A. Section: Entry, Restart, and Exit Pages

1. Wlcm001* – Getting Ready Contains New Language

Getting Ready What you need to know before you begin: You are only required to submit new or updated medical information since your last filing (unless noted otherwise). View or print this checklist of information you will need to have on hand before beginning your online appeal. 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. 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. 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 uutomatically so you can take a break at any time. Start a New Appeal or Return to a Saved Appeal	

*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 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 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 charge 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 ce 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 key word search Social Security Office Loc
- · 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 penalities, 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 1st Party (was Rtrn001 - Return to a Saved Appeal)

STR	fficial Website of the U.S. Social Security Administration
sabili	y Appeal
	to a Saved Appeal
	r the Re-entry Number and the Social Security Number to continue where you left off.
	r forget your Re-entry Number, you will need to start a new appeal or you can log into your <i>m</i> y Social Security account, or create it, to check the status of your appeal and view your Re-entry Number.
e-entry I	umber: 9 Forgot or lost Re-Entry Number
pplicanf	Social Security Number (SSN):
ppnound	

4. New Screen - Return to a Saved Appeal 3rd Party (was Rtrn001 - Return to a Saved Appeal)

USA USA USA	Official Website of the U.S. Social Security Administration	
Disabil	ility Appeal	
Please e	rn to a Saved Appeal enter the Re-entry Number and the Social Security Number to continue where you left off. ose or forget your Re-entry Number, you will need to start a new appeal or the claimant can log into their a new account, to check the status of their appeal and view their Re-entry Number.	my Social Security account, or
Re-entry	ny Number:	
Applicar	ant's Social Security Number (SSN):	
Next	t Previous	

5. New Screen – Save and Exit – 1st Party (was Exit 001 – Save and Exit)

Social Security Official Website of the U.S. Social Security Administration	
Disability Appeal	
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.	
 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 Select Return to a Saved Appeal If you lose or forget your Re-entry Number, you can log in to your <i>my</i> Social Security account, or register for an account, to check the status of your appeal and view your Re-entry Number. Social Security engloyees will never ask for your Re-entry Number, nor will they have access to it. This is to protect your privacy. 	
Print this Page Yes, I Want to Exit No, Return to Appeal	

6. New Screen – Save and Exit – 3rd Party (was Exit 001 – Save and Exit)

Social Security Official Website of the U.S. Social Security Administration	
Disability Appeal	
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.	
 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 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	
Yes, I Want to Exit No, Return to Appeal	

B. Section: Identification Pages

7. Rtry001-01 – Reentry Number – 1st Party Contains New Language

Social Security Official Website of the U.S. Social Security Administration	
Disability Appeal	
Identification	
Re-entry Number	In this section
	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.	Preparer
	Applicant Information
	Representative
Please print this page, write down the Re-entry Number, or enter your email address below.	Request for Hearing
Re-entry Number: 37649726 Website: 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 <i>my</i> 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.	
Would you like us to email you this Re-entry Number? Please note, only the Re-entry Number will be sent. The sentement of the sentement o	
Next Save & Exit	

8. Rnty001-3 – Reentry Number - 3rd Party Contains New language

Identification	
Re-entry Number	In this section
	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.	Preparer
	Applicant Information
Disease print this paper write down the De entry Number or enter your email address	Representative
Please print this page, write down the Re-entry Number, or enter your email address below.	Request for Hearing
Re-entry Number: 37649726	
Website: 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	Ĵ
Would you like us to email you this Re-entry Number? Please note, only the Re-entry Number will be sent. Yes ONO Email Address:	
Nease note, only the Re-entry Number will be sent. ●Yes ONo	

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

Disability Appea	l		
Identification			
Information abou	ıt Freddy A Tester		In this section
Your Mailing Address: Country:			Preparer
United States or U.S. T	erritory 🗸		Applicant Information
Street Address:			
Street Line 1: 1 Street	eet St		
Street Line 2:	+ Add Line		
City/Town:	State/Territory:	ZIP Code:	
City	Tennessee	✔ 21904	
Your Daytime Phone Nur ● U.S. ○ International (555) 555-5555 [10-digit Number Ext	nber:		

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

	site of the U.S. Social Security Administration	
Disability Appe	al	
Identification		
Information abo	out You	In this section
Name:		Re-entry Number
TEDDY	iddle Last Suffix	Your Information
	Sullix	
Gender:		
	tion 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: 1 W	/ay Way	
Street Line 2:	Add Line	
L		
City/Town:	State/Territory: ZIP Code:	
승규는 다 야기에 집안했다. 이 것을 잡은 것이라고 하는 것을 하는 것이다.	Maine 21009	
Town Do you live at the above Yes No Home Address: Country:	e address?	
Town Do you live at the above Yes No Home Address: Country: United States or U.S.	e address?	
Town Do you live at the above Yes No Home Address: Country:	e address?	
Town Do you live at the above Yes No Home Address: Country: United States or U.S. Street Address:	e address?	
Town Do you live at the above Yes No Home Address: Country: United States or U.S. Street Address: Street Line 1: 2 S	Maine 21009 e address? Territory	
Town Do you live at the above Yes No Home Address: Country: United States or U.S. Street Address: Street Line 1: 2 S Street Line 2:	Maine 21009 e address? Territory Add Line	
Town Do you live at the above Yes No Home Address: Country: United States or U.S. Street Address: Street Line 1: 2 S Street Line 2: City/Town:	Maine 21009 e address? Territory Territory Add Line State/Territory: ZIP Code:	
Town Do you live at the above Yes No Home Address: Country: United States or U.S. Street Address: Street Line 1: 2 S Street Line 2: City/Town: City Daytime Phone Number	Maine 21009 e address? Territory Territory Add Line State/Territory: ZIP Code: Idaho ZIP Code:	
Town Town Yes No Home Address: Country: United States or U.S. Street Address: Street Line 1: 2 S Street Line 2: City/Town: City Daytime Phone Number U.S. OInternational	Maine 21009 e address? Territory Territory Add Line State/Territory: ZIP Code: Idaho ZIP Code:	
Town Do you live at the above Yes No Home Address: Country: United States or U.S. Street Address: Street Line 1: 2 S Street Line 2: City/Town: City Daytime Phone Number	Maine 21009 e address? Territory treet Street State/Territory: ZIP Code: Idaho Z1904 r:	
Town Town Yes No Home Address: Country: United States or U.S. Street Address: Street Line 1: 2 S Street Line 2: City/Town: City Daytime Phone Number U.S. O International (443) 555-9999 I0-digit Number Extend	Maine 21009 e address? Territory treet Street State/Territory: ZIP Code: Idaho 21904 r:	
Town Town Yes No Home Address: Country: United States or U.S. Street Address: Street Line 1: 2 S Street Line 2: City/Town: City Daytime Phone Number U.S. O International (443) 555-9999 I0-digit Number Extend	Maine 21009 e address? Territory treet Street State/Territory: ZIP Code: Idaho 21904 r: ber, if any: whone number where we can reach you.	
Town Town O you live at the above Yes No Home Address: County: United States or U.S. Street Address: Street Line 1: 2 S Street Line 2: City/Town: City Daytime Phone Numbei U.S. O International (443) 555-9999 U.S. O International (443) Former Phone Numbei Category (443) Street Council (443) Street Coun	Maine ▼ 21009 e address? Territory treet Street ■ Add Line State/Territory: ZIP Code: Idaho treet Street Idaho ber, if any: whone number where we can reach you.	
Town Town O you live at the above Yes No Home Address: Country: United States or U.S. Street Address: Street Line 1: 2 S Street Line 2: City/Town: City Daytime Phone Number U.S. International (443) 555-9999 U.S. International (443) 555-8888 U.S. International (443) 555-8888 Internative Phone Num Please provide another p U.S. International (443) 555-8888 International (443) 555-8888 International Internat	Maine ▼ 21009 e address? Territory treet Street ■ Add Line State/Territory: ZIP Code: Idaho treet Street Idaho ber, if any: whone number where we can reach you.	
Town Town O you live at the above Yes No Home Address: Country: United States or U.S. Street Address: Street Line 1: 2 S Street Line 2: City/Town: City Daytime Phone Number U.S. O International (443) 555-9999 U.S. O International Please provide another p U.S. O International (443) 555-8888 U.S. O International (443) 555-8888 Co-digit Number Extended Street	Maine ▼ 21009 e address? Territory treet Street ■ Add Line State/Territory: ZIP Code: Idaho treet Street Idaho ber, if any: whone number where we can reach you.	
Town Town O you live at the above Yes No Home Address: Country: United States or U.S. Street Address: Street Line 1: 2 S Street Line 2: City/Town: City Daytime Phone Number U.S. International (443) 555-9999 U.S. International (443) 555-8888 U.S. International (443) 555-8888 Internative Phone Num Please provide another p U.S. International (443) 555-8888 International (443) 555-8888 International Internat	Maine ▼ 21009 e address? Territory Treet Street State/Territory: ZIP Code: Idaho V there, if any: whone number where we can reach you.	

