016 Requesting Office: DE - Delaware DDS [S09] Request ID: 201610030000001 4567D Disability Examiner: testExaminerMER	
Submission Summary Tracking Information Patient Information Patient Name: Matthew Mandya Patient SSN: XXX-XX-4567 Patient DOB: 01/16/1970 Request Type: Evidence Request Request Date: 09/28/2016 Request Date: 09/28/2016 Requesting Office: DE - Delaware DDS [S09] Request ID: 201610030000001 4567D Disability Examiner: testExaminerMER Request Response	
Submission Summary Tracking Information Patient Information Patient Name: Matthew Mandya Patient SSN: XXX-XX-4567 Patient DOB: 01/16/1970 Request Type: Evidence Request Request Date: 09/28/2016 Request ID: 201610030000001 4567D Disability Examiner: testExaminerMER Request Response	
Submission Summary Tracking Information Patient Information Patient Name: Matthew Mandya Patient SSN: XXX-XX-4567 Patient DOB: 01/16/1970 Request Type: Evidence Request Request Date: 09/28/2016 Request Date: 09/28/2016 Request ID: 201610030000001 4567D Disability Examiner: testExaminerMER Request Response Reason: No records found for requested timeframe	

Send Grouped Response

Destination Information

Soci The Official	al Security Website of the U.S. Social Security Administration	
ERE: Send G	rouped Response	
Destination In	formation 2 Review & Add Information 3 Confirmation	
Destination a	nd Request Information	Ø User Resources
Select destination to Site Code O Sta	by: More Info tte	
Site Code:	s23	
State:	MD-Maryland	
Destination:	MD - Timonium DDS [S23]	
Edit		
Does the first page ◯ Yes ◯ No	of all the documents contain an enhanced 2-D barcode? 2 More Info	
Next Cancel		

Review & Add Information

The Official Website of the U.S. Social Security Administration	
ERE: Send Grouped Response	
Destination Information 2 Review & Add Information 3 Confirmation	
Review	2 User Resources
Edit Destination Information	
Destination: MD - Timonium DDS [\$23] 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. Those zipped files must only contain .tif, .tiff, .jpg, .bmp, .mdi or .pdf files. You may not upload a zip within a zipped file. Please do not upload password-protected files because they cannot be processed. 	
File 1: Browse Remove File	
Add Another File	
Submit Previous Cancel	

Confirmation

Social Security The Official Website of the U.S. Social Security Administration	
ERE: Send Grouped Response	
1 Destination Information 2 Review & Add Information 3 Confirmation	
Thank you for your submission. Grouped Response Submission - Tracking Information Tracking Number: 15A8679E8DA83C40N Submitted on: 02/28/2017 at 03:47 PM EST Please retain your tracking number in case there are errors or problems that prevent us from your submission	User Resources processing
Submission Summary Tracking Information	
Destination: MD - Timonium DDS [S23] Barcode Present? Yes	
Uploaded File(s)	
File Name File Size	379 KB
Total File Size:	379 KB
Send Another Response ERE Home	

Review/Submit Prepared Requests

IN JONES Sign Out	Security	/ ecurity Administra	tion			Text Size 💌	Accessibility H
ERE: Review / S	Submit Pre g that has been p Jesting office unti	epared Re repared by you I you review and	equests or your staff. N I submit each o	lone of these i ne.	tems have been or	Ø User Re	sources
Items will be removed fro of preparation, regardless Patient Name	om this list once y s of whether you f <u>SSN</u> (Last 4)	ou have succes have taken action	sfully submitted on on them. <u>Prepared</u> <u>Date</u>	them or 30 d <u>Prepared</u> <u>Time (ET)</u>	ays from the date <u>Prepared By</u>	R	esponse Status
Public, Jane	0002	10/19/1978	03/04/2010	02:30PM	Susan Jones	V	iewed
Quanta, Peter	0225	01/06/2010	03/25/2010	03:45PM	Susan Jones	N	ew
Slander, Nic	0005	12/06/1942	03/27/2010	03:15PM	Susan Jones	N	ew
Walter, Lip	7354	11/06/1945	03/22/2010	11:00AM	Susan Jones	P	ending
Walter, Lip	7354	11/06/1945	03/22/2010	04:30PM	Susan Jones	N	ew
Walter, Lip	7354	11/06/1945	03/22/2010	11:00AM	Susan Jones	N	ew
	1225	11/08/1072	03/17/2010	04:30PM	Susan Jones	N	DW/
Xander, Moose	1200	11/00/13/2	00/11/2010	0.0001.00			C W

