

## A. Section: Entry, Restart, and Exit Pages

### 1. Wlcm001\* – Getting Ready **Contains New Language**

The screenshot shows the Social Security Administration's website for a Disability Appeal. At the top left is the SSA logo and the text "Social Security Official Website of the U.S. Social Security Administration". The main heading is "Disability Appeal". Below this, there are three main sections: "Getting Ready", "Submit an Appeal", and "Follow-Up".

**Getting Ready**

What you need to know before you begin:

1. You are only required to submit **new or updated** medical information since your last filing (unless noted otherwise).
2. [View or print this checklist](#) of information you will need to have on hand before beginning your online appeal.
3. At the end of your session, you will be provided with a cover sheet and instructions on how to send any additional [supporting documents](#) via US mail if needed.
4. When entering large blocks of text, be sure to click the "Save" or "Next" button to avoid being timed out after 30 minutes of typing or inactivity.
5. This appeal may take 60 minutes or longer to complete. Your answers will be saved automatically as you move from screen to screen. You will be able to return to your saved appeal by using the [Re-entry Number](#) that will be provided to you.

Being prepared will help you spend less time to complete your disability appeal online.

**More Information**

- [About this Application](#)
- [Other Ways to Complete a Disability Appeal](#)
- [The Appeals Process](#)
- [Hours of Operation](#)

**Your privacy is important.**

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

**Submit an Appeal**

Completing your appeal online may take 40 to 60 minutes. Your answers will be saved automatically so you can take a break at any time.

or

**Follow-Up**

After you are finished, we will contact you with any updates or questions we may have about your information. The claimant can log into their my Social Security account or register for an account to check that status of their appeal.

At the bottom of the page, there are links for [Privacy Policy](#), [Website Policies & Other Important Information](#), [About Us](#), and [Site Map](#).

\*This is the screen identifier from SSA's ApPages documentation for the existing iAppeals Revitalization/Attachment Utility application.

## 2. New Screen – Terms of Service



**Social Security**

Official Website of the U.S. Social Security Administration

### Disability Appeal

#### Terms of Service

##### Social Security Administration

##### Electronic Appeals Terms of Service

You are able to request an appeal electronically by using this application and agreeing to the terms of service. To complete your appeal electronically, you must provide all of the information identified below. If you do not wish to complete your appeal request electronically, or you are unable to provide the information identified below within the appeal period, you may file your appeal request by mail or by visiting your local Social Security Office at "[Other Ways to Complete Your Disability Appeal](#)."

##### I Acknowledge:

- I have 60 days to request an appeal of the determination or decision on my claim. My 60 days starts 5 days after the date on my Notice of Decision. I can file my appeal request online, by mail, or by visiting the local Social Security office. I can find additional information about the appeal process at [www.socialsecurity.gov](http://www.socialsecurity.gov) under [the Appeals Process](#) key word search.
- If I wish to submit evidence after I have submitted my appeal request, I can find the address of where to submit the evidence at: [www.socialsecurity.gov](http://www.socialsecurity.gov) with the key word search [Social Security Office Locator](#). I understand that in order for SSA to consider my evidence, I must submit the evidence before SSA makes a determination or decision on my appeal request.
- Request for Reconsideration – I understand that if I have evidence to submit, but I am not able to submit it at the time I submit my appeal request, I must indicate so on my appeal request. If SSA sends me a notice that requests the evidence, I understand that I have 15 days to submit it. If I do not submit my evidence within 15 days of the date on the notice, SSA will start processing my appeal request without it. I understand that in order for SSA to consider my evidence, I must submit it before SSA makes a determination on my appeal request.
- I must select "Submit Appeal" on the Attach Files page within the application in order to file my appeal request with SSA. **If I exit the application before selecting "Submit Appeal," my appeal request is not complete and will not be processed.**

##### SSA needs the following Information to complete an electronic appeal:

##### Claimant's Information

- Date of [Notice of Decision](#),
- Name,
- Social Security number,
- Date of birth,
- Mailing address,
- Phone number, and
- Valid email address.

##### Third Party Information

- Representative's name,
- Address, and
- Phone number.

**Medical Information** (You may want to refer to your medical records and have your medicine containers available)

- Name, address, and phone number of a friend or relative who knows about your medical condition.
- Description of any change to your medical condition and any new medical conditions.
- Name, address, phone number, and visit dates of all health care providers, type of treatments, and tests since you last gave us medical evidence.
- Name of any medicine (prescription or over-the-counter) you are currently taking, why you are taking it, any side effects, and the name of the doctor who recommended or prescribed the medicine.
- Description of any change in your daily activities, work, and education.

**Submitting Evidence**

- I understand that I must inform SSA about or submit all evidence known to me that relates to whether or not I am disabled or blind.
- Evidence is anything that I submit, that anyone else submits, or that SSA obtains that relates to my claim. Evidence includes treatment notes and medical opinions, which are statements from medical sources about what I can still do despite my impairment(s).
  - If I am unable to submit evidence at the time of my electronic appeal request, I will indicate that "I have additional evidence to submit that is not electronic" in the "I do not agree with the determination made on the above claim and request reconsideration. My reasons are:" section.
  - If I wish to submit paper evidence to be considered with my appeal request I can find the address at: [www.socialsecurity.gov](http://www.socialsecurity.gov) key word search [Social Security Office Locator](#).
- I understand that once I submit my appeal electronically:
  - I will receive an on-screen confirmation that my request has been submitted as well as an email confirmation, if an email address was provided.
  - SSA will provide a cover sheet, which can be printed and used to submit any evidence that I want SSA to include with my appeal request.
  - If I indicated in my appeal request that I have additional evidence or SSA needs additional information, a Social Security representative may contact me by email, phone, or mail.

**I understand that:**

I **can** re-enter this application if:

- I received a Re-entry number;
- I did not submit my current appeal request; and
- My appeal period has not expired.

I **cannot** re-enter this application if:

- I did not receive a re-entry number;
- The appeal period has expired; or
- I already submitted an appeal request on the determination or decision that I am attempting to appeal;
- **Note:** If I want to add additional information to or change submitted information, I will contact or mail, fax, or deliver paper copies of my evidence to my local Social Security office.

If I would like a receipt for my appeal request:

- I can log into my Social Security account,
- Register for an account to check the status of my appeal, or
- Contact my local Social Security office and request a receipt.

**What happens if you provide false information or misuse this service?**

You may be subject to criminal or civil penalties, or both, if you provide false or misleading statements to sign-in or request an appeal or engage in unauthorized use of this service.

\* I agree to the Terms of Service.

Next

Exit


3. **New Screen** - Return to a Saved Appeal 1<sup>st</sup> Party (was Rtrn001 - Return to a Saved Appeal)

The screenshot shows the Social Security Administration's official website. At the top left is the SSA logo. To its right, the text reads "Social Security" in a large blue font, with "Official Website of the U.S. Social Security Administration" in a smaller font below it. A horizontal blue line separates the header from the main content area. Below this line, the page title "Disability Appeal" is centered. The main content area is enclosed in a light gray border and contains the following text: "Return to a Saved Appeal" followed by "Please enter the Re-entry Number and the Social Security Number to continue where you left off." Below this is a paragraph: "If you lose or forget your Re-entry Number, you will need to start a new appeal or you can log into your *my Social Security* account, or create a new account, to check the status of your appeal and view your Re-entry Number." There are two input fields: "Re-entry Number:" with a dropdown menu currently set to "Forgot or lost Re-Entry Number" and an empty text box; and "Applicant's Social Security Number (SSN):" with an empty text box. At the bottom of the form are two buttons: a blue "Next" button and a white "Previous" button with a blue border.

4. **New Screen** - Return to a Saved Appeal 3<sup>rd</sup> Party (was Rtrn001 - Return to a Saved Appeal)

This screenshot is identical in layout to the one above, showing the "Return to a Saved Appeal" screen. The header and page title "Disability Appeal" are the same. The main content area contains the same instructions and input fields. The key difference is in the second paragraph: "If you lose or forget your Re-entry Number, you will need to start a new appeal or the claimant can log into their *my Social Security* account, or create a new account, to check the status of their appeal and view their Re-entry Number." The "Re-entry Number:" field has a dropdown menu that is currently empty, and the "Applicant's Social Security Number (SSN):" field is an empty text box. The "Next" and "Previous" buttons are at the bottom.

5. **New Screen** – Save and Exit – 1<sup>st</sup> Party (was Exit 001 – Save and Exit)



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## Disability Appeal

**i** Are you sure you want to exit? Your appeal request has not been submitted and it will not be processed at this time.

"Yes, I Want to Exit" saves the information you have entered for your appeal request and allows you to complete and submit your appeal request later.


**i** Before you select "Yes, I Want to Exit" below, be sure you have the following information so you will be able to continue your appeal later.

