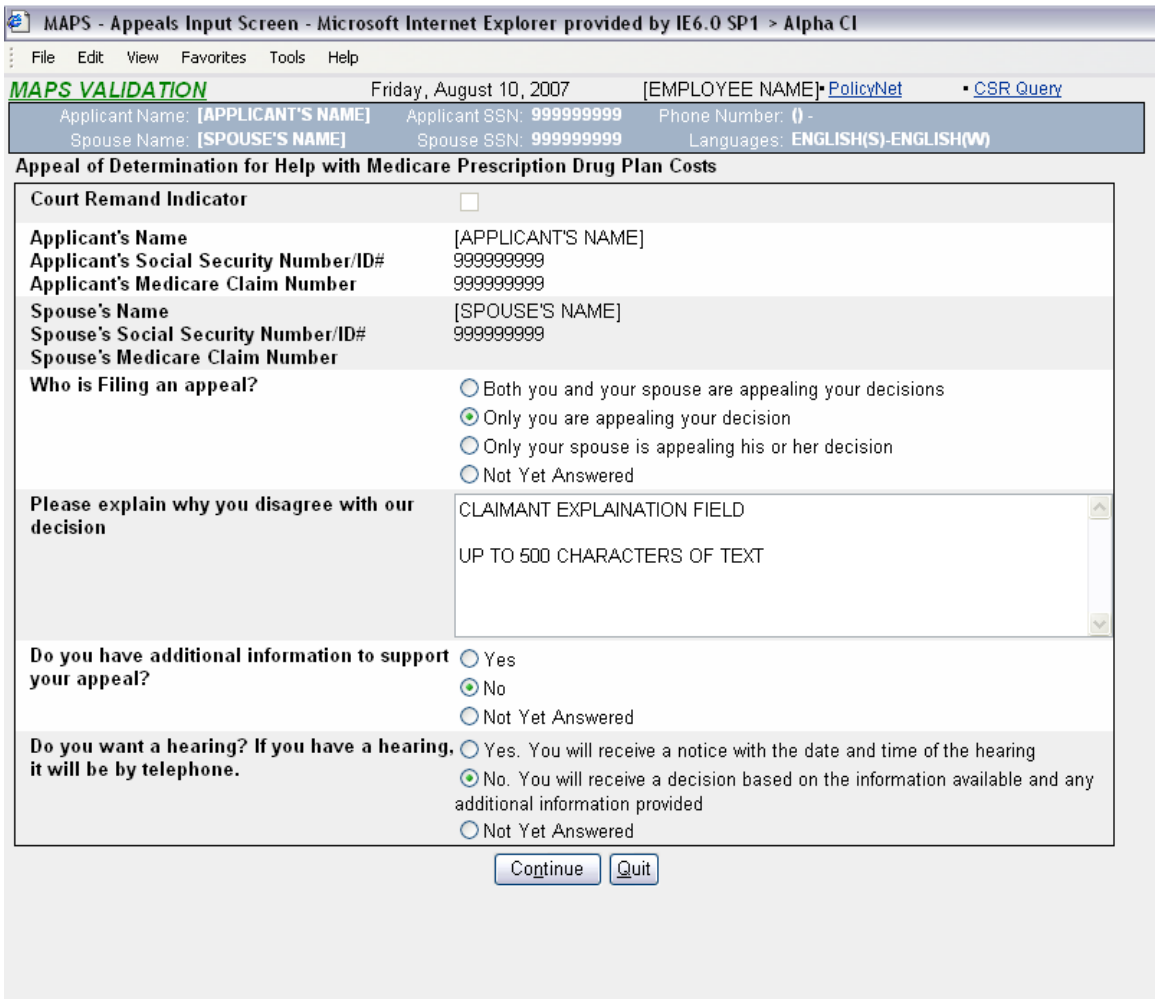
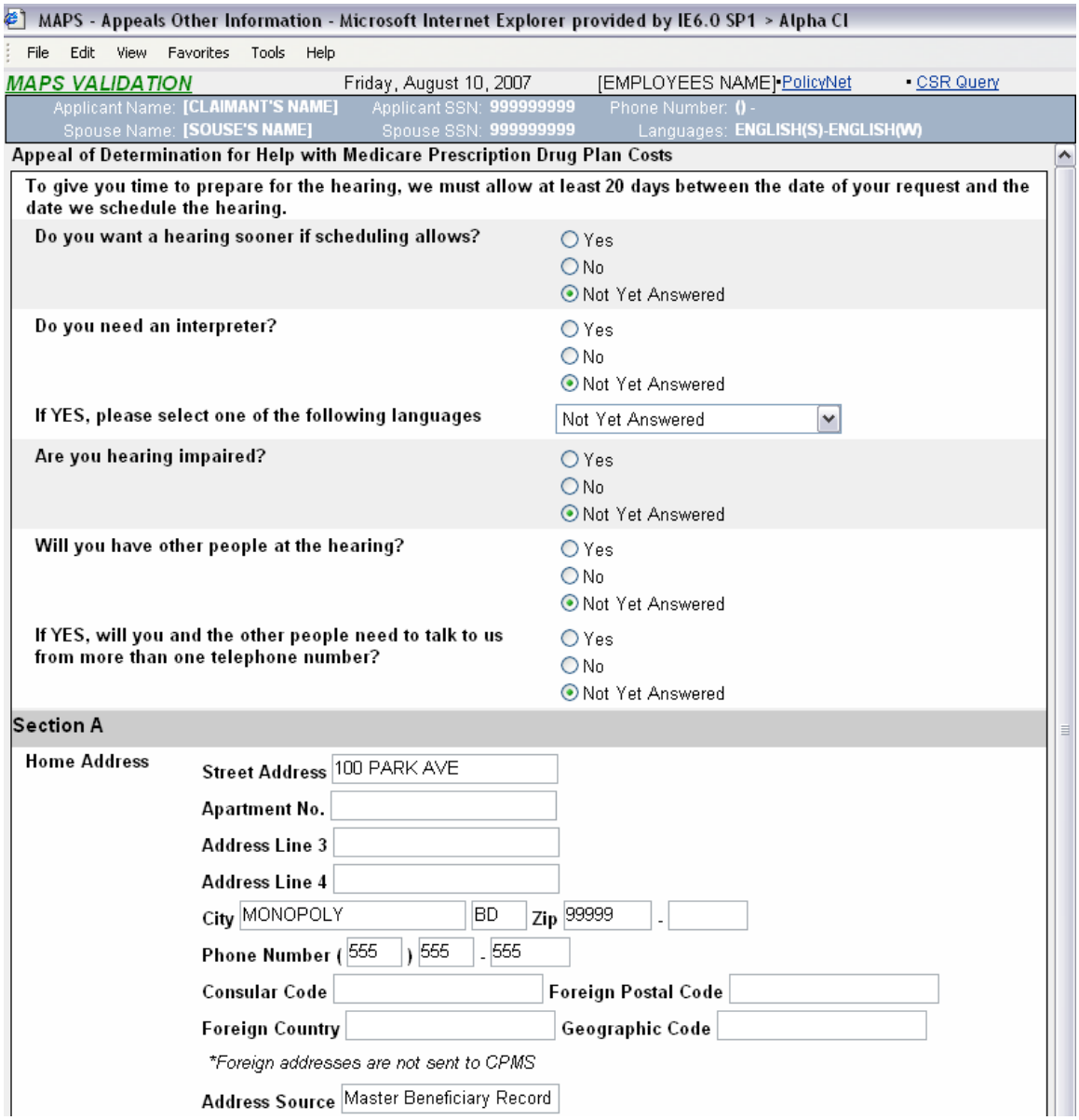
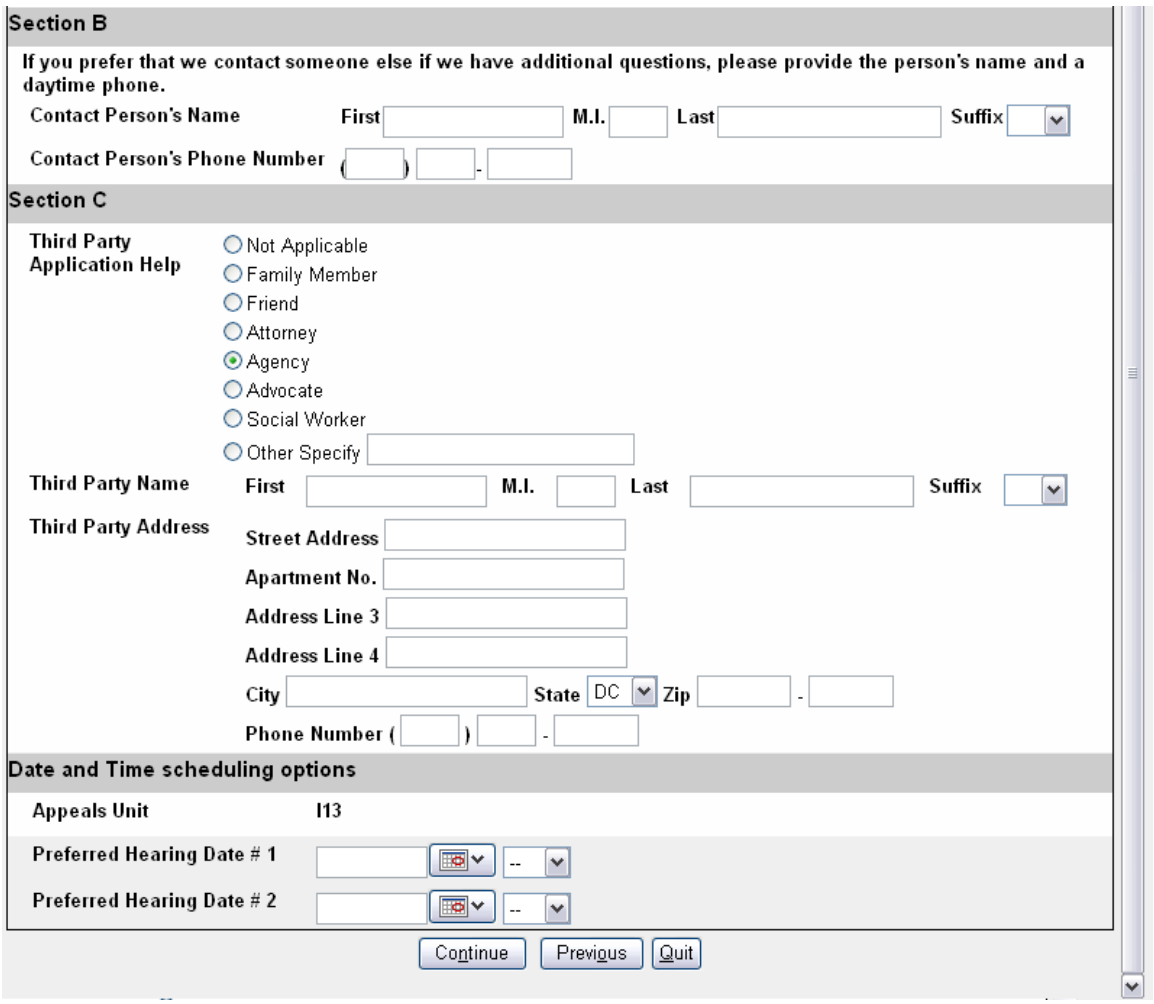
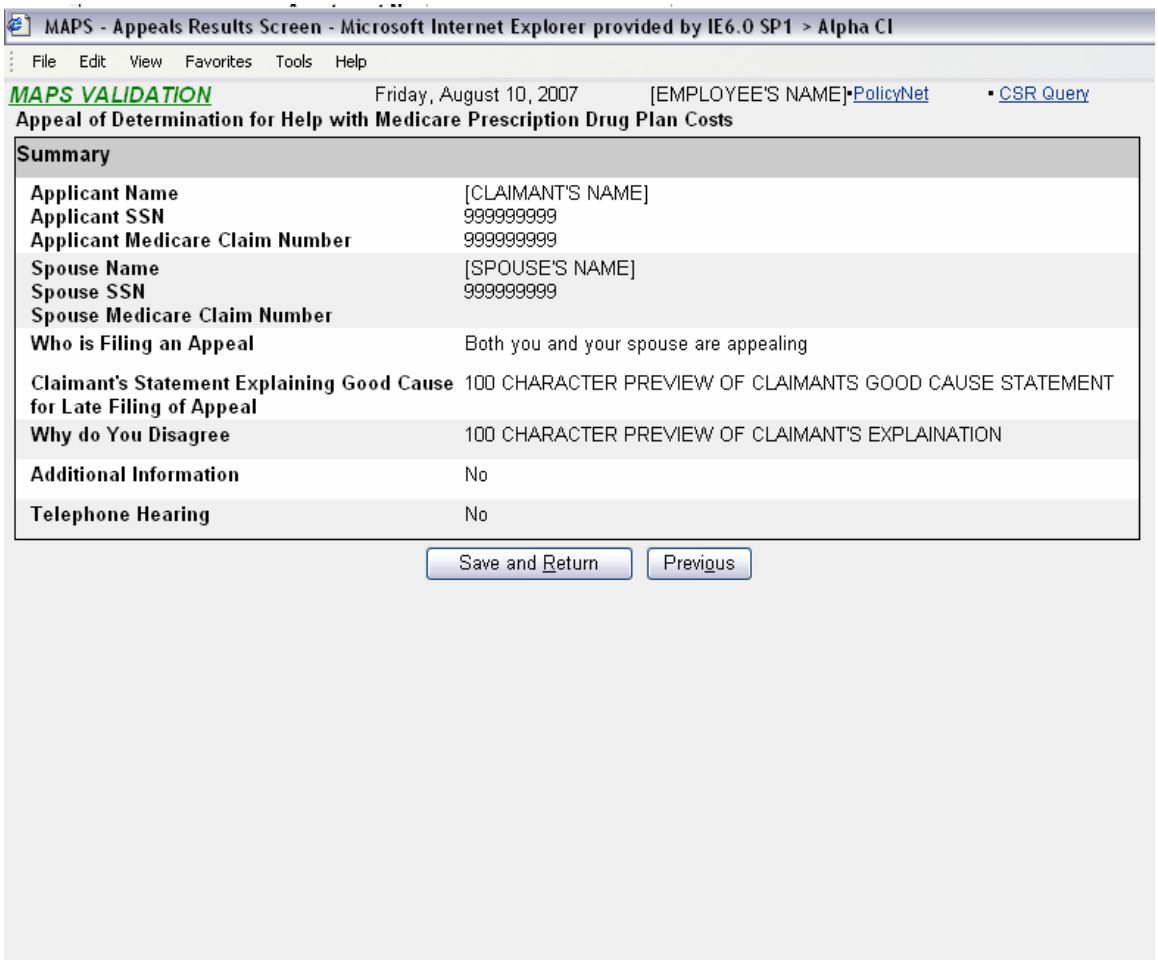

MAPS - Appeals Input Screen - Microsoft Internet Explorer provided by IE6.0 SP1 > Alpha CI
File Edit View Favorites Tools Help
MAPS VALIDATION
Friday, August 10, 2007
[EMPLOYEE NAME]
PolicyNet
CSR Query
Applicant Name: [APPLICANT'S NAME]
Applicant SSN: 999999999
Phone Number: () -
Spouse Name: [SPOUSE'S NAME]
Spouse SSN: 999999999
Languages: ENGLISH(S)-ENGLISH(W)
Appeal of Determination for Help with Medicare Prescription Drug Plan Costs
Court Remand Indicator
Applicant's Name
Applicant's Social Security Number/ID#
Applicant's Medicare Claim Number
[APPLICANT'S NAME]
999999999
999999999
Spouse's Name
Spouse's Social Security Number/ID#
Spouse's Medicare Claim Number
[SPOUSE'S NAME]
999999999
Who is Filing an appeal?
