Social Security Administration

2017

ERE Screen Shots

For OMB Clearance 0960-0753

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:

Sign In   Cancel

Help & Support

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

Email:
EETechSupport@SSA.gov

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

Your privacy is important.

For details about our use of your information, we encourage you to read our Privacy Act Statement.

Social Security

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

Electronic Records Express (ERE)

Sig & Support

See Revised Privacy Act Statement Attached

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ic Records Express
, please contact us.

Support@ssa.gov

(toll free):
91-3061

ivacy is important.
ils about our use of your
ion, we encourage you
ur *Privacy Act*
nt.

Privacy Act Statement, Privacy Act Statement - Internet Explorer

Privacy Act Statement

Collection and Use of Personal Information

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:

1. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of our BSO; and
2. To comply with Federal laws requiring the release of information from our records (e.g., to the Office General Services Administration and National Archives Records Administration).

A complete list of routine uses for this information is available in our Privacy Act Systems of Records Notice entitled, *Master Files of Social Security Number (SSN) Holders and SSN Applications* (60-0058) and the *Central Repository of Electronic Authentication Data Master File* (60-0373). These notices, additional information about this collection of information, and other information regarding our systems and programs, are available on-line at www.socialsecurity.gov or at your local Social Security office.

Close

User

Pass

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

Social Security
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Electronic Records Express (ERE)

OMB No. 0960-0753
Paperwork Reduction Act

System Notices(0) - System Notice Updated: 02/28/2017

Sign Up for Email ERE System Notifications

What's New? - What's New Updated: 05/16/2015

Help & Support

Email:
EETechSupport@SSA.gov

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

? User Resources

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

Evidence Functions ? Help

- Access Electronic Requests
- Access Provider's Electronic Requests
- Send Individual Response
- Send Grouped Response
- Send CE 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

Account Maintenance Screens
Create an Individual End-User Account

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ERE: Create an Account

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

Account Type & Username

What type of account would you like to create?
- ○ Administrator Account
- ○ Regional Administrator Account
- ○ Sponsor Account
- ● Individual End-User Account

☐ Demo Account

Username:
[   ]

Username must contain:
- Exactly 8 characters
- At least one numeral
- At least one letter
- No special characters

❷ User Resources

User Information

4

Name:

First	Middle	Last

Primary Phone Number:

○ U.S.   ○ International

10-digit Number	Ext.

Alternate Phone Number (optional):

○ U.S.   ○ International

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 (Optional):

Organization Information

Organization Type:

Attorneys Office ▼

Organization Name:

Department (optional):

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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

Text Size ▾ | Accessibility Help

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

ERE: Create Relationship

Username: **SJONES01**
First Name: **Susan**
Last Name: **Jones**

Organization: **Angulara Services**
State/Territory: **MD**
Function: **CE Admin Staff**

❓ User Resources

Search for Available Users By:

Username:

Organization Name:

Last Name:

Organization Type:
-- ▾

First Name:

State/Territory:
-- ▾

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

Search   Cancel

Manage End-User Relationships – Search Results

ERE: Create Relationship

Username: **03GV5496**
First Name: **Individual**
Last Name: **Automated-Sanity**

Organization:
State/Territory:
Function: **Prepare Consultative Exam Report for Provider, Send Individual Response**

❷ User Resources

Search Results

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

☐	Username: ▼	Last Name:	First Name:	Organization Name:	Organization Type:	State/Territory:	User Type:
☐	CHINA024	a	a	aaa	Other	AL	CE Medical

Create Relationship   Edit Search   Cancel

Create Individual End-User Account Summary

Social Security
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ERE: Account Summary

✅ You successfully created the relationship(s).