**Re-entry Number: 37649726**

Website: [www.socialsecurity.gov/disability/appeal](http://www.socialsecurity.gov/disability/appeal)


Select Return to a Saved Appeal

If you lose or forget your Re-entry Number, you can log in to your [my Social Security](#) account, or register for an account, to check the status of your appeal and view your Re-entry Number. Social Security employees will never ask for your Re-entry Number, nor will they have access to it. This is to protect your privacy.

 [Print this Page](#)

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6. **New Screen** – Save and Exit – 3<sup>rd</sup> Party (was Exit 001 – Save and Exit)



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## Disability Appeal

**i** Are you sure you want to exit? Your appeal request has not been submitted and it will not be processed at this time.

"Yes, I Want to Exit" saves the information you have entered for your appeal request and allows you to complete and submit your appeal request later.


**i** Before you select "Yes, I Want to Exit" below, be sure you have the following information so you will be able to continue your appeal later.

**Re-entry Number: 37649726**

Website: [www.socialsecurity.gov/disability/appeal](http://www.socialsecurity.gov/disability/appeal)

Select **Return to a Saved Appeal**


If you lose this number, you will need to start a new appeal. Social Security employees will never ask for your Re-entry Number, nor will they have access to it. This is to protect your privacy.

 [Print this Page](#)

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## B. Section: Identification Pages

### 7. Rtry001-01 – Reentry Number – 1<sup>st</sup> Party **Contains New Language**



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## Disability Appeal

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Identification

### Re-entry Number

You will need the following Re-entry Number if something causes you to exit the application or you choose to save and return to your appeal at a later time.

**Please print this page, write down the Re-entry Number, or enter your email address below.**


**Re-entry Number: 37649726**

Website: [www.socialsecurity.gov/disability/appeal](http://www.socialsecurity.gov/disability/appeal)

Select "Return to a Saved Appeal"

If something causes you to exit or you choose to save and return at a later time, you must use this number to continue your saved appeal.

If you lose this number, you can log into your [my Social Security](#) account, or register for an account, to check the status of your appeal and view your Re-entry Number. Social Security employees will never ask for your Re-entry Number, nor will they have access to it. This is to protect your privacy.

 [Print this Page](#)

Would you like us to email you this Re-entry Number?  
Please note, only the Re-entry Number will be sent.

Yes  No

Email Address:


Re-enter Email Address:

[Next](#) [Save & Exit](#)

In this section...

- Re-entry Number**
- [Preparer](#)
- [Applicant Information](#)
- [Representative](#)
- [Request for Hearing](#)

8. Rnty001-3 – Reentry Number - 3<sup>rd</sup> Party **Contains New language**



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## Disability Appeal

Identification

### Re-entry Number

You will need the following Re-entry Number if something causes you to exit the application or you choose to save and return to your appeal at a later time.


**i** Please print this page, write down the Re-entry Number, or enter your email address below.

**Re-entry Number: 37649726**

Website: [www.socialsecurity.gov/disability/appeal](http://www.socialsecurity.gov/disability/appeal)  
Select "Return to a Saved Appeal"

If something causes you to exit or you choose to save and return at a later time, you must use this number to continue the saved appeal for Maria Besan.

If you lose this number, you will need to start a new appeal. Social Security employees will never ask for Maria Besan's Re-entry Number, nor will they have access to it. This is to protect Maria Besan's privacy.

 [Print this Page](#)

**Would you like us to email you this Re-entry Number?**  
Please note, only the Re-entry Number will be sent.

Yes  No

**Email Address:**

**Re-enter Email Address:**

**Next**

In this section...

- Re-entry Number**
- [Preparer](#)
- [Applicant Information](#)
- [Representative](#)
- [Request for Hearing](#)



9. Frmc001 - Preparer, Identification 3rd Party: Form Completer: Preparer's Info

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

## Disability Appeal

Identification

### Information about Freddy A Tester

**Your Mailing Address:**

**Country:**  
United States or U.S. Territory

**Street Address:**  
Street Line 1: 1 Street St  
Street Line 2: [+ Add Line](#)

**City/Town:** City      **State/Territory:** Tennessee      **ZIP Code:** 21904

**Your Daytime Phone Number:**  
 U.S.     International  
(555) 555-5555      
10-digit Number    Ext


**In this section...**

- Re-entry Number
- Preparer
- Applicant Information

**Next**    Previous    Save & Exit

## 10. Appd001-1 - Your Information 1st Party: Applicant Information

Text Size ▾ Accessibility Help



# Social Security

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### Disability Appeal

Identification

#### Information about You

**Name:**

<input type="text" value="TEDDY"/>	<input type="text" value="A"/>	<input type="text" value="TESTER"/>	<input style="border: none; border-bottom: 1px solid #ccc; padding: 2px 5px; font-size: small; font-weight: normal; text-align: center; width: 100%;" type="text" value="Sr."/>
First	Middle	Last	Suffix

---

**Gender:**  
We only use this information to customize how we ask the questions for this appeal.

Male  Female

---

**Mailing Address:**

**Country:**

**Street Address:**

Street Line 1:

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

**City/Town:**

**State/Territory:**

**ZIP Code:**

---

**Do you live at the above address?**

Yes  No

---

**Home Address:**

**Country:**

**Street Address:**

Street Line 1:

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

**City/Town:**

**State/Territory:**

**ZIP Code:**

---

**Daytime Phone Number:**

U.S.  International

10-digit Number    Ext

---

**Alternative Phone Number, if any:**  
Please provide another phone number where we can reach you.

U.S.  International

10-digit Number    Ext

---

**Email Address:**

**Confirm Email Address:**  
 ✔ Emails match.

[Next](#)[Previous](#)[Save & Exit](#)


**In this section...**

✔ [Re-entry Number](#)

**Your Information**

# 11. Appd001-3 - Applicant Information 3rd Party: Applicant Information

Text Size Accessibility Help



## Social Security

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

### Disability Appeal

Identification

#### Information about TEDDY TESTER

**Name:**  
TEDDY A TESTER --  
First Middle Last Suffix

**Gender:**  
We only use this information to customize how we ask the questions for this appeal.  
 Male  Female

**Mailing Address:**  
**Country:** United States or U.S. Territory  
**Street Address:**  
Street Line 1: 2 Road Rd  
Street Line 2:  [+ Add Line](#)  
**City/Town:** City **State/Territory:** Ohio **ZIP Code:** 21009

**Does TEDDY TESTER live at the above address?**  
 Yes  No

**Home Address:**  
**Country:** United States or U.S. Territory  
**Street Address:**  
Street Line 1: 8 House Road  
Street Line 2:  [+ Add Line](#)  
**City/Town:** Town **State/Territory:** Kansas **ZIP Code:** 21210

**Daytime Phone Number:**  
 U.S.  International  
(555) 555-5555   
10-digit Number Ext

**Alternative Phone Number, if any:**  
Please provide another phone number where we can reach TEDDY TESTER.  
 U.S.  International  
(555) 555-5555   
10-digit Number Ext

**Email Address for TEDDY TESTER:**  
tester.test@email.com

**Confirm Email Address:**  
tester.test@email.com  Emails match.

**Next** Previous Save & Exit

In this section...

- Re-entry Number
- Preparer
- Applicant Information**

12. Rpn001-1 – Representative – 1<sup>st</sup> Party **Contains New Tab**

The screenshot shows the Social Security Administration's Disability Appeal web form. At the top left is the SSA logo and the text "Social Security Official Website of the U.S. Social Security Administration". Below this is the heading "Disability Appeal". A horizontal navigation bar contains five tabs: "Identification" (with a green checkmark), "Medical", "Activities/Training", "Review", and "Submit" (with a yellow warning triangle). The main content area is titled "Representative" and contains the question "Do you currently have an appointed representative?" with radio buttons for "Yes" and "No", and a "More Info" link. Below the question are three buttons: "Next" (highlighted in blue), "Previous", and "Save & Exit". On the right side, a vertical sidebar titled "In this section..." lists the following items: "Re-entry Number" (checked), "Your Information" (checked), "Representative" (highlighted in blue), and "Request for Hearing".

13. Rpn001-3 – Representative – 3<sup>rd</sup> Party **Contains New Tab**

The screenshot shows the Social Security Administration's Disability Appeal web form, similar to the previous one. The top header and navigation tabs are identical. The main content area is titled "Representative for Sarah Jones" and contains the question "Does Sarah Jones currently have an appointed representative?" with radio buttons for "Yes" and "No", and a "More Info" link. Below the question are three buttons: "Next" (highlighted in blue), "Previous", and "Save & Exit". On the right side, a vertical sidebar titled "In this section..." lists the following items: "Re-entry Number" (checked), "Preparer" (checked), "Applicant Information" (checked), "Representative" (highlighted in blue), and "Request for Hearing".