View Prepared Request and Upload Files - eOR

Angulara Sign Out		Text Size 💽 🛛 Accessibility
Official Website of the U.S. Social Security	Administration	
CRE: Review / Submit Prepar	red Request	
Patient Name: Peter Quanta Patient DOB: 01/10/1970 Date Prepared: 09/02/2013 Request Type: Consultative Exam Request ID: 000000241156125 Requesting Office: MD - Timonium DDS [\$23] Location: 1314 Lombard, Baltimore, MD 2122	Patient SSN: XXX-XX-0001 Prepared By: Susan Jones Provider Name: Sam Angulara Request Date: 09/17/2013 Disability Examiner: Mark Evans CE Appt Date & Time: 09/20/2013 09:00 AM ET	User Resources
Service Items		
Service Item 1: Item Description: Check Up Item Code: 102		
Request Details		
Peter is scared of needles. Be gentle. Lollipops are recommended. Files Loaded by Preparer: File Name	ze Action	
Quanta.tif 900 KE	B Delete	
To revise a file: 1. Click on the file name to open 2. Save the file to your computer 3. Edit and save the file		
 Attach the new file (below) Delete the original file loaded by your prepared 	arer	
 4. Attach the new file (below) 5. Delete the original file loaded by your preparation of the preparation of t	arer es must total less than 50MB. np, .mdi, .txt, .rtf, .xls, .xlsx, .pdf, .tiff, .tif. because they cannot be processed.	
4. Attach the new file (below) 5. Delete the original file loaded by your preparation Attach and Upload New Files • A maximum of 10 files can be added and all file • File types accepted: .wpd, .doc, .docx, .jpg, .bn • Please do not upload password-protected files File 1: Browse	es must total less than 50MB. np, .mdi, .txt, .r.ff, .xls, .xlsx, .pdf, .tiff, .tif. because they cannot be processed. Delete	

Comments (optional): (16.000 characters maximum)	
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	÷
Characters remaining: 16,000	
Please read this statement and ind generate an electronic signature for am certifying under penalty of periury	licate your agreement. When you select "Submit," you will or your response. /. that I have been authorized or contracted by the Disability
Please read this statement and ind generate an electronic signature for a certifying under penalty of perjury Determination Services to examine the and agree" checkbox below, I am certif conducting, the consultative examination	ticate your agreement. When you select "Submit," you will for your response. If that I have been authorized or contracted by the Disability claimant. The report is accurate. By checking the "I have read fying that I personally conducted, or personally participated in on and have electronically signed the report contained within.

Confirmation

RE: Review / Submit Prepared Requests		
Thank you for your submission. Prepared Request Submission - Tracking Information.		User Resources
Submitted on: 09/29/2013 at 04:16 PM ET		
Please retain your tracking number in case there are errors or pr processing your submission.	roblems that prevent us from	
Print this Page		
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 [523]		
Disability Examiner: Mark Evans		
CE Appt Date & Time: 09/20/2013 09:00 AM ET Location: 1314 Lombard, Baltimore, MD 21224		
Uploaded File(s)		
Files Loaded By Preparer		
File Name	File Size	
Quanta.tif	900 KB	
Total File Size:	900 KB	
New Files		
File Name	File Size	
medicalrecords_Quanta.doc	100 KB	
Total File Size:	100 KB	
Additional Information		
View Prepared Request and Upload Files (Non-eOR)