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

isability Appea	al			
Identification				
nformation abo	ut TEDDY TEST	ΓER		In this section
				Re-entry Number
lame:	Tree	TED		O Preparer
TEDDY A	idle Last	STER I	Suffix	Applicant Information
Sender: Ve only use this informati Male Female Adling Address: Country:	on to customize how we	e ask the ques	stions for this appeal.	
United States or U.S. 1	Territory 🗸			
Street Address:	89 - 10 10			
Street Line 1: 2 Ro	ad Rd			
Street Line 2:		Add Line		
City/Town:	State/Territory:		ZIP Code:	
)Yes ◉No	Ohio	s?	21009	
Does TEDDY TESTER IN	ve at the above addres	s?		
Does TEDDY TESTER In Oyes No Home Address: Country: United States or U.S. T Street Address: Street Line 1: 8 Ho	re at the above addres			
Does TEDDY TESTER IN Yes No Nome Address: Country: United States or U.S. T Street Address: Street Line 1: 8 Ho Street Line 2:	ve at the above addres	s? • Add Line	21009	
Does TEDDY TESTER IN Yes No Nome Address: Country: United States or U.S. 1 Street Address: Street Line 1: 8 Ho Street Line 2: City/Town:	Ve at the above addres	• Add Line	ZIP Code:	
Does TEDDY TESTER IN Yes No Nome Address: Country: United States or U.S. T Street Address: Street Line 1: 8 Ho Street Line 2:	ve at the above addres		21009	
Does TEDDY TESTER IN Yes No Nome Address: Country: United States or U.S. 1 Street Address: Street Line 1: 8 Ho Street Line 2: City/Town: Town Daytime Phone Number:	Ve at the above addres	• Add Line	ZIP Code:	
Does TEDDY TESTER IN Yes No Nome Address: Country: United States or U.S. 1 Street Address: Street Line 1: 8 Ho Street Line 2: City/Town:	Ve at the above addres	• Add Line	ZIP Code:	
Does TEDDY TESTER IN Yes No Kome Address: Country: United States or U.S. T Street Address: Street Line 1: 8 Ho Street Line 2: City/Town: Town Daytime Phone Number: 0.U.S. O International (555) 555-5555 0.digit Number Ext Strease provide another pt	ve at the above addres	Add Line	ZIP Code: 21210	
Does TEDDY TESTER IN Yes No Kome Address: Country: United States or U.S. 1 Street Address: Street Line 1: 8 Ho Street Line 2: City/Town: Town Daytime Phone Number: 0.U.S. O International (555) 555-5555 0-digit Number Ext Streen Address: Street Line 2: City/Town: Town City/Town: Town City/Town: Town City/Town: Town City/Town: Town City/Town: Town City/Town: Street Line 2: City/Town: Town City/Town: City/Town: Town City/Town: City/Town: Street Line 2: City/Town: City/Town: Town City/Town:	ve at the above addres	Add Line	ZIP Code: 21210	
Does TEDDY TESTER IN Yes No Home Address: Country: United States or U.S. 7 Street Address: Street Line 1: 8 Ho Street Line 2: City/Town: Town DU.S. O International (555) 555-5555 O-digit Number Ext Naternative Phone Number: Please provide another pt DU.S. O International (555) 555-5555 O-digit Number Ext Street Line 2: City/Town: Town DU.S. O International (555) 555-5555 O-digit Number Ext Streat Line 2: City/Town: City	Ve at the above addres	Add Line	ZIP Code: 21210	
Does TEDDY TESTER IN Yes No Home Address: Country: United States or U.S. 7 Street Address: Street Line 1: 8 Ho Street Line 2: City/Town: Town Daytime Phone Number: 0 U.S. O International (555) 555-5555 0-digit Number Ext Naternative Phone Number Please provide another pho U.S. O International (555) 555-5555 0-digit Number Ext Naternative Phone Number Please provide another pho U.S. O International (555) 555-5555 0-digit Number Ext	Ve at the above addres	Add Line	ZIP Code: 21210	

12. Rpnp001-1 – Representative – 1st Party Contains New Tab

Social Security Official Website of the U.S. Social Security Administration	
isability Appeal	
Identification Medical Activities/Training Review A Submit	
Representative	In this section
	🕐 Re-entry Number
	Your Information
Do you currently have an appointed representative? (2) More Info	
Do you currently have an appointed representative? (2) More Info () Yes () No	Representative

13. Rpnp001-3 – Representative – 3rd Party Contains New Tab

Social Security Official Website of the U.S. Social Security Administration	
Disability Appeal	
Oldentification Medical Activities/Training Review 🛆 Submit	
Representative for Sarah Jones	In this section
	Re-entry Number
Does Sarah Jones currently have an appointed representative?	Preparer
OYes ONo	Applicant Information
	Representative
Next Previous Save & Exit	Request for Hearing

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

Disability Appeal	OMB No. 0960-02 Paperwork Reduction A
Identification Medical Activities/Training Review A Submit	
Request for Hearing by Administrative Law Judge	In this section
	Re-entry Number
What is the date on the "Notice of Decision" you received? Where to find this date 12/04/2018	Vour Information
nm/dd/yyyy	Representative Appeal Request
123456789 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? ② 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)	

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

Disability Appeal	OMB No. 0960-02 Paperwork Reduction A
Identification Medical Activities/Training Review A Submit	
Request for Hearing by Administrative Law Judge for Teddy Tester	In this section
Request for frearing by ranninistrative haw sudge for feddy fester	Re-entry Number
What is the date on the "Notice of Decision" Teddy Tester received? 3 Where to find this date	O Preparer
12/05/2018 E	O Applicant Information
	O Representative
Claim Number, if different from SSN: @ Where to find the claim number 12346789	Appeal Request
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?	
○ 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)	

T . O:

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

Disability Appeal	OMB No. 0960-062 Paperwork Reduction Ad
Identification Medical Activities/Training Review A Submit	
Request for Reconsideration	In this section
	🕐 Re-entry Number
What is the date on the "Notice of Decision" you received?	O Your Information
nm/dd/yyyy	Representative
Claim Number, if different from SSN: Where to find the claim number 123456789	Appeal Request
do not agree with the determination made on the above claim and request reconsideration. My reasons are: ② 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	

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

Disability Appeal	OMB No. 0960-062 Paperwork Reduction A
▲ Identification Medical Activities/Training Review ▲ Submit	
Request for Reconsideration for TEDDY TESTER	In this section
-	Re-entry Number
12/05/2018	Preparer Applicant Information
nm/dd/yyyy	Representative
Claim Number, if different from SSN: 2 Where to find the claim number 123456789	Appeal Request
TEDDY TESTER disagrees with the determination made on his claim and requests econsideration because: ② What details to include Enter a brief reason for his appeal. (200 characters maximum)	
details go here	
Characters remaining: 185	

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	
Disability Appeal	
Please Confirm Your Identity	
I am: O John Public O 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		
Disability Appeal		
Please Confirm Your Identity		
lam:		
○ John Public ○ Mario F DiLuca		
O Someone else, helping John Public to appeal		
Next		
	<u>}</u>	

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

	Text Size 💌 🛛 Accessibility He
Social Security The Official Website of the U.S. Social Security Administration	
Disability Appeal	OMB No. 0960-01 Paperwork Reduction
Identification Medical Activities/Training Review A	Submit
Someone We Can Contact about TEDDY TESTER's Med	In this section
Conditions	Someone We Can Contact
Please give us the name of someone (other than doctors) we can contact who knows a	about your medical Medical Conditions
onditions and can help you with this appeal.	Medical Treatment
I don't have a contact.	Doctors and Hospitals
lame:	Tests
Someone A Helper I V	Medicines
irst Middle Last Suffix	Other Medical Information
Please specify your relationship:	
Please specify your relationship: Buddy Does this person live with you? Oves No Address: Country: United States or U.S. Territory Street Address: Street Line 1: 4 Friend Road	
Please specify your relationship: Buddy Does this person live with you? Dres No Address: Country: United States or U.S. Territory Street Address:	
Please specify your relationship: Buddy Does this person live with you? ○Yes ●No Address: Country: United States or U.S. Territory Street Address: Street Address: Street Line 1: 4 Friend Road Street Line 2: City/Town: State/Territory: ZIP Code: City South Carolina ♥ 21904	
Please specify your relationship: Buddy Does this person live with you? ○ Yes ● No Address: Country: United States or U.S. Territory Street Address: Street Line 1: 4 Friend Road Street Line 2: City/Town: State/Territory: ZIP Code:	