## 14. Appl001hr-1 Appeal Request 1st Party: Request for Hearing

Text Size | Accessibility Help



# Social Security

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

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## Disability Appeal

OMB No. 0960-0269  
[Paperwork Reduction Act](#)

IdentificationMedicalActivities/TrainingReview Submit

### Request for Hearing by Administrative Law Judge

**What is the date on the "Notice of Decision" you received?** [Where to find this date](#)

mm/dd/yyyy

---

**Claim Number, if different from SSN:** [Where to find the claim number](#)

---

**I request a hearing before an Administrative Law Judge. I disagree with the determination made on my claim because:** [What details to include](#)

Enter a brief reason for your appeal. (200 characters maximum)

Reasons|

Characters remaining: 193

---

**Do you wish to appear at a hearing?** [More info about appearing](#)

I wish to appear at a hearing


I do not wish to appear at a hearing and I request that a decision be made based on the evidence in my case. ([Complete Waiver Form HA-4608](#))

**Next**PreviousSave & Exit

In this section...
<input checked="" type="checkbox"/> Re-entry Number
<input checked="" type="checkbox"/> Your Information
<input checked="" type="checkbox"/> Representative
<b>Appeal Request</b>

15. Appl001hr-3 Appeal Request 3rd Party: Request for Hearing

Text Size | Accessibility Help



## Social Security

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

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### Disability Appeal

OMB No. 0960-0269  
[Paperwork Reduction Act](#)

⚠ IdentificationMedicalActivities/TrainingReview⚠ Submit

#### Request for Hearing by Administrative Law Judge for Teddy Tester

**What is the date on the "Notice of Decision" Teddy Tester received?** [Where to find this date](#)

mm/dd/yyyy

---

**Claim Number, if different from SSN:** [Where to find the claim number](#)

---

**Teddy Tester requests a hearing before an Administrative Law Judge. She disagrees with the determination made on her claim because:** [What details to include](#)

Enter a brief reason for her appeal. (200 characters maximum)

Reason

Characters remaining: 194

---

**Does Teddy Tester wish to appear at a hearing?** [More info about appearing](#)

Teddy Tester wishes to appear at a hearing


Teddy Tester does not wish to appear at a hearing and requests that a decision be made based on the evidence in her case. [\(Complete Waiver Form HA-4608\)](#)

NextPreviousSave & Exit

In this section...
<a href="#">Re-entry Number</a>
<a href="#">Preparer</a>
<a href="#">Applicant Information</a>
<a href="#">Representative</a>
<b>Appeal Request</b>

16. Appl001rec-1 - Appeal Request 1st Party: Request for Reconsideration

Text Size ▾ | Accessibility Help



## Social Security

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

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### Disability Appeal

OMB No. 0960-0622  
[Paperwork Reduction Act](#)

⚠ IdentificationMedicalActivities/TrainingReview⚠ Submit

#### Request for Reconsideration

**What is the date on the "Notice of Decision" you received?** [Where to find this date](#)

mm/dd/yyyy

**Claim Number, if different from SSN:** [Where to find the claim number](#)

**I do not agree with the determination made on the above claim and request reconsideration. My reasons are:** [What details to include](#)

Enter a brief reason for your appeal. (200 characters maximum)

a b c d e f g h i j k l m n o p q r s t u v w x y z

Characters remaining: 149


NextPreviousSave & Exit

In this section...

- Re-entry Number
- Your Information
- Representative
- Appeal Request

17. Appl001rec-3 - Appeal Request 3rd Party: Request for Reconsideration

Text Size | Accessibility Help



## Social Security

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

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### Disability Appeal

OMB No. 0960-0622  
[Paperwork Reduction Act](#)

IdentificationMedicalActivities/TrainingReview Submit

#### Request for Reconsideration for TEDDY TESTER

**What is the date on the "Notice of Decision" TEDDY TESTER received?** [Where to find this date](#)

mm/dd/yyyy

---

**Claim Number, if different from SSN:** [Where to find the claim number](#)

---

**TEDDY TESTER disagrees with the determination made on his claim and requests reconsideration because:** [What details to include](#)

Enter a brief reason for his appeal. (200 characters maximum)

Characters remaining: 185

Next

Previous

Save & Exit


In this section...

- Re-entry Number
- Preparer
- Applicant Information
- Representative
- Appeal Request



18. Cfid001-1 - Who Are You? 1st Party: Confirm Your Identity

Text Size Accessibility Help

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

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Disability Appeal

Please Confirm Your Identity


I am:

- John Public
- Someone else, helping John Public to appeal

[Next](#)

19. Cfid001-3 - Who Are You? 3rd Party: Confirm Your Identity

Text Size Accessibility Help

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

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Disability Appeal

Please Confirm Your Identity


I am:

- John Public
- Mario F DiLuca
- Someone else, helping John Public to appeal

[Next](#)

20. Cnti001-1 - Someone We Can Contact 1st Party: Contact Information

Text Size | Accessibility Help



## Social Security

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

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### Disability Appeal

OMB No. 0960-0144  
Paperwork Reduction Act

✔ IdentificationMedicalActivities/TrainingReview⚠ Submit

### Someone We Can Contact about TEDDY TESTER's Medical Conditions

Please give us the name of someone (other than doctors) we can contact who knows about your medical conditions and can help you with this appeal.

I don't have a contact.

**Name:**

<input type="text" value="Someone"/>	<input type="text" value="A"/>	<input type="text" value="Helper"/>	<input type="text" value="I"/> <input type="button" value="v"/>
First	Middle	Last	Suffix

**Relationship to you:**

**Please specify your relationship:**

**Does this person live with you?**

Yes  No

**Address:**

**Country:**

**Street Address:**

Street Line 1:

Street Line 2:

**City/Town:**  **State/Territory:**   **ZIP Code:**

**Does this person have the same daytime phone number as you?**

Yes  No

**Daytime Phone Number:**

We need to be able to contact this person during the day.

U.S.  International

10-digit Number      Ext

**Can this person speak and understand English?**


Yes  No

**What language does the contact person prefer?**

In this section...
Someone We Can Contact
Medical Conditions
Medical Treatment
Doctors and Hospitals
Tests
Medicines
Other Medical Information

## 21. Cnti001-3 - Someone We Can Contact 3rd Party: Contact Information

Text Size | Accessibility Help



# Social Security

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

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## Disability Appeal

OMB No. 0960-0144  
Paperwork Reduction Act

IdentificationMedicalActivities/TrainingReview Submit

### Someone We Can Contact about TEDDY TESTER's Medical Conditions

Please give us the name of someone (other than doctors) we can contact who knows about TEDDY TESTER's medical conditions and can help him with this appeal.

**Who can help us with this appeal?**

Freddy A Tester  
 Someone Else  
 No one

---

**Name:**

Justin	A	Helper	--	v
First	Middle	Last	Suffix	

**Relationship to TEDDY TESTER:**

Other v

**Please specify the relationship:**

Buddy

---

**Does this person live with TEDDY TESTER?**

Yes  No

**Address:**

**Country:**

United States or U.S. Territory v

**Street Address:**

Street Line 1: 9 Street st

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

**City/Town:** town      **State/Territory:** Georgia v      **ZIP Code:** 56789

---

**Does this person have the same daytime phone number as TEDDY TESTER?**

Yes  No

**Daytime Phone Number:**

We need to be able to contact this person during the day.

U.S.    International

(555) 555-5555

10-digit Number      Ext

---

**Can this person speak and understand English?**

Yes  No

**What language does the contact person prefer?**


Hungarian v

NextPreviousSave & Exit

In this section...
Someone We Can Contact
Medical Conditions
Medical Treatment
Doctors and Hospitals
Tests
Medicines
Other Medical Information

## C. Section: Medical Pages

1. Cid001-1 – Medical Conditions – 1<sup>st</sup> Party Change in Medical Conditions **Contains New Language and new Submit Tab**

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### Disability Appeal

Identification **Medical** Activities/Training Review **Submit**

#### Change in Conditions

Since you last told us about your medical conditions, has there been any **CHANGE** (for better or worse) in your previously described physical or mental conditions? [What are changes in conditions](#)

Yes  No

#### New Conditions

Since you last told us about your medical conditions, do you have any **NEW** physical or mental conditions? [What are new conditions](#)


Yes  No

**Next** Previous Save & Exit

**In this section...**

- Someone We Can Contact
- Medical Conditions**
- Medical Treatment
- Doctors and Hospitals
- Tests
- Medicines
- Other Medical Information

2. Cicd001-3 – Medical Conditions – 3<sup>rd</sup> Party Change in Medical Conditions **Contains New Language and new Submit Tab**

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### Disability Appeal

✔ Identification   Medical   Activities/Training   Review   ⚠ Submit

#### Change in Conditions for John Public

Since John Public last told us about his medical conditions, has there been any **CHANGE** (for better or worse) in his previously described physical or mental conditions? [What are changes in conditions](#)

Yes    No

#### New Conditions

Since John Public last told us about his medical conditions, does he have any **NEW** physical or mental conditions? [What are new conditions](#)


Yes    No


**Next**   Previous   Save & Exit

**In this section...**

- ✔ Someone We Can Contact
- Medical Conditions
- Medical Treatment
- Doctors and Hospitals
- Tests
- Medicines
- Other Medical Information

3. Nmed001-1 - Medical Treatment 1st Party: Medical Treatment

Text Size  | Accessibility Help



## Social Security

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

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### Disability Appeal

✔ IdentificationMedicalActivities/TrainingReview⚠ Submit

#### Other Names for TEDDY TESTER

**Have you used any other names on your medical or educational records?**  
For example, maiden name, other married name, or nickname.