Social Security The Official Website of the U.S. Social Security Administration	
ERE: Review/Submit Prepared Request	
Destination Information Review & Add Information Sonfirmation	
Prepared By: RaviKarnati Date Prepared: 02/28/2017 Reviewing Provider: RaviKarnata CEProvider	Vser Resources
Patient Information	
Matt Eden First Middle Last	
Patient Date of Birth: 12/11/2000	
Destination and Request Information	
State: AK-Alaska V Destination: AK - Alaska DDS [S02] V	
Social Security Number (SSN): 347634673	
RQID (Request ID): 347347	
RF (Routing Field): P ® D or Blank O No RF or No Barcode	
DR: IF OS	
C S: (enter only if applicable)	
Next Cancel	

Review & Add Information

Social Security	ly Administration	
ERE: Review/Submit Prepare	d Request	
19 Destination Information 2 Review	& Add Information 3 Confirmation	
Review		User Resources
Edit Destination and Request Info	ormation	
Patient Name: Matt Eden Destination: AK - Alaska DD8 [802] BSN: 347854473 RQID: 347847	Patient DOB: 12/11/2000 RF: D or Blank DR: F CS:	
File(s) Loaded By Preparer		
Document Type: Consultative Examination Report (CE) - 0002 (V) File Name File Size Action BMP1.bmp 2,304 KB Delete Desert.jpp 325 KB Delete To revice a file: 1. Click on the file name to open 2. Bolt and save the file 4. Attach the new file (below) 5. Delete the original file loaded by your prepare	a	
Attach and Upload Files • A maximum of 10 files can be added and all f • File types accepted: .wpd, .doc, .docx, .jog, .t • Filese do not upload password-protected file File 1:	les must total less than 50MB. Imp, mdl, .kt, .kts, .sisx, .pdt, .rtt, .ttf, .tf. s because they cannot be processed. Browse_	
Remove File		
Add Another File		
Additional Information Comments (optional): (15,000 characters Maximum) us4745745		
Characters remaining: 15991		
Consultative Examination Author Please read this statement and indicate your a you celeot "Bubmit", you will generate an elect I am certifying under penalty of perjury, that I have Determination Bervices to examine the claiment. agree" checkbook below, I am certifying that I perso the consultance examination and have activated	prization Agreement greement by oheoking the "I have read" box. When tronic signature for your response. I been authorized or contracted by the Disability the report is accurate. By checking the "I have read and neally conducted, or personally participated in conducting, W stoned the report contained within	
I have read and agree with the Agreement ab		
Submit Previous Cancel		

Confirmation

Social Security The Official Website of the U.S. Social Security Administration	on	
ERE: Review/Submit Prepared Requ	ests	
1 ✓ Destination Information 2 ✓ Review & Add Info	rmation 3 Confirmation	
🕑 Thank you for your submission		O User Resources
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Submitted on: 02/28/2017 at 05:13 PM EST	r or problems that are used up from proposition	
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Tracking Information		
Patient Information		
Patient Name: Matt Eden		
Patient DOB: 12/11/2000		
Destination: AK - Alaska DDS [S02]		
SSN: XXX-XX-4673		
RQID: 347347		
DR: F		
RF: D or Blank		
OS. Document Type: Consultative Examination Report (CE) - 00	02	
Uploaded File(s)		
Files Loaded By Your Preparer		
File Name	File Size	
BMP1.bmp	2,304 KB	
Desert.jpg	826 KB	
Total File Size	3130 KB	
Comments: Comments were added You have electronically signed.		
Review Another Request ERE Home		

Prepare Report for Provider Destination Information

Social Security	
Official Website of the U.S. Social Security Administration	
CRE: Prepare Report for Provider	
Destination Information 2 Review & Add Information 3 Confirmation	
Enter Provider Information Select the provider for who this CE Report is being prepared.	2 User Resources
Reviewing Provider:	
Enter Patient Information	
Patient Name: First Middle Last	
10/20/1980	
Destination and Request Information	
Please refer to your request letter or barcode to complete this information.	
Select destination by: 2 More Info	
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Site Code:	
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Review & Add Information