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

Disability App	eal	OMB No. 0960-01 Paperwork Reduction A
Identification	Medical Activities/Training Review A Submit	
Someone Me C	an Contact about TEDDY TESTER's Medical	In this section
	an contact about TEDD1 TESTER's Medical	Someone We Can Contact
Conditions Please give us the nam	ne of someone (other than doctors) we can contact who knows about TEDDY	Medical Conditions
ESTER's medical con	ditions and can help him with this appeal.	Medical Treatment
Who can help us with	this appeal?	Doctors and Hospitals
Freddy A Tester		Tests
● Someone Else ⊃ No one		Medicines
		Other Medical Information
Name:		
	A Helper V Middle Last Suffix	
131 1	Middle Last Suffix	
Relationship to TEDD	Y TESTER:	
Other		
Other Please specify the rela		
Other		
Other Please specify the rela Buddy		
Other Please specify the rela Buddy	ationship:	
Other Please specify the rela Buddy Does this person live Dives I No	ationship:	
Other Please specify the rela Buddy Does this person live	ationship:	
Other Please specify the rela Buddy Does this person live D Yes No Address: Country: United States or U.S	ationship:	
Other Please specify the rela Buddy Does this person live O Yes No Address: Country: United States or U.S Street Address:	ationship: with TEDDY TESTER?	
Other Please specify the rela Buddy Does this person live Yes No Address: Country: United States or U.S Street Address: Street Line 1: 9	ationship: with TEDDY TESTER? S. Territory	
Other Please specify the rela Buddy Does this person live Yes No Address: Country: United States or U.S Street Address: Street Line 1: 9 Street Line 2:	ationship: with TEDDY TESTER? S. Territory	
Other Please specify the rela Buddy Does this person live Yes No Address: Country: United States or U.S Street Address: Street Line 1: 9 Street Line 2: City/Town:	ationship: with TEDDY TESTER? S. Territory V Street st State/Territory: ZIP Code:	
Other Please specify the rela Buddy Does this person live Yes No Address: Country: United States or U.S Street Address: Street Line 1: 9 Street Line 2:	ationship: with TEDDY TESTER? S. Territory	
Other Please specify the rela Buddy Does this person live Yes No Address: Country: United States or U.S Street Address: Street Line 1: 9 Street Line 2: City/Town: town Does this person have Yes No	Image: state/Territory Street st State/Territory: ZIP Code: Georgia Image: state/Territory: Image: state/Terri	
Other Please specify the rela Buddy Does this person live Yes No Address: Country: United States or U.S Street Address: Street Line 1: 9 Street Line 2: City/Town: town Does this person have Yes No Daytime Phone Numb We need to be able to compare the street to be able to be	ationship: with TEDDY TESTER? S. Territory Street st Street st Add Line State/Territory: ZIP Code: Georgia the same daytime phone number as TEDDY TESTER? per: contact this person during the day.	
Other Please specify the rela Buddy Does this person live Yes No Address: Country: United States or U.S Street Address: Street Line 1: 9 Street Line 2: City/Town: town Does this person have Yes No Daytime Phone Numb We need to be able to co U.S. O International	ationship: with TEDDY TESTER? S. Territory Street st Street st Add Line State/Territory: ZIP Code: Georgia the same daytime phone number as TEDDY TESTER? per: contact this person during the day.	
Other Please specify the rela Buddy Does this person live O Yes No Address: Country: United States or U.S Street Address: Street Line 1: 9 Street Line 2: City/Town: town Does this person have O Yes No Daytime Phone Numb Ve need to be able to co U.S. O Internationa (555) 555-5555	ationship: with TEDDY TESTER? S. Territory Street st Street st Add Line State/Territory: ZIP Code: Georgia the same daytime phone number as TEDDY TESTER? per: contact this person during the day.	
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C. Section: Medical Pages

1. Cicd001-1 – Medical Conditions – 1st Party Change in Medical Conditions Contains New Language and new Submit Tab

sability Appeal	
Identification Medical Activities/Training Review 🛆 Submit	
hange in Conditions	In this section
-	Someone We Can Contact
ince you last told us about your medical conditions, has there been any CHANGE (for better or orse) in your previously described physical or mental conditions? (?) What are changes	Medical Conditions
conditions	Medical Treatment
)Yes ONo	Doctors and Hospitals
14	Tests
Vew Conditions	Medicines
ince you last told us about your medical conditions, do you have any NEW physical or mental onditions?	Other Medical Information
Next Previous Save & Exit	_

2. Cicd001-3 – Medical Conditions – 3rd Party Change in Medical Conditions Contains New Language and new Submit Tab

isability Appea	al	
Identification	Medical Activities/Training Review 🛆 Submit	
Change in Condi	tions for John Public	In this section
_		Someone We Can Contact
or worse) in his previou	told us about his medical conditions, has there been any CHANGE (for better usly described physical or mental conditions? 39 What are changes	Medical Conditions
n conditions		Medical Treatment
⊖Yes ⊖No		Doctors and Hospitals
		Tests
New Conditions		Medicines

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

isusinty 1	ppeal	
Identificatio	n Medical Activities/Training Review A Submit	
ther Name	s for TEDDY TESTER	In this section
		Someone We Can Contact
	y other names on your medical or educational records? en name, other married name, or nickname.	Medical Conditions
Yes ONo	en name, other marined name, of nickname.	Medical Treatment
		Doctors and Hospitals
ther Name 1:	A Faker	Tests
rst	Middle Last Suffix	Medicines
		Other Medical Information
Add Another Na	me	10 10
ledical Tre	atment	
	d us about your medical treatment, have you seen a doctor or other healthcare I treatment at a hospital or clinic, or do you have a future appointment	
heduled?		
Yes 🔿 No		
	ondition(s) were you treated for, or will you be seen for?	
	ondition(s) were you treated for, or will you be seen for?	

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

sability Appeal	
Identification Medical Activities/Training Review A Submit	
ther Names for TEDDY TESTER	In this section
	Someone We Can Contact
IS TEDDY TESTER used any other names on his medical or educational records?	Medical Conditions
r example, maiden name, other married name, or nickname. Yes ◯ No	Medical Treatment
	Doctors and Hospitals
ternate A Name - V	Tests
st Middle Last Suffix	Medicines
Add Another Name	Other Medical Information
Iedical Treatment	
nce TEDDY TESTER last told us about his medical treatment, has he seen a doctor or other althcare provider, received treatment at a hospital or clinic, or does he have a future pointment scheduled? Yes ON0	
hat type(s) of condition(s) was TEDDY TESTER treated for, or will he be seen for?	

5. Doho001-1 – Doctors and Hospitals – 1st Party Contains New Submit Tab

isability Ap	peal				
Identification	Medical	Activities/Training	Review	A Submit	
Doctors and I	Hospitals				In this section
Please tell us about	t anyone who has	new medical records	about any of your ph	ysical or mental condition	Someone We Can Contact
including emotiona			, , , ,	,	Medical Conditions
-					Medical Treatment
Doctors and He		latio			Medical Treatment Doctors and Hospitals
Doctors and He	ealthcare Prov or Healthcare P	latio	<u>City</u>	Actions	-
Doctors and He	or Healthcare P	latio			Doctors and Hospitals
Doctors and He	or Healthcare P	rovider			Doctors and Hospitals Tests
Doctors and He Status <u>Doctor</u>	or <u>Healthcare</u> P Click Add	rovider			Doctors and Hospitals Tests Medicines
Add Doctor	or <u>Healthcare</u> P Click Add	rovider			Doctors and Hospitals Tests Medicines
Add Doctor	or Healthcare P Click Add Clinics al or Clinic	rovider	city	er.	Doctors and Hospitals Tests Medicines

6. Doho001-3 – Doctors and Hospitals – 3rd Party Contains New Submit Tab

Social Security Official Website of the U.S. Social Security Administration	
Disability Appeal	
Identification Medical Activities/Training Review A Submit	
Doctors and Hospitals for Sarah Jones	In this section
	Someone We Can Contact
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).	Medical Conditions
Doctors and Healthcare Providers	Medical Treatment
	Doctors and Hospitals
Status Doctor or Healthcare Provider City Actions	Tests
Click Add Doctor to add a doctor or healthcare provider.	Medicines
Add Doctor	Other Medical Information
Hospitals and Clinics	
Status <u>Hospital or Clinic</u> <u>City</u> Actions	
Click Add Hospital or Clinic to add a hospital or clinic.	
Add Hospital or Clinic	
Next Previous Save & Exit	