Yes    No

**Other Name 1:**

Frank	A	Faker	--	v
First	Middle	Last	Suffix	

Add Another Name

#### Medical Treatment

**Since you last told us about your medical treatment, have you seen a doctor or other healthcare provider, received treatment at a hospital or clinic, or do you have a future appointment scheduled?**

Yes    No

**What type(s) of condition(s) were you treated for, or will you be seen for?**

Physical    Mental (including emotional or learning problems)


NextPreviousSave & Exit

**In this section...**

- ✔ Someone We Can Contact
- ✔ Medical Conditions
- Medical Treatment**
- Doctors and Hospitals
- Tests
- Medicines
- Other Medical Information

4. Nmed001-3 - Medical Treatment 3rd Party: Medical Treatment

Text Size | Accessibility Help



## Social Security

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---

### Disability Appeal

IdentificationMedicalActivities/TrainingReview Submit

#### Other Names for TEDDY TESTER

**Has TEDDY TESTER used any other names on his medical or educational records?**  
For example, maiden name, other married name, or nickname.

Yes  No

**Other Name 1:**

Alternate	A	Name	--
First	Middle	Last	Suffix

[Add Another Name](#)

#### Medical Treatment

**Since TEDDY TESTER last told us about his medical treatment, has he seen a doctor or other healthcare provider, received treatment at a hospital or clinic, or does he have a future appointment scheduled?**

Yes  No

**What type(s) of condition(s) was TEDDY TESTER treated for, or will he be seen for?**

Physical  Mental (including emotional or learning problems)

[Next](#)[Previous](#)[Save & Exit](#)

**In this section...**

- [Someone We Can Contact](#)
- [Medical Conditions](#)
- [Medical Treatment](#)
- [Doctors and Hospitals](#)
- [Tests](#)
- [Medicines](#)
- [Other Medical Information](#)

5. Doho001-1 – Doctors and Hospitals – 1<sup>st</sup> Party **Contains New Submit Tab**



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

---

## Disability Appeal

Identification    Medical    **Activities/Training**    Review     Submit

### Doctors and Hospitals

Please tell us about anyone who has new medical records about any of your physical or mental conditions (including emotional or learning problems).

#### Doctors and Healthcare Providers

Status	Doctor or Healthcare Provider	City	Actions
Click Add Doctor to add a doctor or healthcare provider.			

#### Hospitals and Clinics

Status	Hospital or Clinic	City	Actions
Click Add Hospital or Clinic to add a hospital or clinic.			

**In this section...**

- Someone We Can Contact
- Medical Conditions
- Medical Treatment
- Doctors and Hospitals**
- Tests
- Medicines
- Other Medical Information



6. Doho001-3 – Doctors and Hospitals – 3<sup>rd</sup> Party **Contains New Submit Tab**



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---

## Disability Appeal

✔ Identification
Medical
Activities/Training
Review
⚠ Submit

### Doctors and Hospitals for Sarah Jones

Please tell us about anyone who has **new** or **updated** medical records about any of Sarah Jones's physical or mental conditions (including emotional or learning problems).

#### Doctors and Healthcare Providers

Status	Doctor or Healthcare Provider	City	Actions
Click Add Doctor to add a doctor or healthcare provider.			


#### Hospitals and Clinics

Status	Hospital or Clinic	City	Actions
Click Add Hospital or Clinic to add a hospital or clinic.			

In this section...

- ✔ Someone We Can Contact
- ✔ Medical Conditions
- ✔ Medical Treatment
- Doctors and Hospitals
- Tests
- Medicines
- Other Medical Information

7. Doct002-1 – Doctor or Healthcare Provider Details – 1<sup>st</sup> Party **Contains New Language**



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---

### Disability Appeal

#### Doctor or Healthcare Provider Details

**Name of Doctor or Healthcare Provider:**

-- Title -- First Last -- Suffix --

**Name of Practice or Medical Group:**

10-digit Number Ext.

**Phone Number:**

U.S.  International

**Address:**

**Country:**  
United States or U.S. Territory

**Street Address:**

Street Line 1:   
Street Line 2: [Add More Lines](#)

City/Town: State/Territory: ZIP Code:

**Patient ID Number, if known:**

#### Treatment Dates with this Doctor or Healthcare Provider

Since you last told us about your medical treatment, has there been any new or updated treatment?  
Enter the closest date(s) you can remember. Examples: 6/2/2013; June 2013; Summer 2013.

**First Visit:**

**Last Visit:**

**Next Scheduled Appointment, if any:**

#### Medical Conditions Treated by this Doctor or Healthcare Provider

**What new or updated medical conditions were treated or evaluated?**  
Examples: back injury, arthritis, diabetes, depression, blindness. (1000 characters maximum)

Characters remaining: 1000

### Treatment from this Doctor or Healthcare Provider

**What new or updated treatment did you receive for the above conditions?**

You DO NOT need to include medicines and tests in this answer. Examples of treatment: examinations, regular evaluations, check ups, physical therapy, chemotherapy, counseling. (1000 characters maximum)

file:///V:/UX/Usability\_Center/Projects/Abandoned%20Appeals/Design/Prototypes/Abandoned%20Appeals%20html/images/add\_new\_doctors\_-\_1st\_party/094.png

Characters remaining: 1000

### Tests Ordered by this Doctor or Healthcare Provider

Please add any tests this doctor or healthcare provider ordered for you, including those scheduled in the future. You will have another opportunity to provide this information.

Status	Test Type	Actions
Click Add Test to add a test.		

Add Test

### Medicines Recommended or Prescribed by this Doctor or Healthcare Provider

Please add **ALL prescription and non-prescription** medicines you are **currently** taking that this doctor or healthcare provider recommended or prescribed.


Status	Medicine	Reason	Actions
Click Add Medicine to add a medicine.			

Add Medicine

Save

Cancel

8. Doct002-3 – Doctor or Healthcare Provider Details – 3<sup>rd</sup> Party **Contains New Language**



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

---

### Disability Appeal

#### Doctor or Healthcare Provider Details

**Name of Doctor or Healthcare Provider:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First	Last	Suffix

**Name of Practice or Medical Group:**

**Phone Number:**

U.S.     International

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

---

**Address:**

**Country:**

**Street Address:**

Street Line 1:

Street Line 2:  [Add More Lines](#)

City/Town:     State/Territory:     ZIP Code:

**Patient ID Number, if known:**

#### Treatment Dates with this Doctor or Healthcare Provider

Since Sarah Jones last told us about her medical treatment, has there been any new or updated treatment? Enter the closest date(s) Sarah Jones can remember. Examples: 6/2/2013; June 2013; Summer 2013.

**First Visit:**

**Last Visit:**

**Next Scheduled Appointment, if any:**

#### Medical Conditions Treated by this Doctor or Healthcare Provider

**What medical new or updated medical conditions were treated or evaluated?**  
Examples: back injury, arthritis, diabetes, depression, blindness. (1000 characters maximum)

Characters remaining: 1000

### Treatment from this Doctor or Healthcare Provider

What new or updated treatment did Sarah Jones receive for the above conditions?

You DO NOT need to include medicines and tests in this answer. Examples of treatment: examinations, regular evaluations, check ups, physical therapy, chemotherapy, counseling. (1000 characters maximum)

Characters remaining: 1000

### Tests Ordered by this Doctor or Healthcare Provider

Please add any tests this doctor or healthcare provider ordered for Sarah Jones, including those scheduled in the future. You will have another opportunity to provide this information.

Status	Test Type	Actions
Click Add Test to add a test.		

Add Test

### Medicines Recommended or Prescribed by this Doctor or Healthcare Provider

Please add ALL **prescription and non-prescription** medicines Sara Jones is **currently** taking that this doctor or healthcare provider recommended or prescribed.

Status	Medicine	Reason	Actions
Click Add Medicine to add a medicine.			