Action
- ▶ Modify Account Info
- ▶ Reset Password
- ▶ Suspend Account
- ▶ Delete Account
- ▶ View Log History

❓ User Resources

Account Information

Username: **03GV5496**
SSA ID: **X4ZDB1C5VY**
Demo Account: **No**
Account Type: **Individual End-UserAccount**
Account Status: **ACTIVE**

Name: **Individual Automated-Sanity**
Primary Phone Number: **123 456 7890**
Alternate Phone Number: **0009999999**
FAX Number: **0009999999**
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	First Name	Organization Name	Organization Type	State	User Type	Action
CHINA024	a	a	aaa	Other	AL	CE Medical	Delete
PRWAKCE1	khalid	aftab	org	Other	MD	CE Medical	Delete

Create New Relationship

ERE Home   Back To Search Results

Search Accounts

Text Size ▾ | Accessibility Help

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

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

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Search Results

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

ERE: Search Accounts

Search Results

❓ User Resources

Showing **26-27** of **27**

<< First   < Prev   1 2   Next >   Last >>

Username ▼	Account Type	Last Name	First Name	Account Status	Organization	Phone	Email	Site
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 **26-27** of **27**

<< First   < Prev   1 2   Next >   Last >>

Edit Search   New Search   ERE Home

Delete Account

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

ERE: Delete Account

Username: **TAMIRAJ**   Organization: **St. Mary's**
First Name: **Tamira**   State/Territory: **MD**
Last Name: **Jameson**

❷ 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

❷ 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

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Change Your Password

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:

Submit   Cancel

❓ User Resources

Change Your Password Confirmation

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

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Modify Account

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

ERE: Modify Account Information

Account Type & Username

Username: **ANGU123**

SSA ID: **GZXK067AP**

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

Account Status: **Active**

☐ Demo Account

❓ User Resources

User Information

Name:

Sam		Angulara
First	Middle	Last

Primary Phone Number:

◉ U.S.　　◯ International

4105551212	
10-digit Number	Ext.

Alternate Phone Number (optional):

◯ U.S.　　◯ International

4105551211	
10-digit Number	Ext.

FAX Number (optional):

◉ U.S.　　◯ International

10-digit Number	Ext.

Primary Email Address:

sam.angulara@angularaservices.org

Confirm Primary Email Address:

Alternate Email Address (optional):

Confirm Alternate Email Address:

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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:	State/Territory:	ZIP Code:
Baltimore	Maryland ▾	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

Text Size 🔽 | Accessibility Help

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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

Manage Email - Confirmation

Evidence Services

Send Individual Response

Destination and Request Information

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

ERE: Send Individual Response

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

Destination and Request Information
Please refer to your request letter or barcode to complete this information.

Select destination by: ❷ More Info
◉ Site code ○ State

Site Code:
T21

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

[Edit]

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):

❷ User Resources

[Next]   [Cancel]

Review & Add Information

Social Security
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ERE: Send Individual Response

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

Review

User Resources

[Edit]   **Destination and Request Information**

Destination: **DC - Washington ODAR [X73]**   RF: **P**
SSN: **123-45-6789**   DR: **F**
RQID: **u90hn42e**   CS:

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...]
Document Type: [--   ▼]
Notes: [   ]

[Remove File]

[Add Another File]

[**Submit**]   [Previous]   [Cancel]

21

Tracking Page

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

ERE: Send Individual Response

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

✅ **Thank you for your submission.**

Individual Response Submission - Tracking Information.

Tracking Number: **12E5G203C4AFEDG6**

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

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

🖨 Print this Page

❓ User Resources

Submission Summary
Tracking Information

Destination and Request Information

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

SSN: **000-00-0701**

RQID: **00000024156125**

RF: **P**

DR: **F**

CS: **01**

Uploaded File(s)

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

Send Another Response   ERE Home

Submit MER Payment (non-eOR)

Destination and Request Information

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

ERE: Submit Payment Request

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

Destination and Request Information
Please refer to your request letter or barcode to complete this information.