7. Doct002-1 – Doctor or Healthcare Provider Details – 1st Party Contains New Language

isability Appeal	
Doctor or Healthcare Provider Details	
Name of Doctor or Healthoare Provider:	
Name of Practice or Medical Group:	
Phone Number: @U.S. Ointernational 10-digit Number Ext.	
Address:	
Country: United States or U.S. Territory	
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 Bince you last told us about your medical treatment, has there been any new or up Enter the closest date(s) you can remember. Examples: 6/2/2013; June 2013; Summer 2	pdated treatment? 2013.
First Visit:	
Lest Visit:	
Next Scheduled Appointment, if any:	
Medical Conditions Treated by this Doctor or Healthcare Pr	rovider
	inum)
What new or updated medical conditions were treated or evaluated? Examples: back injury, arthritis, diabetes, depression, biindness. (1000 characters maxi	^
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ie:///:/UX/Usability_CentenProjects/Abandoned%20(Appeals/Design/Prototypes/Abandoned% 0(Appeals%20html/Images/add_new_doctors1st_party/u94.png	
	^
	~
haracters remaining: 1000	
Tests Ordered by this Doctor or Healthcare Provider	
lease add any tests this doctor or healthcare provider ordered for you, including those scheduled in the sture. You will have another opportunity to provide this information.	8
Status Test Type Aotions	
Click Add Test to add a test.	
Add Test	
Medicines Recommended or Prescribed by this Doctor or Healthcare Provider	
lease add ALL precoription and non-precoription medicines you are ourrently taking that this doct ealthcare provider recommended or prescribed.	or or
Status Medioine Reason Actions	
Click Add Medicine to add a medicine.	
Add Medicine	
Save Canool	

8. Doct002-3 – Doctor or Healthcare Provider Details – 3rd Party Contains New Language

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isability Appeal		
Doctor or Healthcare	e Provider Details	
Name of Doctor or Healthoan	e Provider:	
Title First	Last Suffix	
Name of Practice or Medical	Group:	
Phone Number:		
Ointernational		
10-digit Number Ext.		
Address:		
Country: United States or U.S. Territ	iary 🗸	
Street Address:		
Street Line 1:		
Street Line 2:	Add More Lines	
City/Town:	State/Territory: ZIP Code:	
Patient ID Number, If known:		
Treatment Dates wit	h this Doctor or Healthcare Provider	
Since Sarah Jones last told u treatment? Enter the closest d	h this Doctor or Healthcare Provider us about her medical treatment, has there been any new or updated late(s) Sarah Jones can remember. Examples: 6/2/2013; June 2013; Summer	
Since Sarah Jones last told u	is about her medical treatment, has there been any new or updated	
8ince 8arah Jones last fold u treatment? Enter the closest d 2013. First Visit:	is about her medical treatment, has there been any new or updated	
Since Sarah Jones last fold u treatment? Enter the closest d 2013.	is about her medical treatment, has there been any new or updated	
8ince 8arah Jones last fold u treatment? Enter the closest d 2013. First Visit:	us about her medical treatment, has there been any new or updated late(s) Sarah Jones can remember. Examples: 6/2/2013; June 2013; Summer	
Since Sarah Jones last fold u treatment? Enter the closest d 2013. First Visit: Last Visit:	us about her medical treatment, has there been any new or updated late(s) Sarah Jones can remember. Examples: 6/2/2013; June 2013; Summer	
Since Sarah Jones last fold u treatment? Enter the closest d 2013. First Visit: Lest Visit: Next Scheduled Appointmen	us about her medical treatment, has there been any new or updated late(s) Sarah Jones can remember. Examples: 6/2/2013; June 2013; Summer	
Since Sarah Jones last fold u treatment? Enter the closest d 2013. First Visit: Last Visit: Next Scheduled Appointmen Medical Conditions ? What medical new or update	as about her medical treatment, has there been any new or updated late(s) Sarah Jones can remember. Examples: 6/2/2013; June 2013; Summer t, if any: Treated by this Doctor or Healthcare Provider d medical conditions were treated or evaluated?	
Since Sarah Jones last fold u treatment? Enter the closest d 2013. First Visit: Last Visit: Next Scheduled Appointmen Medical Conditions ? What medical new or update	as about her medical treatment, has there been any new or updated late(s) Sarah Jones can remember. Examples: 6/2/2013; June 2013; Summer 	
Since Sarah Jones last fold u treatment? Enter the closest d 2013. First Visit: Last Visit: Next Scheduled Appointmen Medical Conditions ? What medical new or update	as about her medical treatment, has there been any new or updated late(s) Sarah Jones can remember. Examples: 6/2/2013; June 2013; Summer t, if any: Treated by this Doctor or Healthcare Provider d medical conditions were treated or evaluated?	
Since Sarah Jones last fold u treatment? Enter the closest d 2013. First Visit: Last Visit: Next Scheduled Appointmen Medical Conditions ? What medical new or update	as about her medical treatment, has there been any new or updated late(s) Sarah Jones can remember. Examples: 6/2/2013; June 2013; Summer t, if any: Treated by this Doctor or Healthcare Provider d medical conditions were treated or evaluated?	
Since Sarah Jones last fold u treatment? Enter the closest d 2013. First Visit: Last Visit: Next Scheduled Appointmen Medical Conditions ? What medical new or update	as about her medical treatment, has there been any new or updated late(s) Sarah Jones can remember. Examples: 6/2/2013; June 2013; Summer t, if any: Treated by this Doctor or Healthcare Provider d medical conditions were treated or evaluated?	

	ude medicines and tests in the ups, physical therapy, chem			
				\sim
				~
Characters remaining: 10	00			
Pacto Ordered ha	this Doctor or Heal	theara Drouida	P	
tests Ordered by	uns Doctor or nea	inicale Provide	ſ	
lease add any tests this	doctor or healthcare provider ou will have another opportu			
lease add any tests this				
lease add any tests this cheduled in the future. Y		nity to provide this infor	mation.	
lease add any tests this cheduled in the future. Y	ou will have another opportu	nity to provide this infor	mation.	
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Vease add any tests this cheduled in the future. Y Status Test Troce Add Test	ou will have another opportui	nity to provide this infor	Mation. Aotions	are
Please add any tests this cheduled in the future. Y Status Test Tros Add Test Medicines Recom Provider Please add ALL precorip	Click Add Test Click Add Test mended or Prescription	ito add a test. bed by this Doc	Actions Actions tor or Healtho	
Please add any tests this cheduled in the future. Y Status Test Tros Add Test Medicines Recom Provider Please add ALL precorip	click Add Test	ito add a test. bed by this Doc	Actions Actions tor or Healtho	
Please add any tests this cheduled in the future. Y Status Test Type Add Test Medicines Recom Provider Please add ALL precorip	Click Add Test Click Add Test mended or Prescription	ito add a test. bed by this Doc	Actions Actions tor or Healtho	
Vease add any tests this cheduled in the future. Y Status TestTree Add Test Vedicines Recom Provider Vease add ALL precorp foctor or healthcare provider	Click Add Test Click Add Test mended or Prescription	to add a test. bed by this Doc medicines Sara Jones bed.	Actions tor or Healthc	