Add Medicine

Save

Cancel

## 9. Hosp002-1 - Hospital or Clinic Details 1st Party: Specific Hospital Detailed Information

Text Size Accessibility Help


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

---

### Disability Appeal

#### Hospital or Clinic Details

**Name of Hospital or Clinic:**

**Name of Healthcare Provider who treated you, if known:**

**Phone Number:**  
 U.S.  International  
   
10-digit Number Ext

**Address:**  
**Country:**    
**Street Address:**  
 Street Line 1:    
 Street Line 2:   
**City/Town:**  **State/Territory:**   **ZIP Code:**

**Patient ID Number, if known:**

#### Treatment Dates at this Hospital or Clinic

Enter the closest date(s) you can remember. Examples: 6/2/2015; June 2015; Summer 2015.

**Did you have any outpatient visits at this hospital or clinic, or do you have any scheduled? Outpatient visit means you went home the same day. This does not include emergency room visits.**  
 Yes  No

**First outpatient visit:**

**Last outpatient visit:**

**Next scheduled outpatient visit (if any):**

**Did you have any emergency room (ER) visits at this hospital or clinic? ER visit means you went to the ER and then went home.**  
 Yes  No

Please give the dates of your most recent emergency room visits.

**Emergency Room Visit 1:**

**Emergency Room Visit 2:**

**Emergency Room Visit 3:**

**Did you have an overnight stay at this hospital or clinic?**  
 Yes  No

Give us the dates of your three most recent stays.

**Visit 1:**  
   
Date In Date Out

**Visit 2:**  
   
Date In Date Out

**Visit 3:**  
   
Date In Date Out

#### Medical Conditions Treated by this Hospital or Clinic

**What new or updated medical conditions were treated or evaluated?**  
Examples: back injury, arthritis, diabetes, depression, blindness. (1000 characters maximum)

Characters remaining: 959

#### Treatment from this Hospital or Clinic

**What new or updated treatment did you receive for the above conditions?**  
You DO NOT need to include medicines and tests in this answer. Examples of treatment: examinations, regular evaluations, check ups, physical therapy, chemotherapy, counseling. (1000 characters maximum)

Characters remaining: 991

#### Tests Ordered at this Hospital or Clinic

Please add any tests this hospital or clinic ordered for TEDDY TESTER, including those scheduled in the future. You will have another opportunity to provide this information.

Status	Name of Test	Actions
<input checked="" type="checkbox"/>	HIV Test	<input type="button" value="Edit"/> <input type="button" value="Delete"/>


#### Medicines Recommended or Prescribed by this Hospital or Clinic

Please add ALL prescription and non-prescription medicines TEDDY TESTER is currently taking that this hospital or clinic recommended or prescribed.

Status	Name of Medicine	Reason	Actions
<input checked="" type="checkbox"/>	Zepropil	Back pain	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

## 10. Hosp002-3 - Hospital or Clinic Details 3rd Party: Specific Hospital Detailed Information

Text Size Accessibility Help


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### Disability Appeal

#### Hospital or Clinic Details

**Name of Hospital or Clinic:**  
Saint Hospice Hospital

**Name of Healthcare Provider who treated TEDDY TESTER, if known:**  
Sarah Doctor

**Phone Number:**  
 U.S.  International  
 (655) 565-5555    10-digit Number    Ext.

**Address:**  
**Country:**    
 United States or U.S. Territory

**Street Address:**  
 Street Line 1: 9 Hospital Road    [Add Line](#)  
 Street Line 2:

**City/Town:**    **State/Territory:**    **ZIP Code:**  
 Town:    West Virginia    22005

**Patient ID Number, if known:**  
32165498

#### Treatment Dates at this Hospital or Clinic

Enter the closest date(s) TEDDY TESTER can remember. Examples: 6/2/2015; June 2015; Summer 2015.

**Did TEDDY TESTER have any outpatient visits at this hospital or clinic, or does he have any scheduled?**  
Outpatient visit means he went home the same day. This does not include emergency room visits.  
 Yes     No

**First outpatient visit:**  
8/8/2018

**Last outpatient visit:**  
9/9/2018

**Next scheduled outpatient visit (if any):**  
3/2/2019

**Did TEDDY TESTER have any emergency room (ER) visits at this hospital or clinic?**  
ER visit means he went to the ER and then went home.  
 Yes     No

Please give the dates of TEDDY TESTER's most recent emergency room visits.

**Emergency Room Visit 1:**  
5/5/2018

**Emergency Room Visit 2:**

**Emergency Room Visit 3:**

**Did TEDDY TESTER have an overnight stay at this hospital or clinic?**  
 Yes     No

Give us the dates of TEDDY TESTER's three most recent stays.

**Visit 1:**  
 Date In: 6/6/2018    Date Out: 6/9/2018

**Visit 2:**  
 Date In:    Date Out:

**Visit 3:**  
 Date In:    Date Out:

#### Medical Conditions Treated by this Hospital or Clinic

**What new or updated medical conditions were treated or evaluated?**  
Examples: back injury, arthritis, diabetes, depression, blindness. (1000 characters maximum)

back injury

Characters remaining: 989

#### Treatment from this Hospital or Clinic

**What new or updated treatment did TEDDY TESTER receive for the above conditions?**  
You DO NOT need to include medicines and tests in this answer. Examples of treatment: examinations, regular evaluations, check ups, physical therapy, chemotherapy, counseling. (1000 characters maximum)

bone scan

Characters remaining: 991

#### Tests Ordered at this Hospital or Clinic

Please add any tests this hospital or clinic ordered for TEDDY TESTER, including those scheduled in the future. You will have another opportunity to provide this information.

Status	Name of Test	Actions
✔	HIV Test	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

#### Medicines Recommended or Prescribed by this Hospital or Clinic

Please add ALL prescription and non-prescription medicines TEDDY TESTER is currently taking that this hospital or clinic recommended or prescribed.

Status	Name of Medicine	Reason	Actions
✔	Zeproli	Back pain	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

11. Test001-1 – Tests – 1<sup>st</sup> Party **Contains New Submit Tab**

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### Disability Appeal

**Tests**

Since you last told us about your disability, please tell us about any medical tests you had or will have related to your disability.

Status	Name of Test	Test Ordered by	Actions
<input checked="" type="checkbox"/>	EKG (Heart Test)	Dr. Samantha Gupta	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input checked="" type="checkbox"/>	X-Ray	Doctor(s) at Vancouver General Hospital	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

**In this section...**

- Someone We Can Contact
- Medical Conditions
- Medical Treatment
- Doctors and Hospitals
- Tests**
- Medicines
- Other Medical Information

12. Test001-3 – Tests – 3<sup>rd</sup> Party **Contains new Submit Tab**

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### Disability Appeal

**Tests for Sarah Jones**

Please tell us about any medical tests Sarah Jones had or will have related to her disability.

Status	Name of Test	Test Ordered by	Actions
<input checked="" type="checkbox"/>	EKG (Heart Test)	Dr. Samantha Gupta	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input checked="" type="checkbox"/>	X-Ray	Doctor(s) at Vancouver General Hospital	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

**In this section...**

- Someone We Can Contact
- Medical Conditions
- Medical Treatment
- Doctors and Hospitals
- Tests**
- Medicines
- Other Medical Information



13. Test002-1 - Test Details 1st Party: Specific Test Detailed Information


### Test Details

**Test Type:**  
Blood Test (Not HIV) ▼

**Date(s) of Test:**  
Enter the closest date you can remember. Examples: 6/2/2015; June 2015; Summer 2015.  
2/2/2018 x

**Save** **Cancel**

14. Test002-3 - Test Details 3rd Party: Specific Test Detailed Information



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## Disability Appeal

### Test Details

**Test Type:**  
-- ▼

**Date(s) of Test:**  
Enter the closest date you can remember. Examples: 6/2/2015; June 2015; Summer 2015.

**Who ordered this test for John Public?**  
If this doctor's or hospital's name is not in the list, select "Other Doctor/Healthcare Provider" or "Other Hospital/Clinic".  
-- ▼

**Save** **Cancel**

15. Medi001-1 – Medicines– 1<sup>st</sup> Party **Contains New Language and Submit Tab**

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### Disability Appeal

#### Medicines

Please tell us about ALL prescription and non-prescription medicines that you are currently taking for the conditions related to your disability.

Status	Name of Medicine	Prescribed by	Actions
Click Add Medicine to add a medicine.			

**In this section...**

- Someone We Can Contact
- Medical Conditions
- Medical Treatment
- Doctors and Hospitals
- Tests
- Medicines**
- Other Medical Information

16. Medi001-3 – Medicines – 3<sup>rd</sup> Party **Contains New Language and Submit Tab**

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### Disability Appeal

#### Medicines for Sarah Jones

Please tell us about ALL prescription and non-prescription medicines that Sarah Jones is currently taking for the conditions related to her disability.