❓ User Resources

Select destination by: ❓ More Info
◉ Site code ○ State

Site Code:
S23

State: **MD - Maryland**

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

[Edit]

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

[**Next**] [Cancel]

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Add Invoices

ERE: Submit Medical Evidence Payment Request

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

Review

❓ User Resources

[Edit]   **Destination and Request Information**

Destination: **MD - Timonium DDS [823]**   RF: **P**
SSN: **123-45-6789**   DR: **F**
RQID: **664e6gf**   CS:
Is this payment request for a Consultative Exam?
No

Invoice Type

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, .rtf, .xls, .xlsx, .pdf, .tiff, .tif.
- Please do not upload password-protected files because they cannot be processed.

File 1:   [   ]   [Browse...]

[Remove File]

[Add Another File]

Additional Comments:
(16,000 characters maximum)

[   ]

Characters remaining: 16000

Payment Request 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 and submit your response.

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

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

☐ I have read and agree with the above.

[**Submit**]   [Previous]   [Cancel]

Tracking page

MER No Records (eOR)

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

ERE: View / Submit Evidence Request

⚠ **Priority Request**

Immediate response needed.

Patient Name: **Matthew Mandya**
Patient DOB: **01/18/1970**
Request Type: **Evidence Request**
Request ID: **2016100300000001   4667D**
Requesting Office: **DE - Delaware DD8 [808]**

Patient SSN: **XXX-XX-4667**
Provider Name: **RaviKarnati MERProvider**
Request Date: **09/28/2016**
Disability Examiner: **testExaminerMER**

🔵 User Resources

Request Details

Special Instructions:

This is VAL Test for ERE MER fiscal

Documentation:

File Name	Date Added
Request Letter	10/31/2016
Supporting Documentation	10/31/2016

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 (indicate a new date in the comments area provided)
○ No records found for requested timeframe
○ Person is not my patient
○ Release Form 827 is incomplete or missing (comments required)
○ Other(comments required)

Comments:
(16,000 characters maximum)

Characters remaining: 16000

[**Submit**] [Previous] [Cancel]

26

MER No Records (eOR) - Tracking page

Social Security
The 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: **15A865F0341D2379N**

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

❓ User Resources

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: **2016100300000001   4567D**

Disability Examiner: **testExaminerMER**

Request Response

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

Comments: **No comments added**

[Review Another Request]   [Submit Payment Request]   [ERE Home]

Send Grouped Response

Destination Information

Review & Add Information

ERE: Send Grouped Response

1✔ Destination Information   2 Review & Add Information   3 Confirmation

Review

❓ User Resources

[Edit]   **Destination Information**

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.
- 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 processing your submission

🖨 Print this page

❓ User Resources

Submission Summary
Tracking Information

Destination Information

Destination: **MD - Timonium DDS [S23]**
Barcode Present? **Yes**

Uploaded File(s)

File Name	File Size
OITEBS.zip	379 KB
Total File Size:	379 KB

Send Another Response   ERE Home

Review/Submit Prepared Requests

Text Size ▾ | Accessibility Help

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.

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.

❓ User Resources

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

ERE Home

31

View Prepared Request and Upload Files - eOR

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

ERE: Review / Submit Prepared 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 [S23]**
Location: **1314 Lombard, Baltimore, MD 21224**

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

Special Instructions:
Peter is scared of needles. Be gentle.

Lollipops are recommended.

Files Loaded by Preparer:

File Name	File Size	Action
Quanta.tif	900 KB	Delete

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

Attach and Upload New Files

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

File 1:
[   ] Browse   Delete

Add A File

Additional Information

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

Characters remaining: 16,000

Consultative Examination Authorization Agreement

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

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

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

Submit   Cancel

Confirmation

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

ERE: Review / Submit Prepared Requests

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

   Tracking Number: **GZXKR067AP**

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

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

🖨 Print this Page

❓ User Resources

Submission Summary
Tracking Information

Patient & Appointment Information

Patient Name: **Peter Quanta**
Patient SSN: **XXX-XX-0001**
Patient DOB: **01/10/1970**
Provider Name: **Sam Angulara**
Request Type: **Consultative Exam**
Request Date: **09/02/2013**
Requesting Office: **MD - Timonium DDS [S23]**
Request ID: **20100304DPE2_100003 D**
Disability Examiner: **Mark Evans**
CE Appt Date & Time: **09/20/2013 09:00 AM ET**
Location: **1314 Lombard, Baltimore, MD 21224**

Uploaded File(s)

Files Loaded By Preparer

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

New Files

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

Additional Information

Comments: **Comments were entered**

Your response was electronically signed.