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

Disability Appeal	the U.S. Social Security Administration		
onsubility Appeal			
Hospital or Clinic E	etails		
Name of Hospital or Clinic:			
Saint Francis Hospital			
Dr. Frank Friendly	r who treated you, if known:		
Phone Number: © U.S. O International [(555) 444-3333] 10-digit Number Ext			
Address: Country: United States or U.S. Terrif Streat Address: Street Line 1: 9 Rambil Street Line 2: City/Town: Town	ng Road	Add Linc IIP Code: 21009	
Patient ID Number, if known 9988			
Treatment Dates at Enter the closest date(s) you (this Hospital or Clinic an remember. Examples: 6/2/2015	; June 2015; Summer 2015.	
Outpatient visit means you we Ves ONo	visits at this hospital or clinic, or nt home the same day. This does n	ot include emergency room visits.	
First outpatient visit: 8/30/2017			
Last outpatient visit:			
10/11/2018 Next scheduled outpatient v	isit (if any):		
12/25/2018			
Did you have any emergence ER visit means you went to the	y room (ER) visits at this hospital e ER and then went home.	l or clinic?	
Yes ○No No	most recent emergency room visits		
Emergency Room Visit 1:	nost recent emergency room visits.		
6/24/2016			
Emergency Room Visit 2:			
Emergency Room Visit 3:			
Did you have an overnight s	tay at this hospital or clinic?		
Yes ○ No No			
Give us the dates of your three Visit 1:			
9/8/2018 Date In	9/10/2018 Date Out		
Visit 2:			
Date In	Date Out		
Visit 3:			
Date In	Date Out		
Medical Conditions	Treated by this Hospit al conditions were treated or eva	luated?	
Medical Conditions	al conditions were treated or eva s, diabetes, depression, blindness, (luated?	
Medical Conditions What new or updated medic Examples back injury, athreting Back lighty, shoulder lighty, he Characters remaining : 959	al sonditions were treated or avo , diabetes, depression, bindress (ad lighty	luated?	
Medical Conditions What new or updated medic Back lipury, attriff Back lipury, shoulder injury, the Characters remaining 959 Treatment from thi What new or undated treats	al sonditions were treated or evon , olderlets, depression, blandness (ad injury s Hospital or Clinic	Auster97 (1900 characters maximum)	
Medical Conditions What new or updated medic Famples. Isock Impay, attrifit Back lighty, shoulder injury, the Characters remaining 959 Characters remaining 959 Treatment from thi What new or opdated texate You Do NoT medic biodisc	al sonditions were treated or evon , olderlets, depression, blandness (ad injury s Hospital or Clinic	kastes? 1000 characters maximum)	
Medical Conditions What new or updated medic Back lipury, attriff Back lipury, shoulder injury, the Characters remaining 959 Treatment from thi What new or undated treats	al sonditions were treated or evon , olderlets, depression, blandness (ad injury s Hospital or Clinic	Auster97 (1900 characters maximum)	
Medical Conditions What new or updated medic Examples load inputy, attribut Back liqury, aboutder injury, he Characters remaining 1959 Treatment from thi What new or updated treatm You DO NOT meet to include matmum)	al sonditions were treated or evon , olderlets, depression, blandness (ad injury s Hospital or Clinic	Auster97 (1900 characters maximum)	
Medical Conditions What new or updated medic Examples load inputy, attribut Back liqury, aboutder injury, he Characters remaining 1959 Treatment from thi What new or updated treatm You DO NOT meet to include matmum)	al sonditions were treated or evon , olderlets, depression, blandness (ad injury s Hospital or Clinic	Auster97 (1900 characters maximum)	
Medical Conditions What new or updated medic Examples load inputy, attribut Back liqury, aboutder injury, he Characters remaining 1959 Treatment from thi What new or updated treatm You DO NOT meet to include matmum)	al sonditions were treated or evon , olderlets, depression, blandness (ad injury s Hospital or Clinic	Auster97 (1900 characters maximum)	
Medical Conditions What new or updated medic Examples load inputy, attribut Back liqury, aboutder injury, he Characters remaining 1959 Treatment from thi What new or updated treatm You DO NOT meet to include matmum)	al sonditions were treated or evon , olderlets, depression, blandness (ad injury s Hospital or Clinic	Auster97 (1900 characters maximum)	
Medical Conditions What new or updated medic Examples load inputy, attribut Back liqury, aboutder injury, he Characters remaining 1959 Treatment from thi What new or updated treatm You DO NOT meet to include matmum)	al sonditions were treated or evon , olderlets, depression, blandness (ad injury s Hospital or Clinic	Auster97 (1900 characters maximum)	
Medical Conditions What new or updated medic Earlies Load and the server server s	al sonditions were treated or even a clashets, depression, blindness i ad injury s Hospital or Clinic end dd you receive for the above medicines and tests in this answer , physical therapy, chemotherapy, i	Auster97 (1900 characters maximum)	
Medical Conditions What new or updated medic Earnipes load largery, entruited Back liplary, shoulder liplary, the Characters remaining 959 Treatment from thi What new or updated treatment Frou DO NOT need to include regular evaluations, check up Dione scon Description D	al sonditions were treated or reco , adaptets, depression, blindness i ad injury s Hospital or Clinic and du you receive for the above medicines and tests in this answer s, physical therapy, chemotherapy, i	Auster? (1000 characters maxemum) contitions? Paragles of treatment examinations, counseling. (1000 characters	
Medical Conditions What new or updated medic Examples. Lock Array, attribut Back liqury, shoulder liqury, he Characters remaining: 959 Treatment from thi What new or updated treat You DO NOT meet to include The the or updated treat Characters remaining: 991 Characters remaining: 991 Tests Ordered at the Notes and any tests this hose	al sonditions were treated or reco , adaptets, depression, blindness i ad injury s Hospital or Clinic and du you receive for the above medicines and tests in this answer s, physical therapy, chemotherapy, i	haster? (1000 characters maxmum) (1000 characters maxmum) conditions? Examples of treatment: examinations, counseling, (1000 characters STER, including those scheduled in the	
Medical Conditions What new or updated medic Examples. Look Turny, attruit Back liqury, aboutler liqury, the Characters remaining 959 Treatment from thi What new or updated treater Treatment from the Characters remaining 959 Characters remaining 95 Characters remaining 959 Characters remaining 959 Characters remaining 95 Characters remaining 95 Characters remaining 95 Characters remaining 95 C	al conditions user traded or eva- g, calabetes, depression, blandness, a al injury s Hospital or Clinic tett did you receive for the above medicales and felds in this answer, prysical therapy, chemotherapy, is Hospital or Clinic aliat or clinic ordered for TEDDY TT ppotianty to provide this internative est Actions	Auster? (1000 characters maximum) (1000 characters maximum) conditions? Examples of treatment examinations, conneting, (1000 characters STER, including those scheduled in the n.	
Medical Conditions What new or updated medic Earnipes load largery, attribute Back liptry, shoulder liptry, the Characters remaining 959 Treatment from thi What new or updated treatment Frought evaluations, check up memory Bane scon Characters remaining 991 Tests Ordered at th Please add any tests this hose	al sonditions were treated or revea , adaptets, depression, blindness i ad injury s Hospital or Clinic and da you receive for the above medicines and tests in this answer s, physical therapy, chemotherapy, i is Hospital or Clinic stat or clinic ordered for TrDDY TE poportunity to product its information	Auster? (1000 characters maximum) (1000 characters maximum) conditions? Examples of treatment examinations, conneting, (1000 characters STER, including those scheduled in the n.	
Medical Conditions What new or updated medic Examples. Look Turny, attruit Back liqury, aboutler liqury, the Characters remaining 959 Treatment from thi What new or updated treater Treatment from the Characters remaining 959 Characters remaining 95 Characters remaining 959 Characters remaining 9	al conditions user traded or eva- g, calabetes, depression, blandness, a al injury s Hospital or Clinic tett did you receive for the above medicales and felds in this answer, prysical therapy, chemotherapy, is Hospital or Clinic aliat or clinic ordered for TEDDY TT ppotianty to provide this internative est Actions	Auster? (1000 characters maximum) (1000 characters maximum) conditions? Examples of treatment examinations, conneting, (1000 characters STER, including those scheduled in the n.	
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Medical Conditions What new or updated medic Earlies Load Transfer Back liper, shoulder liper, tell Characters remaining 954 Characters remaining 954 Treatment from thi What new or updated treatment What new or updated treatment Guaracters remaining 954 Characters remain	al sonditions were treated or even a loadeters, depression, blandness, a al injury s Hospital or Clinic end di you receive for the above medicines and tests in this answere, prysical therapy, chemotherapy, is Hospital or Clinic the or clinic ordered for TEDDY TE poportunity to provide this intermate est Automation (Clinic) is a complete ordered for TEDDY TE poportunity to provide this intermate est Automation (Clinic) and non prescription medicines. TED of or prescription medicines. TED of or prescription medicines. TED of prescription medicines. TED	Autors? (1000 characters maxmum) (1000 characters maxmum) conditions? Fxamples of treatment: examinations, conneting, (1000 characters STER, including those scheduled in the n. Delete this Hospital or Clinic DV TESTER is currently laking that this [Actions]	
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10. Hosp002-3 - Hospital or Clinic Details 3rd Party: Specific Hospital Detailed Information