Both you and your spouse are appealing your decisions
Only you are appealing your decision
Only your spouse is appealing his or her decision
Not Yet Answered
Please explain why you disagree with our decision
CLAIMANT EXPLAINATION FIELD
UP TO 500 CHARACTERS OF TEXT
Do you have additional information to support your appeal?
Yes
No
Not Yet Answered
Do you want a hearing? If you have a hearing, it will be by telephone.
Yes. You will receive a notice with the date and time of the hearing
No. You will receive a decision based on the information available and any additional information provided
Not Yet Answered
Continue
Quit


MAPS - Appeals Other Information - Microsoft Internet Explorer provided by IE6.0 SP1 > Alpha CI
File Edit View Favorites Tools Help
MAPS VALIDATION
Friday, August 10, 2007
[EMPLOYEES NAME]
PolicyNet
CSR Query
Applicant Name: [CLAIMANT'S NAME]
Applicant SSN: 999999999
Phone Number: () -
Spouse Name: [SOUSE'S NAME]
Spouse SSN: 999999999
Languages: ENGLISH(S)-ENGLISH(W)
Appeal of Determination for Help with Medicare Prescription Drug Plan Costs
To give you time to prepare for the hearing, we must allow at least 20 days between the date of your request and the date we schedule the hearing.
Do you want a hearing sooner if scheduling allows?
Yes
No
Not Yet Answered
Do you need an interpreter?
Yes
No
Not Yet Answered
If YES, please select one of the following languages
Not Yet Answered
Are you hearing impaired?
Yes
No
Not Yet Answered
Will you have other people at the hearing?
Yes
No
Not Yet Answered
If YES, will you and the other people need to talk to us from more than one telephone number?
Yes
No
Not Yet Answered
Section A
Home Address
Street Address 100 PARK AVE
Apartment No.
Address Line 3
Address Line 4
City MONOPOLY BD Zip 99999 -
Phone Number (555) 555 - 555
Consular Code
Foreign Postal Code
Foreign Country
Geographic Code
*Foreign addresses are not sent to CPMS
Address Source Master Beneficiary Record


Section B
If you prefer that we contact someone else if we have additional questions, please provide the person's name and a daytime phone.
Contact Person's Name
First
M.I.
Last
Suffix
Contact Person's Phone Number
Section C
Third Party Application Help
Not Applicable
Family Member
Friend
Attorney
Agency
Advocate
Social Worker
Other Specify
Third Party Name
First
M.I.
Last
Suffix
Third Party Address
Street Address
Apartment No.
Address Line 3
Address Line 4
City
State
DC
Zip
Phone Number
Date and Time scheduling options
Appeals Unit
I13
Preferred Hearing Date # 1
Preferred Hearing Date # 2
Continue
Previous
Quit


MAPS - Appeals Results Screen - Microsoft Internet Explorer provided by IE6.0 SP1 > Alpha CI
File Edit View Favorites Tools Help
MAPS VALIDATION
Friday, August 10, 2007
[EMPLOYEE'S NAME]
PolicyNet
CSR Query
Appeal of Determination for Help with Medicare Prescription Drug Plan Costs
Summary
Applicant Name
[CLAIMANT'S NAME]
Applicant SSN
999999999
Applicant Medicare Claim Number
999999999
Spouse Name
[SPOUSE'S NAME]
Spouse SSN
999999999
Spouse Medicare Claim Number
Who is Filing an Appeal
Both you and your spouse are appealing
Claimant's Statement Explaining Good Cause for Late Filing of Appeal
100 CHARACTER PREVIEW OF CLAIMANTS GOOD CAUSE STATEMENT
Why do You Disagree
100 CHARACTER PREVIEW OF CLAIMANT'S EXPLAINATION
Additional Information
No
Telephone Hearing
No
Save and Return
Previous