[Review Another Request]   [ERE Home]

34

View Prepared Request and Upload Files (Non-eOR)

Review & Add Information

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

ERE: Review/Submit Prepared Request

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

Review

[Edit]   **Destination and Request Information**

Patient Name: **Matt Eden**
Destination: **AK - Alaska DD 8 [802]**
SSN: **347834873**
RQID: **347347**

Patient DOB: **12/11/2000**
RF: **D or Blank**
DR: **F**
CS:

File(s) Loaded By Preparer

Document Type:
Consultative Examination Report (CE) - 0002 ▾

File Name	File Size	Action
BMP1.bmp	2,304 KB	[Delete]
Desert.jpg	826 KB	[Delete]

To revise a file:

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

Attach and Upload 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...]
[Remove File]

[Add Another File]

Additional Information

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

u54745745

Characters remaining: 15991

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]

❓ User Resources

Confirmation

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

ERE: Review/Submit Prepared Requests

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

❓ User Resources

✅ **Thank you for your submission**

Prepared Request Submission - Tracking Information

Tracking Number: **15A86C9123D2D70DN**

Submitted on: **02/28/2017 at 05:13 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

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**
CS:
Document Type: **Consultative Examination Report (CE) - 0002**

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]

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Prepare Report for Provider Destination 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

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

Reviewing Provider:

[-- ▾]

❓ User Resources

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

ERE: Prepare Report for Provider

1 ✔ Destination Information 2 ▸ Review & Add Information 3 ▸ Confirmation

Review

❓ User Resources

[Edit] **Destination Information**

Reviewing Provider: **CEProvider, RaviKarnata**
Patient Name: **Tony Synapson**
Patient DOB: **01/02/1976**
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**

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: C:\Users\769029\Desktop\ERI [Browse...]

[Remove File]

[Add Another File]

Additional Comments:
(16,000 characters maximum)

Characters remaining: 16000

[Send to Provider] [Previous] [Cancel]

Confirmation

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

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: **15A86E242F0E082FN**

Submitted on: **02/28/2017 at 05:40 PM EST**

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: **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**

Uploaded File(s)

File Name	File Size
LCR - CE Attestation - 11-5-15.docx	40 KB
Total File Size	**40 KB**

Comments: **No comments added**

[Prepare Another CE Report]   [ERE Home]

Send CE Report

Destination and Request 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

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]**

[Edit]

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:
Consultative Examination Report ▾

[**Next**] [Cancel]

Review & Add Information

Social Security
The 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

Destination: **MD - Timonium DDS [823]**   RF: **P**
SSN: **123-46-6789**   DR: **F**
RQID: **3464fdf4**   CS:
Document Type: **Consultative Examination Report (CE) - 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, .xls, .xlsx, .pdf, .rtf, .tiff, .tif.
- Please do not upload password-protected files because they cannot be processed.

File 1:   [   ] [Browse...]
[Remove File]

[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.

☐ I have read and agree with the Agreement above.

[Submit] [Previous] [Cancel]

@ User Resources

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.

🖨 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**

Document Type: **0002**

Uploaded File(s)

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

Your response was electronically signed.

Send Another Response   ERE Home

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Confirmation (with 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.

🖨 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**

Document Type: **0002**

Uploaded File(s)

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

Your response was electronically signed.