Current: Graduation visit Street Land 2: Finderplata Read: Street Land 2: Street Territory: Zit Code: Zit Code: Term Weat Virginia Zit Code: Zit Code:	
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Band Hoaphea Houghead Band Hoaphead Houghead Band Houghead Houghead Band Houghead Ban	
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U.B. international (0.4) 0486 0458	
United States or U.S. Territory Street Line 1: Of yours Street Line 1: Outpatient Visit Street have any outpatient visits at this hospital or clinic, or does he have any Outpatient visit means ne went home the same day. This does not include emergency room visits. Outpatient visit Outpatient visit </td <td></td>	
Street Line 2: State/Territory: Try: Viest Virginia 22005 Fattern ID Number, if known: 2205 Fattern ID Number, if known: 2206 Fattern ID Number, if known: 2206 Fattern ID Number, if known: 207 Fattern ID Number, if known: 208 Fattern Visit: Book Table State/State Pattern Visit: Book Table State/State Fattern Visit: Book Table State New Holme the same day. This does not include emergency room visits. Fattern Visit: Book Table State New Holme Holme Went Home. Evaluation: E	
Town West Virginia 22005 Patient ID Number, if known: 22155499 2155499 Comment of the Network: 215549 Comment of the Network: 215219 Comment of the Network: <t< td=""><td></td></t<>	
32105409 Dreatment Dates at this Hospital or Clinic Infer the closest date(s) TEDCY TESTER can remember. Examples: 6/2/2015; June 2015; Bummer 2015. Dubtatient visit means he went home the same day. This does not include emergency room visits. Vise Unplatent visit: 00/2016 No "rest outpatient visit (if any): 3/2019 00/2016 No Breacher Visit: 9/2019 00/2016 No Rest scheduled outpatient visit (if any): 3/2019 00/2018 No Breacher Visit: 9/2019 01/2018 No Breacher Visit: 9/2019 01/2018 01/2019 01/2019 01/2019 01/2019 02/2019 01/2019 02/2019 02/2019 02/2019 02/2019 <	
Enter the closest date(s) TEDLY TETER C an remember. Examples: 62/2016; June 2016; Burnner 2016. Did TEDLY TETER have any outpatient visits at this hospital or clinic, or does he have any Outpatient visit means he went home the same day. This does not include emergency room visits. Yes OND Next Scheduled outpatient visit (if any): 32/2019 Did TEDLY TESTER have any emergency room (ER) visits at this hospital or clinic? Yes OND Rease give the dates of TEDLY TESTER's most recent emergency room visits. Emergency Room Visit 1: 52/2018 Did TEDLY TE STER have an overnight stay at this hospital or clinic? Yes OND Cline USH to the dates of TEDLY TESTER's three most recent stays. Visit 1: 004 TEDLY TE STER have an overnight stay at this hospital or clinic? Visit 2: 004 TEDLY TE STER have an overnight stay at this hospital or clinic? Visit 2: 004 TEDLY TE STER have an overnight stay at this hospital or clinic? Visit 2: 004 TEDLY TE STER have an overnight stay at this hospital or clinic? Visit 2: 004 TEDLY TE STER have an overnight stay at this hospital or clinic? Visit 2: 004 TEDLY TE STER have an overnight stay at this hospital or clinic? Mate number of the dates of TEDLY TESTER's three most recent stays. Visit 2: 004 TEDLY TESTER have an overnight stay at this hospital or clinic? Mate number of the dates of TEDLY TESTER's three most recent stays. Visit 2: 004 TEDLY TESTER have an overnight stay at this hospital or clinic? Mate number of the dates of TEDLY TESTER's three most recent stays. Visit 2: 004 TEDLY TESTER have an overnight stay at this hospital or clinic? Mate number of the date of test out 004 TEDLY test fers three most recent stays. Visit 2: 004 TEDLY test fers three most recent stays. Visit 2: 004 TEDLY test fers the date out	
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Sate outpatient visit: 940/2018 Set Software in the weat and then weat nome. 940/2019 Out TEDDY TRESTER have any emergency room (ER) visits at this hospital or clinic? Press on No Please give the dates of TEDDY TESTER's most recent emergency room visits. Imergency Room Visit 1: 95/2018 Imergency Room Visit 2: Imergency Room Visit 3: Imerge	
94/2018 Sext scheduled outpatient visit (if any): 32/2019 Doil TEDDY TESTER have any emergency room (ER) visits at this hospital or clinic? Pixes on No Please give the dates of TEDDY TESTER's most recent emergency room visits. Emergency Room Visit 1: 55/2018 Emergency Room Visit 2: Emergency Room Visit 2: Emergency Room Visit 3: Doil TEDDY TESTER have an overnight stay at this hospital or clinic? Visit 0: Doil TEDDY TESTER have an overnight stay at this hospital or clinic? Old TEDDY TESTER's three most recent stays. Visit 1: Doil TEDDY TESTER's three most recent stays. Visit 1: Doil TEDDY TESTER's three most recent stays. Visit 1: Doil TEDDY TESTER's three most recent stays. Visit 1: Doil TEDDY TESTER's three most recent stays. Visit 2: Doil TEDDY TESTER's three most recent stays. Visit 2: Doil TEDDY TESTER's three most recent stays. Visit 2: Doil TEDDY TESTER's three most recent stays. Visit 2: Doil TEDDY TESTER's three most recent stays. Visit 2: Doil TEDDY TESTER's three most recent stays. Visit 2: Doil TEDDY TESTER's three most recent stays. Visit 3: Doil TEDDY TESTER's three most recent stays. Visit 3: Doil TEDDY TESTER's three most recent stays. Visit 3: Doil TEDDY TESTER's three most recent stays. Visit 3: Doil TEDDY TESTER's three most recent stays. Visit 3: Doil TEDDY TESTER's three most recent stays. Visit 3: Doil TEDDY TESTER's three most recent stays. Visit 3: Doil TEDDY TESTER's three most recent stays. Visit 3: Doil TEDDY TESTER's three most recent stays. Visit 3: Doil TEDDY TESTER's three most recent stays. Visit 3: Doil TEDY TESTER's three most recent stays. Visit 3: Doil TEDY TESTER's three most recent stays. Visit 3: Doil TEDY TESTER's three most recent stays. Visit 3: Doil TEDY TESTER's three most recent stays. Visit 3: Doil TEDY TESTER's three most recent stays. Visit 3: Doil TEDY TESTER's three most recent stays. Visit 3: Doil TEDY TESTER's three most recent stays. Visit 3: Doil TEDY TESTER's three most recent stays. Visit 3: Doil TEDY TESTER's three most recent stays. Visit 3: Doil TEDY TE	
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Wess No Please give the dates of TEDDY TESTER's most recent emergency room visits. Imergency Room Visit 1: Str2018 Imergency Room Visit 2: Imergency Room Visit 3: Old TEDDY TESTER have an overnight stay at this hospital or clinic? Str2018 Old TEDDY TESTER have an overnight stay at this hospital or clinic? Stress Sive us the dates of TEDDY TESTER's three most recent stays. Visit 1: G6/2018 Date out Jate In Date Out Medical Conditions Treated by this Hospital or Clinic Mat new or updated medical conditions were treated or evaluated? Examples: back injuny, affirther, databets. dipress. (1000 characters maximum)	
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Emergency Room Visit 2: Emergency Room Visit 2: Did TEDDY TESTER have an overnight stay at this hospital or clinic? © Yes ONO Give us the dates of TEDDY TESTER's three most recent stays. Visit 3: Date in Date Out Visit 2: Date In Date Out Medical Conditions Treated by this Hospital or Clinic Mhat new or updated medical conditions were treated or evaluated? Emergency Room Visit 2: Date medical conditions were treated or evaluated? Emergency Room Visit 2: Date new or updated medical conditions were treated or evaluated?	
Date in Date Out Visit 2: Date Out Date in Date Out Date in Date Out Medical Conditions Treated by this Hospital or Clinic What new or updated medical conditions were treated or evaluated? Examples: Such (injury, aftrihis, diabetes, dippersision, bindiness. (1000 characters maximum)	
Wess No Give us the dates of TEDDY TESTER's three most recent stays. Visit 1: 0/9/2018 Date In Date Out Visit 2:	
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Visit 1: Grazo16 Grazo18 Graz	
Date in Date Out Visit 2: Date Out Date in Date Out Date in Date Out Medical Conditions Treated by this Hospital or Clinic What new or updated medical conditions were treated or evaluated? Examples: Such (injury, aftrihis, diabetes, dippersision, bindiness. (1000 characters maximum)	
Date In Date Out Visit 3: 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: 5ack injury, aftrifue, idabetes, depression, bindiness. (1000 characters maximum)	
Medical Conditions Treated by this Hospital or Clinic What new or updated medical conditions were treated or evaluated? Examples: back injury, aftrifue, idabetes, depression, bindness. (1000 characters maximum)	
Medical Conditions Treated by this Hospital or Clinic What new or updated medical conditions were treated or evaluated? Examples: back injury, aftrifue, idabetes, depression, bindness. (1000 characters maximum)	
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	
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	
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 uture. You will have another opportunity to provide this information.	
Status Name of Test Actions Image: HIV Test Edit Delete	
Add Test	
Medicines Recommended or Prescribed by this Hospital or Clinic	
Please add ALL prescription and non-prescription medicines TEDDY TESTER is currently taking that this ospital or clinic recommended or prescribed.	
Status Name of Medicine Reason Actions	
Zepropili Back pain Edit Delete Add Medicine	