Status	Name of Medicine	Prescribed by	Actions
<input checked="" type="checkbox"/>	Singulair	Dr. Samantha Gupta	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input checked="" type="checkbox"/>	Plavix	Doctors at Vancouver General Hospital	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

**In this section...**

- Someone We Can Contact
- Medical Conditions
- Medical Treatment
- Doctors and Hospitals
- Tests
- Medicines**
- Other Medical Information

17. Medi002-1 - Medicine Details 1st Party: Specific Medicine Detailed Information

### Medicine Details


**Enter name of the medicine:**  
Enter only one medicine at a time. Look at the medicine container if necessary.

**Why are you taking this medicine?**

**Describe any side effects you experienced while taking this medicine:**  
Include physical or mental effects and allergic reactions. (1000 characters maximum)

Characters remaining: 986

## 18. Medi002-3 Medicine Details 3rd Party: Specific Medicine Detailed Information



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### Disability Appeal

#### Medicine Details

**Enter name of the medicine:**  
Enter only one medicine at a time. Look at the medicine container if necessary.

**Why is John Public taking this medicine?**

**Describe any side effects John Public experienced while taking this medicine:**  
Include physical or mental effects and allergic reactions. (1000 characters maximum)

Characters remaining: 1000

**Who recommended or prescribed this medicine?**  
If this doctor's or hospital's name is not in the list, select "Other Doctor/Healthcare Provider" or "Other Hospital/Clinic".

19. Othr001-1 - Other Medical Information 1st Party: Other Medical Records

Text Size | Accessibility Help

## Social Security

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

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### Disability Appeal

Identification MedicalActivities/TrainingReview Submit

#### Other Medical Information for TEDDY TESTER

We need to know if anyone else has medical information about any of your conditions or if you are scheduled to see anyone else.

This may include:

- workers' compensation
- vocational rehabilitation services
- insurance companies who have paid your disability benefits
- prisons and correctional facilities
- attorneys
- social service agencies
- welfare agencies
- school/education records

**Since you last told us about your other medical information, does anyone have medical information about any of your physical or mental conditions (including emotional and learning problems) or are you scheduled to see anyone else?**

Yes    No


Status	Medical Information Source	City	Phone	Actions
	Other Org	City	(999) 999-9999	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

In this section...

- Someone We Can Contact
- Medical Conditions
- Medical Treatment
- Doctors and Hospitals
- Tests
- Medicines
- Other Medical Information**

20. Othr001-3 - Other Medical Information 3rd Party: Other Medical Records

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



# Social Security

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

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## Disability Appeal

✔ Identification
✔ Medical
Activities/Training
Review
⚠ Submit

### Other Medical Information for TEDDY TESTER

We need to know if anyone else has medical information about any of TEDDY TESTER's conditions or if he is scheduled to see anyone else.

This may include:

- workers' compensation
- vocational rehabilitation services
- insurance companies who have paid TEDDY TESTER's disability benefits
- prisons and correctional facilities
- attorneys
- social service agencies
- welfare agencies
- school/education records

**Since TEDDY TESTER last told us about his other medical information, does anyone have medical information about any of his physical or mental conditions (including emotional and learning problems) or is he scheduled to see anyone else?**

Yes   
  No

Status	Medical Information Source	City	Phone	Actions
✔	Org	City	(555) 555-5555	<input type="button" value="Edit"/> <input type="button" value="Delete"/>


Next
Previous
Save & Exit

**In this section...**

- ✔ Someone We Can Contact
- ✔ Medical Conditions
- ✔ Medical Treatment
- ✔ Doctors and Hospitals
- ✔ Tests
- ✔ Medicines
- ✔ Other Medical Information

## 21. Othr002-1 - Details of Other Medical Information 1st Party: Details of Other Medical Information

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

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### Disability Appeal

#### Details of Other Medical Information

**Name of Organization:**

**Claim or ID Number, if any:**

**Address:**

**Country:**

**Street Address:**  
Street Line 1:   
Street Line 2:  [Add Line](#)

**City/Town:**  **State/Territory:**  **ZIP Code:**

**Name of Contact Person:**  
First:  Last:

**Phone Number:**  
 U.S.  International  
10-digit Number:  Ext:

#### Contacts with this Organization

Examples: visits to workers' compensation attorney, doctor/clinic in prison, or school counselor. Enter the closest date(s) you can remember. Examples: 6/2/2015; June 2015; Summer 2015.

**Date of First Contact:**

**Date of Last Contact:**

**Date of Next Contact, if any:**


**Reasons for Contact:**  
(1000 characters maximum)

Characters remaining: 1000

If you need more space, continue in [Remarks](#).

## 22. Othr002-3 - Details of Other Medical Information 3rd Party: Details of Other Medical Information

Text Size ▾ | Accessibility Help

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

### Disability Appeal

#### Details of Other Medical Information

**Name of Organization:**

**Claim or ID Number, if any:**

**Address:**

**Country:**

**Street Address:**  
Street Line 1:   
Street Line 2:  [Add Line](#)

**City/Town:**  **State/Territory:**  **ZIP Code:**

**Name of Contact Person:**  
First:  Last:

**Phone Number:**  
 U.S.  International  
   
10-digit Number [Ext](#)

#### Contacts with this Organization

Examples: visits to workers' compensation attorney, doctor/clinic in prison, or school counselor. Enter the closest date(s) John Public can remember. Examples: 6/2/2015; June 2015; Summer 2015.

**Date of First Contact:**

**Date of Last Contact:**

**Date of Next Contact, if any:**

**Reasons for Contact:**  
(1000 characters maximum)

Characters remaining: 1000

If you need more space, continue in [Remarks](#).



## D. Section: Activities/Training

### 1. Actv001-1 - Activities 1st Party: Activities


The screenshot shows the Social Security Administration's Disability Appeal website. The page title is "Disability Appeal". At the top left is the Social Security Administration logo. The main header reads "Social Security" with the tagline "The Official Website of the U.S. Social Security Administration". Below the header is a navigation bar with tabs: "Identification" (checked), "Medical" (checked), "Activities/Training" (active), "Review", and "Submit" (with a warning icon). The main content area is titled "Activities for TEDDY TESTER". It contains a question: "Since you last told us about your activities, has there been any change (for better or for worse) in your daily activities due to your physical or mental conditions?" with a sub-note: "Examples of daily activities are household tasks, personal care, getting around, hobbies and interests, social activities, etc." Below the question are radio buttons for "Yes" (selected) and "No". A text box follows with the prompt "Please describe the changes in your daily activities in detail: (1000 characters maximum)". The text box contains the text "Getting out and walking more". Below the text box is a character count: "Characters remaining: 972" and a note: "If you need more space, continue in Remarks." At the bottom of the form are buttons for "Next", "Previous", and "Save & Exit". On the right side, there is a sidebar titled "In this section..." with a list of links: "Activities", "Work and Education", and "Vocational Rehabilitation".

### 2. Actv001-3 - Activities 3rd Party: Activities

The screenshot shows the Social Security Administration's Disability Appeal website. The page title is "Disability Appeal". At the top right, there are links for "Text Size" and "Accessibility Help". At the top left is the Social Security Administration logo. The main header reads "Social Security" with the tagline "The Official Website of the U.S. Social Security Administration". Below the header is a navigation bar with tabs: "Identification" (checked), "Medical" (checked), "Activities/Training" (active), and "Review" (with a warning icon). The main content area is titled "Activities for John Public". It contains a question: "Since John Public last told us about his activities, has there been any change (for better or for worse) in his daily activities due to his physical or mental conditions?" with a sub-note: "Examples of daily activities are household tasks, personal care, getting around, hobbies and interests, social activities, etc." Below the question are radio buttons for "Yes" and "No". At the bottom of the form are buttons for "Next", "Previous", and "Save & Exit". On the right side, there is a sidebar titled "In this section..." with a list of links: "Activities", "Work and Education", and "Vocational Rehabilitation".

3. Wetr001-1 - Work and Education 1st Party: Work, Education & Training

Text Size | Accessibility Help

 **Social Security**  
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### Disability Appeal

Identification    Medical   Activities/Training    Review

#### Work and Education for John Public

Since you last told us about your work, have you worked or has your work changed?  
 Yes    No

Since you last told us about your education, have you completed or are you enrolled in any type of specialized job training, trade school, or vocational school?  
 Yes    No


**Next**   Previous   Save & Exit

**In this section...**

- Activities
- Work and Education
- Vocational Rehabilitation

4. Wetr001-3 Work and Education 3rd Party: Work, Education & Training

Text Size | Accessibility Help

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

### Disability Appeal

Identification    Medical   Activities/Training    Review

#### Work and Education for John Public

Since John Public last told us about his work, has he worked or has his work changed?  
 Yes    No

Since John Public last told us about his education, has he completed or is he enrolled in any type of specialized job training, trade school, or vocational school?  
 Yes    No

**Next**   Previous   Save & Exit

**In this section...**

- Activities
- Work and Education
- Vocational Rehabilitation

5. Voct001-1 - Vocational Rehabilitation 1st Party: Vocational Rehabilitation


The screenshot shows the Social Security Administration's Disability Appeal form for John Public. The page header includes the Social Security logo and the text "The Official Website of the U.S. Social Security Administration". The main heading is "Disability Appeal". Below this, there are four tabs: "Identification" (checked), "Medical" (checked), "Activities/Training", and "Review" (with a warning icon). The main content area is titled "Vocational Rehabilitation, Employment, or Other Support Services for John Public". It contains a section titled "We need to know about your participation in:" followed by a bulleted list of program types. Below the list is a question: "Since you last told us about your vocational rehabilitation, have you participated, or are you participating, in one of these programs?" with radio buttons for "Yes" and "No". At the bottom, there are three buttons: "Next", "Previous", and "Save & Exit". On the right side, there is a sidebar titled "In this section..." with a list of sections: "Activities" (checked), "Work and Education" (checked), and "Vocational Rehabilitation" (highlighted).