Destination Information Destination Information	Add Information 3 Confirmation	
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teviewing Provider: CEProvider, RaviKarnata atient Name: Tony Synapson atient DOB: 01/02/1976	RF: D or Blank DR: F CS:	
Destination: MD - Timonium DDS (S23) SSN: 123-45-6789 RQID: 67r67fgh4	Document Type: Consultative Examination Report (CE) - 0002	
A maximum of 10 files can be added and all file File types accepted: .wpd, .doc, .docx, .jpg, .bn	es must total less than 50MB. mpmditxt, .rtf, .xls, .xlsx, .pdf, .tiff, .tif.	
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Confirmation

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Submission Summary Tracking Information	
Reviewing Provider Information Reviewing Provider: CEProvider, RaviKarnata Patient Information	
Patient Name: Tony Synapson Patient DOB: 01/02/1976 Destination and Request Information	
Destination: MD - Timonium DDS [S23] SSN: 123-45-6789 RQID: 67r67fgh4 RF: D or Blank DR: F CS: Document Type: Consultative Examination Report (CE) - 0002	
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Comments: No comments added	

Send CE Report

Destination and Request Information

Social Security	
Wiggram Official Website of the U.S. Social Security Administration	
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Destination Information 2 Review & Add Information 3 Confirmation	
Destination and Request Information Please refer to your request letter or barcode to complete this information.	2 User Resources
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Review & Add Information

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Attach and Upload Files Amaximum of 10 files can be added and all files must total less than 50MB. File types accepted: .wpd, .doc, .doc, .gg, .bmp, .mdl, .bt, .xis, .xisx, .pd, .rtf, .ttf, .ttf. Please do not upload password-protected files because they cannot be processed. File 1:	
Add Another File Additional Comments: (16,000 characters maximum)	
Characters remaining: 16000	
Consultative Examination Authorization Agreement	
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.	
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.	
□ have read and agree with the Agreement above.	
Submit Previous Cancel	

Confirmation (no fiscal)

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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 processing your submission.	problems that prevent us from	
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Destination: MD - Timonium DDS [S23]		
ROID: 0000024156125		
RE: P		
DR: F		
CS: 01		
Document Type: 0002		
Uploaded File(s)		
File Name	File Size	
CE_Synapson.doc	100 KB	
Total File Size:	100 KB	
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Confirmation (with fiscal)

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Send Report(s) with Scanned Signature

Destination Information

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Destination In	formation 2 Review & Add Information 3 Confirmation	
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Next Cancel		

Review & Add Information

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Destination Information 2 Review & Add Information 3 Confirmation	
Review	O User Resources
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Attach and Upload Files • A maximum of 10 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 .tif, .tiff, .jpg, .bmp, .mdi, .pdf. • You may not upload a zip within a zipped file. • Please do not upload password-protected files because they cannot be processed.	
File 1: Browse Remove File	
Add Another File	
Submit Previous Cancel	

Confirmation

The Official Website of the U.S. Social Security Administration	
ERE: Send CE with Scanned Signature	
1 Destination Information 2 Review & Add Information 3 Confirmation	
Thank you for your submission. CE Scanned Signature Submission - Tracking Information Tracking Number: 15A870D160311252N Submitted on: 02/28/2017 at 06:27 PM EST Please retain your tracking number in case there are errors or problems that prevent us from processing your submission Print this page Submission Summary Tracking Information	User Resources
Destination Information	
Destination: MD - Timonium DDS [S23] Barcode Present? Yes	
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Send CE No Show Response