Send Another Response   Submit Payment Request   ERE Home

44

Send Report(s) with Scanned Signature

Destination Information

Review & Add Information

ERE: Send CE with Scanned Signature

1 ✔ Destination Information   2 ▶ Review & Add Information   3 ▷ Confirmation

Review

❓ User Resources

[Edit]   **Destination Information**

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.
- 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

Social Security
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

❓ User Resources

Submission Summary
Tracking Information

Destination Information

Destination: **MD - Timonium DDS [S23]**
Barcode Present? **Yes**

Uploaded File(s)

File Name	File Size
OITEBS.zip	379 KB
Total File Size:	379 KB

Send Another Response   ERE Home

Send CE No Show Response

Destination and Request Information

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]**

[Edit]

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

[Next]　[Cancel]

Complete Reason

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

ERE: Send No Show Response

1 ✔ Destination Information 2 ➤ Review & Add Information 3 Confirmation

Review

❓ User Resources

[Edit] **Destination and Request Information**

Destination: **MD - Timonium DDS [S23]**   RF: **P**
SSN: **123-45-6789**   DR: **F**
RQID: **6tregsd**   CS:

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 Show/No Contact with Patient
◯ Patient cancelled appointment (provide reason if known)
◯ 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]

50

Access Electronic Requests

Open Requests Page

CE Request Details/Upload

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

ERE: View / Submit CE Request

ⓘ **Immediate Response Needed**   ❓ User Resources

Patient Name: **Janice Goodwin**
Patient DOB: **01/20/2010**
Request Type: **Consultative Exam**
Request ID: **000000241156125**
Requesting Office: **MD - Timonium DDS [523]**
Location: **1314 Lombard, Baltimore, MD 21224**

Patient SSN: **XXX-XX-0001**
Provider Name: **Sam Angulara**
Request Date: **09/17/2013**
Disability Examiner: **Mark Evans**
CE Appt Date & Time: **09/20/2013 09:00 AM ET**

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
Goodwin1.doc	03/06/2011
Goodwin_2010.doc	03/06/2011
Goodwin_Med.pdf	03/06/2011
Supporting Documentation	03/06/2011

Request Response

Was a Consultative Exam performed?
⦿ Yes   ○ No

Attach and Upload Files
- A maximum of 10 files can be added and all files must total less than 50MB.
- File types accepted: wpd, doc, docx, jpg, bmp, mdi, 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

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.**

Submit   Cancel

Local intranet | Protected Mode: Off   100%

Tracking Information (Site does not do fiscal)

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

ERE: View / Submit CE Request

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

Tracking Number: **1276D6802B1230B5**

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

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

🖨 Print this Page

❓ User Resources

Submission Summary
Tracking Information

Patient & Appointment Information

Patient Name: **Janice Goodwin**
Patient SSN: **XXX-XX-0001**
Patient DOB: **01/20/2010**
Provider Name: **Sam Angulara**
Request Type: **Consultative Exam**
Request Date: **03/04/2010**
Requesting Office: **MD - Timonium DDS [S23]**
Request ID: **000000241156125**
Disability Examiner: **Mark Evans**
CE Appt Date & Time: **09/20/2013 09:00 AM ET**
Location: **1314 Lombard, Baltimore, MD 21224**

Uploaded File(s)

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

Additional Information

Comments: **No comments added**
You have electronically signed.

Review Another Request   ERE Home

🌐 Local intranet | Protected Mode: Off   🔍 100%

54

Tracking Information (Site does fiscal)

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

ERE: View / Submit CE Request

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

Tracking Number: **1276D6802B1230B5**
Submitted on: **09/29/2013 at 04:16 PM ET**

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

🖨 Print this Page

❓ User Resources

Submission Summary
Tracking Information

Patient & Appointment Information

Patient Name: **Janice Goodwin**
Patient SSN: **XXX-XX-0001**
Patient DOB: **01/20/2010**
Provider Name: **Sam Angulara**
Request Type: **Consultative Exam**
Request Date: **03/04/2010**
Requesting Office: **MD - Timonium DDS [S23]**
Request ID: **000000241156125**
Disability Examiner: **Mark Evans**
CE Appt Date & Time: **09/20/2013 09:00 AM ET**
Location: **1314 Lombard, Baltimore, MD 21224**