6. Voct001-3 - Vocational Rehabilitation 3rd Party: Vocational Rehabilitation

The screenshot shows the Social Security Administration's Disability Appeal form for John Public, 3rd Party Vocational Rehabilitation. The page header includes the Social Security logo and the text "The Official Website of the U.S. Social Security Administration". The main heading is "Disability Appeal". Below this, there are four tabs: "Identification" (checked), "Medical" (checked), "Activities/Training", and "Review" (with a warning icon). The main content area is titled "Vocational Rehabilitation, Employment, or Other Support Services for John Public". It contains a section titled "We need to know about John Public's participation in:" followed by a bulleted list of program types. Below the list is a question: "Since John Public last told us about his vocational rehabilitation, has he participated, or is he participating, in one of these programs?" with radio buttons for "Yes" and "No". At the bottom, there are three buttons: "Next", "Previous", and "Save & Exit". On the right side, there is a sidebar titled "In this section..." with a list of sections: "Activities" (checked), "Work and Education" (checked), and "Vocational Rehabilitation" (highlighted).

## E. Section: Review and Submit Pages

### 1. Rmks001-1 - Remarks 1st Party: Remarks

Text Size  | Accessibility Help



# Social Security

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## Disability Appeal

✔ Identification✔ Medical✔ Activities/TrainingReview⚠ Submit

### Additional Remarks for TEDDY TESTER

**Please provide any additional information**  
Use this space to provide any information you could not show in earlier sections of this form or any additional information you feel we should know about. (2000 characters maximum)

Additional Remarks Go Here

Characters remaining: 1974


**Next**PreviousSave & Exit

In this section...

- Remarks
- [Medical Release](#)
- Summary

2. Rmks001-3 - Remarks 3rd Party: Remarks

Text Size ▾ | Accessibility Help



## Social Security

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### Disability Appeal

✔ Identification✔ Medical✔ Activities/TrainingReview⚠ Submit

#### Additional Remarks for TEDDY TESTER

**Please provide any additional information**  
Use this space to provide any information TEDDY TESTER could not show in earlier sections of this form or any additional information TEDDY TESTER feels we should know about. (2000 characters maximum)

Stuff

Characters remaining: 1995

NextPreviousSave & Exit

In this section...


Remarks

[Medical Release](#)

[Summary](#)

### 3. Mdrf001-1 - Medical Release 1st Party: Medical Release Form

Text Size ▾ Accessibility Help



## Social Security

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## Disability Appeal

Identification Medical Activities/TrainingReview

### Medical Release Form

In order to make a decision about your disability claim, we need to obtain your:

- Medical Records
- Education Records
- Other information related to your ability to perform tasks

We will help get required records with permission. Signing the Medical Release Form (Authorization to Disclose Information to the Social Security Administration [SSA-827]) is voluntary, but failing to sign it, or revoking it before we receive necessary information, could prevent an accurate or timely decision on the claim, and could result in denial or loss of benefits.


Please read the [Medical Release Form](#) and make a selection below.


**I voluntarily authorize and request disclosure of all my medical records; also educational records and other information related to my ability to perform tasks. I agree to:**

- Electronically sign** the Medical Release. My electronic signature is the same as my handwritten signature. (Recommended)
- Print, sign and mail a paper copy** of the Medical Release Form. I understand this may delay the processing of my disability claim.

In this section...
<input checked="" type="checkbox"/> <a href="#">Remarks</a>
<b>Medical Release</b>
<a href="#">Summary</a>

#### 4. Mdrf001-3 - Medical Release 3rd Party: Medical Release Form

Text Size  | Accessibility Help



## Social Security

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### Disability Appeal

✔ Identification✔ Medical✔ Activities/TrainingReview⚠ Submit

#### Medical Release Form for TEDDY TESTER

In order to make a decision about this disability claim, we need to obtain TEDDY TESTER's:

- Medical Records
- Education Records
- Other information related to his ability to perform tasks

We will help get required records with permission. Signing the Medical Release Form (Authorization to Disclose Information to the Social Security Administration [SSA-827]) is voluntary, but failing to sign it, or revoking it before we receive necessary information, could prevent an accurate or timely decision on the claim, and could result in denial or loss of benefits.

**Is TEDDY TESTER with you and can he read Medical Release Form now?**

Yes    No

Please ask TEDDY TESTER to read the [Medical Release Form](#) and make a selection below.

**I voluntarily authorize and request disclosure of all my medical records; also educational records and other information related to my ability to perform tasks. I agree to:**

**Electronically sign** the Medical Release. My electronic signature is the same as my handwritten signature. (Recommended)


**Print, sign and mail a paper copy** of the Medical Release Form. I understand this may delay the processing of my disability claim.

**Next**PreviousSave & Exit

In this section...

- ✔ [Remarks](#)
- Medical Release**
- [Summary](#)

5. Revw001-1 – Summary - 1<sup>st</sup> Party **Contains New Information Box and Submit Tab**



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## Disability Appeal

Identification    Medical    Activities/Training    Review    Submit

### Summary Review

**i** You have not submitted the appeal request for Sarah Ann Jones.  
Please review the information below before submitting the appeal on the "Submit" tab.  
You can Save and Exit and return later to complete your appeal request.  
If you need to make any changes, please select the "Edit" button to return to that page.

### Identification

Information about You

Name: **Sarah Ann Jones**  
Mailing Address: **400 Cathedral Street, Apt 7A, Baltimore, MD 21201**  
Do you live at the above address? **Yes**  
Daytime Phone Number: **(443) 644-6789**  
Alternative Phone Number, if any: **(443) 644-6799**  
Email Address: **sajones@yahoo.com**

Representative

Do you currently have an appointed representative? **Yes**  
Representative's Name: **Pat Graham**  
Is the representative an attorney? **Yes**  
Address: **400 Cathedral Street, Apt 7A, Baltimore, MD 21201**  
Daytime Phone Number: **(443) 644-6789**  
FAX Number, if any: **(443) 644-9008**

Request for Hearing by Administrative Law Judge


What is the date on the "Notice of Decision" you received: **06/30/2013**  
Claim Number, if different from SSN:  
I request a hearing before an Administrative Law Judge. I disagree with the determination made on my claim because: **My condition has become worse and I can't sit upright or stand for long periods of time.**  
Do you wish to appear at a hearing? **Yes**

In this section...

- Remarks
- Medical Release
- Summary Review



6. Revw001-3 – Summary – 3<sup>rd</sup> Party **Contains New Information Box and Submit Tab**

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

## Disability Appeal

✔ Identification    ✔ Medical    ✔ Activities/Training    ⚠ Review    ⚠ Submit

### Summary Review


**i** You have not submitted the appeal request for Sarah Ann Jones.  
Please review the information below before submitting the appeal on the "Submit" tab.  
You can Save and Exit and return later to complete your appeal request.  
If you need to make any changes, please select the "Edit" button to return to that page.

**In this section...**

- ✔ Remarks
- ✔ Medical Release
- Summary Review**

### Identification

7. Flup001 – Attach Files Contains New “Submit” Tab and Warning Notice



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## Disability Appeal

✔ Identification    ✔ Medical    ✔ Activities/Training    ✔ Review    ⚠ Submit

### Attach Files

If you have any additional electronic evidence that will help us obtain John Public's medical records or review his appeal, please attach them here. If you have additional paper evidence to submit, a cover sheet and instructions will be provided.

Some limitations apply:

- A maximum of 10 files can be added. All files must total less than 50 MB combined.
- File types accepted: .doc, .docx, .tif, .tiff, and .pdf.
- Password-protected files cannot be processed.

Click **Add File**, then **Browse** to select your file. Select the Document Type in the drop down list. To add another file, click **Add File** again.


**Your files will not be sent to Social Security until you click Submit.** If you click **Previous** or **Save & Exit**, you will need to reattach your files when you return to this page. All other information you have entered will be saved.


File Name	Document Type	File Size	Manage Files
Click Add File to attach a document.			