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

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Confirmation

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Access Electronic Requests

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Service Items			
Service Item 1 : Item Description Psychological Item Code: 104	Exam, Child		
Request Details			
What's Changed: Appointment Date			
Special Instructions: Sam, you've been authorized to pe Let me know if you have questions - Mark	erform a Bayley \$	Scales of Infant Development	
Documentation:			
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Goodwin_Med.pdf Supporting Documentation	03/06/20	11	
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CRE: View / Submit CE Request Imak you for your submission. CE Report Submission - Tracking information. Tracking Number. 1276D6802B1230B5 Submitted on: 09292013 at 04:16 PM ET Pease retain your tracking number in case there are errors or problems that prevent us from processing your submission. Print this Page Submission Summary Tracking information Patient & Appointment Information Patient SN: XXXXX-0001 Patient SN: XXXXX-0001 Patient SN: XXXXX-0001 Patient SO: 01/20/2010 Provider Name: Sam Angulara Request Due: 00/04/2010 Stante: Mark Evans CE Appt Duete & Time: 09/20/2013 ab::0 AM ET Location: 1314 Lombard, Baitimore, MD 21224 Uploaded File(s) File Name electronically signed. Condmen	Official Website of the U.S. Social Security Administration		
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Thank you for your submission. E Report Submission - Tracking Information. Tracking Number: 1276D6802B1230B5 Submitted on: 09029/2013 at 04:16 PM ET Peace retain your submission. Please retain your tasking number in case there are errors or problems that prevent us from processing your submission. Image: Tracking Information Please retain your tasking number in case there are errors or problems that prevent us from processing your submission. Image: Tracking Information Platient Son Summary Tracking Information Patient & Appointment Information Patient Son Vaxxxxx0001 Patient SSN: XXXxXx0001 Patient SSN: XXX-X0001 Patient SSN: XXX-X0001 Patient SSN: XXX-X0001 Patient SSN: XXX-X0001 Patient DS: 01/20/2010 Requesting Office: MD - Timonium DDS [\$23] Request Die: 00/20/2010 00:00 AM ET Dobudity Examiner: Mark Evans Ca Apt Date A Time: 09/20/2013 00:00 AM ET Ection: 1314 Lombard, Baltimore, MD 21224 Uploaded File(s) File Size File Size: 66 KB Additional Information GoodwinCE: doc Comments Added You have electronically signed. Weitw Another Request ERE Home			
CE Report Submission - Tracking Information. Tracking Number: 1276D6802E1230B5 Submitted on: 09/29/2013 at 04:16 PM ET Please relain your submission. Print this Page Submission Summary Tracking information Patient & Appointment Information Patient & Appointment Information Patient Sam Angulara Request Date 6304/2010 Request ID 0000024116125 Deablity 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 GoodMinCE.doc Total File Size: 56 KB Additional Information Request ID comments added You have electronically signed. Review Another Reguest Review Another Reguest ERE Home	Thank you for your submission.		User Resources
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Request Consultative Exam (CE) Payment (eOR) Patient Information

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Official Website of the U.S. Social Security Adminis	stration	
ERE: Request CE Payment		
Patient Information 2 Enter Services 3	Review 4 Confirmation	
Patient Name: Janice Goodwin Patient DOB: 01/20/2013 DDS Address: Suite A 123 Street, City, DC, 10001 Fax Number: (405) 496-9625 Legacy System Vendor Code: A12346 Other DDS Number: DDS9803	Patient SSN: XXX-XX-0001 Request ID: 20100928SHAH_0004 D Phone Number: (404) 348-1735 Ext. 451 DDS Invoice/Voucher Number: 1326 Legacy Case Number: 677182	User Resources
Payment Information Special Instructions		
Provider Information Provider's Name (optional):		
Title First Middle Organization Name (optional): Angulara Services	Last Suffix	
Taxpayer ID:		
113457		
Payee Taxpayer ID:		
Payee Legal Entity Name:		
Invoice Number (optional):		