Disabil	ity Appeal			
🕑 Iden	tification Medical	Activities/Training Review	Submit	
Tests	2			In this section
				Someone We Can Contact
	u last told us about your di your disability.	isability, please tell us about any medical tests you	had or will have	Someone We Can Contact Medical Conditions
	your disability.		had or will have	-
related to Status	your disability. <u>Name of Test</u>	Test Ordered by		Medical Conditions
related to	your disability.		Actions	Medical Conditions Medical Treatment

11. Test001-1 – Tests – 1st Party Contains New Submit Tab

12. Test001-3 – Tests – 3rd Party Contains new Submit Tab

abil	ity Appeal			
Identi	ication Medical	Activities/Training Review	Submit	
ests f	or Sarah Jones			In this section
				Someone We Can Contac
ase te	I us about any medical te	ests Sarah Jones had or will have related to her di	sability.	Medical Conditions
	Name of Test	Test Ordered by	Actions	Medical Treatment
tatus				
itatus 📀	EKG (Heart Test)	Dr. Samantha Gupta	Edit Delete	Octors and Hospitals
	EKG (Heart Test) X-Ray	Dr. Samantha Gupta Doctor(s) at Vancouver General Hospital	Edit Delete	C Doctors and Hospitals
0	. ,	-		

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: 6/2/201	15; June 2015; Summer 2015.
2/2/2018 ×	
Save Cancel	
Save Cancel	

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

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.	
Test Type: Date(s) of Test:	
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". 	5

15. Medi001-1 – Medicines– 1st Party Contains New Language and Submit Tab

sability Appea	al			
J Identification	Medical Activities/Training	Review 🛕 Su	ıbmit	
Iedicines				In this section
lease tell us about ALL e conditions related to	prescription and non-prescription	n medicines that you are cu	rrently taking for	 Someone We Can Contact Medical Conditions
Status Name of Me		A	Actions	Medical Treatment
	Click Add Medicine to add	d a medicine.		Doctors and Hospitals Tests

16. Medi001-3 – Medicines – 3rd Party Contains New Language and Submit Tab

sabil	ity Appeal			
🕑 Iden	tification Medical	Activities/Training Review	Submit	
Andia	ines for Sarah Jo	anes		In this section
acuic.	mes tor baran o	51165		
				Someone We Can Contact
lease te		ption and non-prescription medicines that Sara	h Jones is currently	Someone We Can Contact Medical Conditions
lease te	Il us about ALL prescri	ption and non-prescription medicines that Sara b her disability.	h Jones is currently Actions	-
lease te aking for	Il us about ALL prescri the conditions related to <u>Name of Medicine</u>	ption and non-prescription medicines that Sara b her disability. <u>Prescribed by</u>	-	Medical Conditions
lease te aking for Status	Il us about ALL prescrip the conditions related to	ption and non-prescription medicines that Sara b her disability.	Actions	Medical Conditions Medical Treatment

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 Xeptopill	e container if necessary.
Vebrohiii	
Why are you taking this medicine?	
Stress	
Describe any side effects you experienced while ta	king this medicine:
Include physical or mental effects and allergic reactions	2018년 1월 17월 11일 11일 11일 11일 11일 11일 11일 11일 11일 11
Hallucinations	
Characters remaining: 986	
Save Cancel	

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

Disability Appea	1		
Medicine Details			
Enter name of the medici Enter only one medicine at		dicine container if necessary.	
Why is John Public takin	g this medicine?		
		nced while taking this medicine: ctions. (1000 characters maximum) -	
Characters remaining: 100	0		
Who recommended or pr If this doctor's or hospital's Hospital/Clinic".		e? select "Other Doctor/Healthcare Provider" or "Other	
	[$\overline{\mathbf{v}}$	

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

Isab	ility Appeal				
🕑 lde	entification 🔮 Medical A	ctivities/	Training Rev	view 🛕 Submit	
ther	· Medical Information fo	or TED	DY TESTER		In this section
					Someone We Can Contact
	to know if anyone else has medical	informatio	n about any of your	conditions or if you are scheduled	Medical Conditions
	nyone else.				O Medical Treatment
is may	y include:				O Doctors and Hospitals
	kers' compensation				🖉 Tests
	ocational rehabilitation services isurance companies who have paid your disability benefits				Medicines
1000000	prisons and correctional facilities			Other Medical Information	
 attor soci 	rneys al service agencies				
	are agencies				
 scho 	pol/education records				
nce yo	ou last told us about your other me	dical info	rmation, does any	one have medical	
	tion about any of your physical or			g emotional and learning	
	is) or are you scheduled to see any O No	one else	?		
434110	Medical Information Source	City	Phone	Actions	
tatus	Other Org		a second s		
		City	(999) 999-9999	Edit Delete	

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

	ility Appeal				
🕑 lde	entification O Medical	Activities/	Training Rev	view 🔒 Submit	
Other	• Medical Information fo	or TED	DY TESTER		In this section
					Someone We Can Contact
	I to know if anyone else has medical uled to see anyone else.	informatio	on about any of TED	DY TESTER's conditions or if he	Medical Conditions
					O Medical Treatment
nis may	/ include:				ODoctors and Hospitals
	kers' compensation				C Tests
	 vocational rehabilitation services insurance companies who have paid TEDDY TESTER's disability benefits 				Medicines
	ons and correctional facilities				Other Medical Information
 attor soci 	al service agencies				
	are agencies				
 scho 	ool/education records				
	EDDY TESTER last told us about h				
	information about any of his phys problems) or is he scheduled to s			cluding emotional and	
Yes					
		City	Phone	Actions	
Status	Medical Information Source	City			

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

Disability Appeal	
Disability Appeal Details of Other Medical Information Name of Organization: Claim or ID Number, if any: Claim or	
U.S. O International Ext Contacts with this Organization Examples: visits to workers' compensation attorney, doctor/clinic in prison, or school counsele	or. Enter the
Phone Number: U.S. O International Description Contacts with this Organization Examples: visits to workers' compensation attorney, doctor/clinic in prison, or school counsele closest date(s) you can remember. Examples: 8/2/2015; June 2015; Summer 2015. Date of First Contact: Date of Last Contact: Date of Next Contact, if any:	
U.S. O International Ext Contacts with this Organization Examples: visits to workers' compensation attorney, doctor/clinic in prison, or school counsele closest date(s) you can remember. Examples: 8/2/2015; June 2015; Summer 2015. Date of First Contact: Date of Last Contact:	

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

<image/>		Text Size	Accessibility Help
Details of Other Medical Information Image: Conjunction of Co	Social Security		
Name of organization: Calam or ID Number, if any: Address: Street Line 2: Add Line City/Torm: Torm Torm of Contact Person: Torm First Contact Person: First Contact Person: First Lane Phone Number: Ext Phone Number: Ext Phone Number: Ext Phone Number: Ext Street Line 2: Ext Description Number: Ext Phone Number: Ext Street Line 2: Ext Description Number: Ext Street Line 2: Ext Description Number: Ext Street Line 2: Ext Diago of First Contact: Ext Diago of Next Contact: Ext Diago of Next Contact: Ext Contacters maximum	Disability Appeal		
Claim or D Number, if any: Address: County:: United States or U.S. Territory: Street Line 2: Phone Number: @U.S. Othermational 10-digit Number Example:: visits to workers' compensation attorney, doctor/dinki in prison, or school counsefor. Enter the closest date(s) John Public can remember. Examples: 6/2/2015; June 2015; Summer 2015. Date of First Contact: Date of First Contact. Contacts with Mis Organization attorney, doctor/dinki in prison, or school counsefor. Enter the closest date(s) John Public can remember. Examples: 6/2/2015; June 2015; Summer 2015. Date of First Contact. Date of First Contact. Contacts remaining:: 1000 Characters remaining:: 1000 Characters remaining:: 1000 Hour end more space, continue in Remarks.	Details of Other Medical Information		
Address: County: United States or U.S. Territory (INITED States Territory): Street Line 2: Point Number: (INIT) Street Line 2:	Name of Organization:		
Control: United States or U.B. Territory Street Line 1: Item of Contact Person: Prone Number: *U.S. O International 10-digit Number Ext: Contacts with this Organization Examples: dottor/file in prison, or school courselor. Enter the closest date(s) John Public can remember. Examples: 6/2/2015; June 2015; Summer 2015. Def of First Contact: Date of First Contact: Date of Next Contact, If any: Reasons for Contact: (1000 characters maximum)	Claim or ID Number, if any:		
Street Line 1: Image: Street Line 1:			
City/Town: State/Territory: ZiP Code: Image: Image: <td< td=""><td>Street Address:</td><td></td><td></td></td<>	Street Address:		
First Last Phone Number: @U.S. O international 10-digit Number Ext Contacts with this Organization Bised attac(a) John Public can remember. Examples: 6/2/2015; June 2015; Summer 2015. Date of First Contact: Date of Next Contact, If any: Reasons for Contact: (1000 characters maximum) Characters remaining: 1000 Characters remaining: 1000	City/Town: State/Territory: ZIP Code:		
Prome Number: @U.S. Onternational			
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 Next Contact. If any: Reasons for Contact: (1000 characters maximum) Characters maximum Image: Contact: 1000 characters maximum			
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.	10-digit Number Ext		
Date of Last Contact: Date of Next Contact, If any: Reasons for Contact: (1000 characters maximum) Characters maximum There is a continue in Remarks.	Examples: visits to workers' compensation attorney, doctor/clinic in prison, or school counselor. Enter the		
Date of Next Contact, If any: Reasons for Contact: (1000 characters maximum) Characters remaining: 1000 If you need more space, continue in Remarks.			
Reasons for Contact: (1000 characters maximum) Characters remaining: 1000 If you need more space, continue in Remarks.			
Characters remaining: 1000 If you need more space, continue in Remarks.			
If you need more space, continue in Remarks.	(1000 characters maximum)		
If you need more space, continue in Remarks.			
If you need more space, continue in Remarks.			
If you need more space, continue in Remarks.			
	Characters remaining: 1000		
Save Cancel	If you need more space, continue in Remarks.		
	Save Cancel		