Uploaded File(s)

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

Additional Information

Comments: **No comments added**
You have electronically signed.

| Review Another Request | Submit Payment Request | ERE Home |

Local intranet | Protected Mode: Off   🔍 ▼   🔍 100%

55

Request Consultative Exam (CE) Payment (eOR)
Patient Information

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**	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: **State/Territory:**   **ZIP Code:**

Baltimore   Maryland ▾   21208

Primary Phone Number (optional):

◉ U.S.   ◯ International

[   ]   [   ]

10-digit Number   Ext.

Fax Number (optional):

◉ U.S.   ◯ International

[   ]

10-digit Number

Has the Provider Information Changed?

◯ Yes   ◯ No

Payment Information

Did you perform a review of records?

◯ Yes   ◯ No

Comments:
(255 characters maximum)

[   ]

Characters remaining: 255

[Next]   [Previous]   [Cancel]

CE Services Performed

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

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

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

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

ERE: Request CE Payment

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

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

❓ 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:   [   ] Browse   Delete

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.**

Submit   Previous   Cancel

Local intranet | Protected Mode: Off   🔍 ▾   🔍 100% ▾

Tracking page

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

ERE: Request CE Payment

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

❓ User Resources

✅ **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

🖨 Print this Page

Submission Summary
Tracking Information

Patient and Appointment Information

Patient Name: **Janice Goodwin**
Patient SSN: **XXX-XX-0001**
Patient DOB: **01/20/2013**
Provider Name: **Sam Angulara**
Request Type: **Consultative Exam**
Request Date: **09/17/2013**
Requesting Office: **MD - Timonium DDS [S23]**
Request ID: **20100928SHAH_0004 D**
Disability Examiner: **Mark Evans**
CE Appointment Date and Time: **09/20/2010 09:00 AM**
Location: **1314 Lombard, Baltimore, MD, 21224**

Response Information

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

Comments were added
Your response was electronically signed.

Payment Request Information

DDS Invoice/Voucher Number: **1326**
Legacy System Vendor Code: **A12346**
Legacy Case Number: **677182**
Other DDS Number: **DDS9803**
Provider Name: **Sam Angulara**
Organization Name: **Angulara Services**
Invoice Number: **1009XC25**
Taxpayer ID: **113457**
Payee Taxpayer ID: **123456**
Payee Legal Entity Name: **SSA**
State Vendor Code: **1111**
Remit Address: **456 Main Street, Baltimore, MD 21208**
Phone Number: **(410) 555 - 1212**
Fax Number: **(410) 555 - 1213**

Comments: **Comments were not entered**
Provider Information changed: **No**

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

Additional Service Item 1:
Item Description: **Bayley Scales of Infant Development**
Item Code: **143**
Requested Amount: **$130.00**
Authorized By: **Mark Evans**
When Authorized: **September 29st, 2013**
Totals:
Additional Requested Total: **$130.00**
Services Performed Total: **$230.00**
Total Payment Requested: **$360.00**

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

Invoice Type: Invoice From DDS

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

Your payment request was electronically signed.

ERE Home   Request Another Payment

Access Provider's Electronic Requests

Access Provider's Electronic Requests – Open Requests

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

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

ERE: View / Submit CE Request

Patient Name: **Jay Bunt**
Patient DOB: **01/01/1982**
Request Type: **Consultative Exam**
Request ID: **2015063123102001CE 3456D**
Requesting Office: **TN - Nashville DDS [S48]**
Location: **TestOne, Street One,**
TwentySixEllicott, MD 23026

Patient SSN: **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**

❓ User Resources

Service Items

Service Item 1:

Item Description: **aaaa**

Item Code: **111**

Request Details

What's Changed:

Special Instructions:

This is CE Test for ERE Payment

Documentation:

File Name	Date Added
Request Letter	02/28/2017
Authorization To Disclose Information	02/28/2017
Supporting Documentation	02/28/2017
Supporting Documentation	02/28/2017
Supporting Documentation	02/28/2017

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.