**⚠ You have not submitted your appeal request. We will process your appeal request once you select the "Submit" button below.**


To complete and submit your appeal request at a later time, select the "Save and Exit" button to temporarily save the information you have entered.

## 8. Conf001-1 - Confirmation 1st Party: Application Submission Confirmation

Text Size  | Accessibility Help

 **Social Security**  
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### Disability Appeal

 **You have successfully submitted your Disability Appeal on December 2, 2016 at 1:49:08 PM Eastern Time.**

You can log into your [my Social Security](#) account, or register for an account, to check the status of your appeal.

We highly recommend that you print or save a copy of each for your records.


- [Your Receipt](#)
- [Electronically Signed Medical Release Form](#)


### Additional Information

You can use this [personalized cover sheet](#) if you have additional information to submit.  [If you are unable to print](#)

**Done**

## 9. Conf001-3 - Confirmation 3rd Party: Application Submission Confirmation

Text Size  Accessibility Help




# Social Security

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## Disability Appeal

 **You have successfully submitted Maria Besan's Disability Appeal on December 5, 2016 at 10:16:08 AM Eastern Time.**

We highly recommend that you print or save a copy of each for her records.

- [Your Receipt](#)
- [Electronically Signed Medical Release Form](#)


### Additional Information


Although you have submitted Maria Besan's disability appeal online, we still need a few items from her. Please print and have her complete the following:  [If you are unable to print](#)

- [personalized cover sheet](#)
- [Form SSA-1696 \(Appointment of Representative\)](#)

[Done](#)

## 10. Conf001-3-Rep Confirmation 3rd Party - Appointed Representative: Application Submission Confirmation

Text Size  | Accessibility Help




### Social Security

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### Disability Appeal

 **You have successfully submitted Lilly Pad's Disability Appeal on May 7, 2015 at 7:57:30 AM Eastern Time.**


We highly recommend that you print or save a copy of each for her records.

- [Your Receipt](#)
- [Electronically Signed Medical Release Form](#)

#### Additional Information


Although you have submitted Lilly Pad's disability appeal online, we still need a few items from her. Please print and have her complete the following:  [If you are unable to print](#)

- [personalized cover sheet](#)
- [Form SSA-1696 \(Appointment of Representative\)](#)

 **Do you want to begin a new appeal?**

We can copy your contact information into the appeal. You will have the opportunity to edit it later.

## 11. Rcpt001 – Receipt

 You have successfully submitted your Disability Appeal on December 9, 2016 at 9:42:39 AM Eastern Time.

We may review your case to determine if we can make a decision without a hearing. If we determine you need a hearing, we will appoint an Administrative Law Judge to conduct the hearing. We will provide advance notice of the time and place of hearing. The hearing officer assigned to your case will also send you more information regarding your appeal.

You can log into your [my Social Security](#) account, or register for an account, to check the status of your appeal.

### Information You Submitted

#### Identification

##### Information about Paula Nicholson

Name: **Paula Walzin Nicholson**  
Mailing Address: **1851 Baltimore Street, Orwigsburg, Pennsylvania, 17961**  
Do you live at the above address? **Yes**  
Daytime Phone Number: **(717) 579-4551**  
Alternative Phone Number:  
Email Address: **nicoh.nich@ssa.gov**

#### Representative

Has a representative: **No**

#### Request for Hearing by Administrative Law Judge

Date Notice of Decision received: **11/22/2016**

Claim Number:

Reason for Appeal: **I disagree with the medical decision because not all of my doctors were included in the decision. Additionally, I have new limitations from my conditions that further prevent me from working.**

Do you wish to appear at a hearing? **I wish to appear at a hearing**

#### Medical

##### Someone We Can Contact about Paula Nicholson's Medical Conditions

Name: **Jim Nicholson**  
Relationship to you: **Family Member**  
Same Address as you: **Yes**  
Same Phone as you: **Yes**  
Speak and Understand English: **Yes**

#### Medical Conditions

Change in physical or mental conditions: **No**

New physical or mental conditions: **No**

#### Medical Treatment

Other Names Used: **No**

Seen a healthcare provider or received treatment, or have an appointment scheduled: **No**

#### Doctors or Healthcare Providers

No doctors or healthcare providers entered.

#### Hospitals and Clinics

No hospitals or clinics entered.

#### Tests

No tests entered.

#### Medicines

No medicines entered.

#### Other Medical Information

When you last told us about your other medical information, does anyone have medical information about any of your physical or mental conditions (including emotional and learning problems) or are you scheduled to see anyone else? **No**

#### Activities/Training

##### Activities

Changes in daily activities due to physical or mental conditions: **No**

#### Work and Education

Have you worked or has your work changed: **No**

Completed or enrolled in specialized training, trade or vocational school: **No**

#### Vocational Rehabilitation, Employment, or Other Support Services

Participated in program: **No**

#### Review

##### Remarks

Remarks: **I disagree with the medical decision because not all of my doctors were included in the decision. Additionally, I have new limitations from my conditions that further prevent me from working.**

#### Medical Release Form

I voluntarily authorize and request disclosure of all of my medical records, also education records and other information related to my ability to perform tasks. I agree to: **Agree to electronically sign the medical release form.**

## 12. Covr001 - Cover Sheet Cover Sheet

Print Now

Save a Copy

Can't print or save this document?

### Cover Sheet for John Public

I have completed the appeal for disability benefits online. I understand that the appeal I completed and sent to Social Security electronically will be used in making a decision on my claim for benefits.

**My address:**

4500 Frederick Road  
Baltimore, MD 21228

**My phone number:**

(410) 325-8779

**Name and address of someone else Social Security can contact who knows about my condition:**

**I have attached the following items (check all that apply):**

- Copies of Medical Records You Already Have
- Other (Please list below)

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**Mail or bring to:**

SOCIAL SECURITY  
LAKESIDE BLDG, STE 110  
8865 STANFORD BLVD  
COLUMBIA, MD 21045-5146

## Section: Lightboxes

### 1. NEW Screen – Checklist Help Pop-up

**Information You Need to Complete Your Disability Appeal**

If you recently applied for Social Security disability benefits or Supplemental Security Income and were denied for medical reasons, you may request an appeal online.

Use the checklist below to gather the information you may need to appeal our medical decision.

**Note:** Please print the pdf version of this page to use while you gather your materials.

**1. Personal Information**

- Name, Social Security number, address, and phone number.
- Date of Denial Decision.
- Representative's name, address, and phone number.

**2. Medical Information**

- Name, address, and phone number of a friend or relative who knows about your medical condition.
- Description of any change to your medical condition and any new medical conditions.
- Name, address, phone number, and visit dates of all health care providers, type of treatments and tests since you last gave us medical evidence.
- Name of any medicine (prescription or over-the-counter) you are currently taking, why you are taking it, any side effects, and the name of the doctor who recommended or prescribed the medicine.
- Description of any change in your daily activities, work, and education.

**Note:** You may want to refer to your medical records and have your medicine containers available.

**2. Supporting Documents**

- If you have documents that support your appeal, they will help Social Security make a decision on your claim for disability benefits. Supporting documents include any medical report, form, or written statement related to your disability.
- You will be asked if you wish to upload any supporting documents in electronic format prior to submitting your online appeal (.doc, .docx, .tif, .tiff, and .pdf are accepted).
- After you submit your appeal, we will also provide a printable cover sheet you can use to submit any additional supporting documents you may have either by postal mail or by bringing copies to your local field office.

[Close](#) [Print this page](#)



## 2. New Screen – Re-entry Number Help Pop-up

The screenshot shows the Social Security Administration's "Disability Appeal" page. The page header includes the Social Security logo and the text "Social Security Official Website of the U.S. Social Security Administration". The main heading is "Disability Appeal". Below this, there are sections for "Getting Ready", "Submit an Appeal", and "Follow-Up". A "More Information" sidebar on the right contains links for "About this Application", "Other Ways to Complete a Disability Appeal", and "The Appeals Process". A white pop-up window titled "Re-entry Number" is overlaid on the page. The pop-up text reads: "Once you begin an appeal, you will be given a Re-entry Number which will allow you to return to your saved appeal prior to submission. Be sure to print or copy the Re-entry Number or provide your email address to us so we can send it to you." Below the text is a "Close" button. At the bottom of the page, there are links for "Privacy Policy", "Website Policies & Other Important Information", "About Us", and "Site Map".

## 3. New Screen – Forgot or Lost Re-entry Number Help

The screenshot shows a help screen titled "Forgot or Lost Re-entry Number". The text reads: "If you have lost or forgotten your Re-entry Number, you can retrieve it by creating or signing into your my Social Security account." Below this, it says: "Your Re-entry Number can be retrieved by clicking the 'Get Re-entry Number' link found in the 'Your Benefit Applications' table." At the bottom of the screen is a "Close" button.