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CE Services Performed

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Social Security Official Website of the U.S. Social Security Administration	
CRE: Request CE Payment	
Patient Information 2 Enter Services 3 Review 4 Confirmation	
Patient Name: Janice Goodwin Patient SSN: XXX-XX-0001 Patient DOB: 01/20/2013	Ø User Resources
Services Performed	
Authorization Date: 08/25/2013	
Date of Service:	
nm/dd/yyyy	
Service Item 1	
Service Item 1 Item Description: Psychological Exam, Child	
nm/dd/yyyy Service Item 1 Item Description: Psychological Exam, Child Item Code: 437 Authorized Amount: \$230.00	
Service Item 1 Item Description: Psychological Exam, Child Item Code: 437 Authorized Amount: \$230.00 Item Performed? Yes © No	
Service Item 1 Item Description: Psychological Exam, Child Item Code: 437 Authorized Amount: \$230.00 Item Performed? © Yes © No Requested Amount: \$	
Mmm/dd/yyyy Service Item 1 Item Description: Psychological Exam, Child Item Code: 437 Authorized Amount: \$230.00 Item Performed? Yes ONo Requested Amount: \$ Add Additional Service Item	

Additional Services

Sam Angulara Sign Out	Text Size 💌 🛛 Accessibility Help
Social Security Official Website of the U.S. Social Security Administration	
ERE: Request CE Payment	
Patient Information 2 Enter Services 3 Review 4 Confirmation	
Patient Name: Janice Goodwin Patient SSN: XXX-XX-0001 Patient DOB: 01/20/2013	② User Resources
Services Performed Authorization Date: 08/25/2013 Date of Service: mm/dd/yyyy	
Service Item 1	
Item Code: 437	
Authorized Amount: \$230.00 Item Performed? Yes No	

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Characters rem	aining: 255				
Item Code (op	tional):				
Requested Am \$ Authorized By	iount:	-			
When Authoriz If the exact date	ed: is unknown, plea	se provide your be	est estimate.		
Add Additional	Service Item				
Additional Reques	ted Total: \$0.00				

Payment Information Summary

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Social Security Official Website of the U.S. Social Security Administration	
CRE: Request CE Payment	
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
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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	
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	
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	
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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	
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 Comments: Comments were not entered	

Author	rization Date: 09/25/2013	
Date o	of Service: 09/22/2013	
Servi	ce Item 1:	
Item D	escription: Psychological Exam, Child	
Item C	code: 104	
Was T	his Item Performed: Yes	
Author	rized Amount: \$230.00	
Reque	ested Amount: \$230.00	
Additi	ional Service Item 1:	
Item D	escription: Bayley Scales of Infant Deve	lopment
Item C	code: 143	
Reque	ested Amount: \$130.00	
Author	rized By: Mark Evans	
When	Authorized: September 29st, 2013	
Totals	5:	
Additi	ional Requested Total: \$130.00	
Servio	ces Performed Total: \$230.00	
Total	Payment Requested: \$360.00	
1	1	
Uplo	oad Invoices	
	nu have invoices to unload?	
Yes	s No	
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62

Attach and Upload Invoices

Angulara Sign Out	Text Size 💌 🛛 Accessibility Help
Social Security Official Website of the U.S. Social Security Administration	
CRE: Request CE Payment	
Patient Information 2 Enter Services 3 Review 4 Add Invoices 5	Confirmation
Patient Name: Janice Goodwin Patient SSN: XXX-XX-0001 Patient DOB: 01/20/20	13 3 User Resources
Invoice Types	
Select the types of invoice(s) you want to upload.	
 Invoice from Provider Both 	
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 Delete Delete Delete Delete Delete Delete Delete Delete Dele	
Add A File	
Payment Request Agreement	
Please read this statement and indicate your agreement. When you select "Submit," you v generate an electronic signature and submit your response.	vill
I am certifying under penalty of perjury, that the information is true and correct and that the services which I am requesting payment have been performed.	s for
By checking the "I have read and agree with the above" checkbox below, I am certifying that I electronising the invoice contained within.	nically
I have read and agree with the above.	
Submit Previous Cancel	