Document Type:
[Consultative Examination Report (CE) - 0002 ▾]

File 1:   C:\Users\769029\Desktop\ERE [Browse...]

[Remove File]

[Add Another File]

Additional Information

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

Characters remaining: 16000

[**Send to Provider**]   [Previous]   [Cancel]

Tracking Information

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

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

🖨 Print this Page

❓ User Resources

Submission Summary
Tracking Information

Reviewing Provider Information

Reviewing Provider: **Sam Angulara**

Patient and Appointment Information

Patient Name: **Janice Goodwin**
Patient SSN: **XXX-XX-0001**
Patient DOB: **01/20/2013**
Provider Name: **Dr. Sam Angulara**
Request Type: **Consultative Exam**
Request Date: **09/17/2013**
Requesting Office: **MD - Timonium DDS [S23]**
Request ID: **20100928SHAH_0004 D**
Disability Examiner: **Mark Evans**
CE Appt Date & Time: **09/20/2013 09:00 AM ET**
Location: **1314 Lombard, Baltimore, MD, 21224**

Uploaded File(s)

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

[Prepare Another CE Report] [ERE Home]

Local intranet | Protected Mode: Off   🔍 ▼ 🔍 100% ▼

68

Communication Services

Messaging Services

Secure Messaging - Inbox

Compose Message

ERE: Secure Messaging

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

Compose

Folders

Inbox (1)

Pending

Drafts

Sent

Blocked

? User Resources

Compose

To:

Cc:

Search Contacts

Subject:

Importance:

--

File 1:   Browse...

Delete

Add Another File

Your Message:

Characters remaining: 1000000

Send   Save as Draft   Cancel

Search Contacts

Search Contacts   ×

Instructions:

1. Enter your contact's name and click the Search button.
2. Select your contact and click the To or Cc button to include them in your message.
3. Lastly, click Add to return to your message.

Name:
Enter your contact's name.

Sam

First   Last

Search

	Name	City	State	Organization	Organization Type	Site ID
☐	Haynes, Sammy	woodlawn	MD	National Institute of Health	7	V76
☐	Tester, Sam			SSA	1	S41

To:

Cc:

Add   Cancel

Characters remaining: 1000000

Send   Save as Draft   Cancel

Compose Message – Confirmation

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 03/20/2017.

Compose

Folders

Inbox (1)

Pending (1)

Drafts

Sent

Blocked

Inbox

Your messages are delivered here.

	!	📎	From	Subject	Received (ET)	Expires (ET)	Size
☐			Haynes, Semelda	Medical Report	02/28/2017 18:43	03/20/2017 19:43	1 KB

Delete Selected   **ERE Home**

? User Resources

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

ERE: Contact ODAR Office

Destination & Message Information

Select destination by: ❓ More Info
◉ Site Code ⚪ State

Site Code: T0T

State: MD-Maryland

Destination: MD - ODAR National Hearing Center [T0T]

[Edit]

Subject:
[Alexander Availability]

Attach and Upload Files

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

File 1: [_____] [Browse...]

[Remove File]

[Add Another File]

Your Message:
(16,000 characters maximum)

[   ]

Characters remaining: 16000

[**Submit**] [Cancel]

❓ User Resources

Confirmation

Social Security
The 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: **15A872926081DDBBN**

Submitted on: **Tue Feb 28 18:58:25 EST 2017**

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 & Message Information

State: **MD-Maryland**
Destination: **MD - ODAR National Hearing Center [T0T]**
Subject: **Alexander Availability 2017**

Uploaded File(s)

File Name	File Size
LCR - ARS_FAQ Add Files.docx	60 KB
Total File Size:	59 KB

Message: **No Message added**

Send Another Message   ERE Home