Tracking page

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Social Security	
Official Website of the U.S. Social Security Administration	
4721 <i>b</i> .	
RE: Request CE Payment	
I ✓ Patient Information 2 ✓ Enter Services 3 ✓ Review 4 ✓ Add Invoid	ces 5 Confirmation
🧭 Thank you for your submission.	User Resources
Consultative Exam Payment Request submission - Tracking Information.	
Tracking Number: 12B5F233B4AFEDB6	
Date and Timestamp: 09/29/2013 at 04:16 PM ET	
Date and Timestamp. 09/29/2019 at 04.10 FW E1	
Consultative Exam Request submission - Tracking Information.	
Tracking Number: 1276D6802B1230B5	
Date and Timestamp: 09/29/2013 at 04:04 PM ET	
Disage retain your tracking numbers in ease there are errors or problems that pro-	went up from
processing your submission	event us from
B Drint this Dage	
Submission Summary	
Submission Summary Tracking Information	
Submission Summary Tracking Information Patient and Appointment Information	
Submission Summary Tracking Information Patient and Appointment Information Patient Name: Janice Goodwin	
Submission Summary Tracking Information Patient and Appointment Information Patient Name: Janice Goodwin Patient SSN: XXX-XX-0001	
Submission Summary Tracking Information Patient and Appointment Information Patient Name: Janice Goodwin Patient SSN: XXX-XX-0001 Patient DOB: 01/20/2013	
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	
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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 Provider Officer UD Traceburg DD0 1000	
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Submission Summary Tracking Information Patient and Appointment Information Patient Name: Janice Goodwin Patient Name: Janice Goodwin Patient DOB: 01/20/2013 Provider Name: Sam Angulara Request Type: Consultative Exam 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	
Submission Summary Tracking Information Patient and Appointment Information Patient Name: Janice Goodwin Patient Name: Janice Goodwin Patient SSN: XXX-XX-0001 Patient DOB: 01/20/2013 Provider Name: Sam Angulara Request Type: Consultative Exam 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	
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 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	
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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 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 Goodwin_Psychinvoice.doc	File Size 996 KB
Submission Summary Tracking Information Patient and Appointment Information Patient Name: Janice Goodwin 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 Goodwin_Psychinvoice.doc Total File Size	

Access Provider's Electronic Requests

Access Provider's Electronic Requests – Open Requests

RE: A	ccess Pro	ovider's	Electron	ic Reque	sts				
rovider:				Request Type	c	1000		O User Re	sources
CEProvider	RaviKamata	~		Open Request	5	$\mathbf{\sim}$			
Show									
Priority 🔻	Patient	SSN	Request	Appt	Appt	Location	Request	Payment	Payment
	Name	(Last 4)	Date	Date	lime		Status	Status	Request
		2450	06/19/0014	01/01/2015	03:30 PM	CSC	NEW	NEW	Need Report

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

Patient SSN: XXX-XX-3456 Provider Name: RaviKarnata Request Date: 06/18/2014 Disability Examiner: Kiran CE App't Date & Time: 01/01/	CEProvider 2015 03:30 PM	User Resources
Date	Added	
02/2	8/2017	
02/2	8/2017	
02/2	8/2017	
02/2	8/2017	
li files must total less than 50MB .bmpmdi, .btt, .xls., .pdf, .rtf	, .tiff, .tif	
les because they cannot be proces	;sed.	
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	Patient SN: XX-XX-3456 Provider Name: RaviKarnata Request Date: 06/18/2014 Disability Examiner: Kiran CE App't Date & Time: 01/01/ CE App't Date & Time: 01/01/ Date Date Date Date Date Date Date Date	Patient SN: XXX-XX-3456 Provider Name: RaviKarnata CEProvider Request Date: 06/18/2014 Disability Examiner: Kiran CE App't Date & Time: 01/01/2015 03:30 PM

Tracking Information

CRE: View / Submit CE Request		
🤣 Thank you for your submission.		② User Resources
Prepared CE Report Submission - Tracking Information	on.	
Tracking Number: 13E5G203C4BBC5P6		
Date and Timestamp: 09/29/2013 at 04:16 PM ET		
Please retain your tracking number in case there are errors processing your submission	s or problems that prevent us from	
🚔 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 Appl Date & Time. 09/20/2013 09:00 AM ET		
Location: 1314 Lombard, Baltimore, MD, 21224		
Uploaded File(s)		
File Name	File Size	
CE_Synapson.doc	1523 KB	
Total File Size	1523 KB	

Communication Services

Messaging Services

Secure Messaging - Inbox

RE: Secure Me	essaging					
Compose Folders	Inbox Your messages	are delivered here.				
Inbox (1)		From	Subject	Received (ET)	Expires (ET)	Size
Pending Drafts Sent Blocked	Delete Select	Haynes, Semelda	Medical Report	02/28/2017 18:43	03/20/2017 19:43	1 K

Compose Message

RE: Secure Me	ssaging	
Compose	Compose	
Inbox (1)	то:	
Pending Drafts	Cc:	
Sent	Search Contacts	
Blocked	Subject:	
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User Resources		
	File 1: Browse	
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	Add Another File	
	Your Message:	7
Search Contacts

- 1976 - 1976	nstructions:					~
Se	 Enter your contact Select your contact Lastly, click Add 	t's name and click to return to the second sec	nd click th the To o your mes	he Search button. r Cc button to include them in isage.	your message.	- 1
iers E	lame: inter your contact's n	ame.				_ 1
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ent r	Mana	City	State	Organization	Organization Tupo	Site ID
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i.	Tester, Sam			SSA	1	S41
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Compose Message – Confirmation

You successfully sub You will be notified via any attachment carries The message will expir	mitted the message. email if there are any e a virus, the message v e on 03/20/2017.	rrors in sending this me vill be moved to your Bl	essage. It will be hel ocked folder.	d in the Pending folde	r until processing is co	mplete, If
Compose Folders	Inbox Your message	es are delivered here.				
Inbox (1)	1	From	Subject	Received (ET)	Expires (ET)	Size
Pending (1)		Haynes, Semelda	Medical Report	02/28/2017 18:43	03/20/2017 19:43	1 K
Drafts Sent	Delete Sel	ected ERE Hom				

Communication Utility Send Message and Files

Destination 8	& Message Information	User Resources
Select destination	by: 🕜 More Info ate	
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State:	MD-Maryland	
Destination:	MD - ODAR National Hearing Center [T0T]	
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Subject:		
Alexander Availabilit	Y	
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Attach and U A maximum of 1 File types accep File 1: Remove File Add Another File	pload Files 10 files can be added and all files must total less than 5 MB pted: wpd, .doc, .docx, .jpg, .bmp, .mdi, .txt, .rtf, .xls, .xlsx, .pdf, .tiff, .tif, .zip Browse	
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Confirmation

Thank you for your submission. Contact ODAR Office - Tracking Information Tracking Number: 15A872926081DDBI Submitted on: Tue Feb 28 18:58:25 E ST 2017 Please retain your tracking number in case there are errors or	BN problems that prevent us from processing	User Resources
Print this page		
Submission Summary		
Jestination & Message Information		
Destination: MD - ODAR National Hearing Center [T0T] ubject: Alexander Availability 2017		
Destination: MD - ODAR National Hearing Center [T0T] Subject: Alexander Availability 2017 Jploaded File(s)		
Destination: MD - ODAR National Hearing Center [T0T] Subject: Alexander Availability 2017 Jploaded File(s) File Name	File Size	
Destination: MD - ODAR National Hearing Center [T0T] Subject: Alexander Availability 2017 Jploaded File(s) File Name LCR - ARS_FAQ Add Files.docx	File Size 60 KB	