D. Section: Activities/Training

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

Identification O Medical Activities/Training Review A Submit	
Activities for TEDDY TESTER	In this section
ince you last told us about your activities, has there been any change (for better or for worse)	Activities Work and Education
a your daily activities due to your physical or mental conditions? xamples of daily activities are household tasks, personal care, getting around, hobbies and interests, ocial activities, etc.	Vocational Rehabilitation
9 Yes ○ No lease describe the changes in your daily activities in detail: 1000 characters maximum)	l≩
Setting out and walking more	

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

	Text Size Accessibility He
Social Security The Official Website of the U.S. Social Security Administration	
Disability Appeal	
⊘ Identification ⊘ Medical Activities/Training A Review	
⊘ Identification ⊘ Medical Activities/Training A Review Activities for John Public	In this section
	In this section Activities
Activities for John Public Since John Public last told us about his activities, has there been any change (for better or for	
Activities for John Public	Activities
Activities for John Public 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? Examples of daily activities are household tasks, personal care, getting around, hobbies and interests, social activities, etc.	Activities Work and Education
Activities for John Public 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? Examples of daily activities are household tasks, personal care, getting around, hobbies and interests, social activities, etc.	Activities Work and Education
Activities for John Public 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? Examples of daily activities are household tasks, personal care, getting around, hobbies and interests, social activities, etc.	Activities Work and Education
Activities for John Public 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? Examples of daily activities are household tasks, personal care, getting around, hobbies and interests, social activities, etc.	Activities Work and Education

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

	Text Size 💌 🛛 Accessibility Help
The Official Website of the U.S. Social Security Administration	
Disability Appeal	
⊘ Identification ⊘ Medical Activities/Training ▲ Review	
Work and Education for John Public	In this section
	Activities
Since you last told us about your work, have you worked or has your work changed?	Work and Education
	Vocational Rehabilitation
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 ONO	3
Next Previous Save & Exit	

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	In this section
	C Activities
Since John Public last told us about his work, has he worked or has his work changed?	Work and Education
	Vocational Rehabilitation
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	_

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

Social Security The Official Website of the U.S. Social Security Administration	
Disability Appeal	
Identification Medical Activities/Training A Review	
Vocational Rehabilitation, Employment, or Other Support Services for John Public	In this section Activities Vork and Education
 We need to know about your participation in: an individual work plan with an employment network under the Ticket to Work Program an individualized plan for employment with a vocational rehabilitation agency or any other organization any program providing vocational rehabilitation, employment services, or other support services to help you go to work a Plan to Achieve Self-Support (PASS) an individualized education program (IEP) through an educational institution (if a student age 18-21) 	Vocational Rehabilitation
Since you last told us about your vocational rehabilitation, have you participated, or are you participating, in one of these programs? \bigcirc Yes \bigcirc No	
Next Previous Save & Exit	

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

Social Security The Official Website of the U.S. Social Security Administration	
Disability Appeal	
⊘ Identification ⊘ Medical Activities/Training ▲ Review	
Vocational Rehabilitation, Employment, or Other Support Services for John Public	In this section Activities
 We need to know about John Public's participation in: an individual work plan with an employment network under the Ticket to Work Program an individualized plan for employment with a vocational rehabilitation agency or any other organization any program providing vocational rehabilitation, employment services, or other support services to help him go to work a Plan to Achieve Self-Support (PASS) an individualized education program (IEP) through an educational institution (if a student age 18-21) Since John Public last told us about his vocational rehabilitation, has he participated, or is he participating, in one of these programs? Yes No 	Vocational Rehabilitation
Next Previous Save & Exit	-

E. Section: Review and Submit Pages

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

	Text Size 🗾 🛛 Accessibility Help
Social Security The Official Website of the U.S. Social Security Administration	
isability Appeal	
⊘ Identification ⊘ Medical ⊘ Activities/Training Review ▲ Submit	
Additional Remarks for TEDDY TESTER	In this section
lease provide any additional information	Remarks
se this space to provide any information you could not show in earlier sections of this form or any dditional information you feel we should know about. (2000 characters maximum)	Medical Release Summary
characters remaining: 1974	

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

In this	s section
Ren	narks
	dical Release
Sum	nmary

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

					Text Size 💌	Accessibility Hel
Social Security						
Disability Appeal						
Oldentification OMedical	Activities/Training	Review	🔒 Submit			
Medical Release Form					In this section	
					O Remarks	
In order to make a decision about your disa	ability claim, we need to obta	ain your:			Medical Release	•
Medical Records Education Records Other information related to your ability We will help get required records with perm Disclose Information to the Social Security revoking it before we receive necessary inf claim, and could result in denial or loss of the Please read the Medical Release Form and	nission. Signing the Medical Administration [SSA-827]) is formation, could prevent an a benefits.	s voluntary, but	failing to sign it	t, or	Summary	
I voluntarily authorize and request dis- records and other information related © Electronically sign the Medical Relea- signature. (Recommended) ○ Print, sign and mail a paper copy of processing of my disability claim.	to my ability to perform ta ase. My electronic signature	sks. I agree to is the same as	ny handwritten			
Next Previous Save & Exit)					

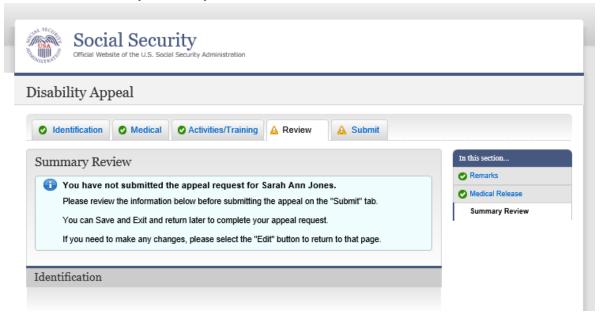
4. Mdrf001-3 - Medical Release 3rd Party: Medical Release Form

Social Security		
The Official Website of the U.S. Social Security Administration		
Pisability Appeal		
⊘ Identification ⊘ Medical ⊘ Activities/Training Review A Submit		
Medical Release Form for TEDDY TESTER	In this section	
	Remarks	
n order to make a decision about this disability claim, we need to obtain TEDDY TESTER's:	Medical Releas	e
Medical Records	Summary	
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		
evoking 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.		
s 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)		
O Print, sign and mail a paper copy of the Medical Release Form. I understand this may delay the processing of my disability claim.		
Next Previous Save & Exit		

5. Revw001-1 – Summary - 1st Party Contains New Information Box and Submit Tab

 Identification Medical Activities/Training Review Submit In this section 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. Medical R Summary 	
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. entification	Release
 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. 	Release
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. Lentification	
If you need to make any changes, please select the "Edit" button to return to that page.	
lentification	
ait 📀 Information about You	
ame: Sarah Ann Jones ailing Address: 400 Cathedral Street, Apt 7A, Baltimore, MD 21201 o you live at the above address? Yes aytime Phone Number: (443) 644-6789 ternative Phone Number, if any: (443) 644-6799 mail Address: sajones@yahoo.com	
Edit 📀 Representative	
o you currently have an appointed representative? Yes	
Representative's Name: Pat Graham s the representative an attorney? Yes	
aytime Phone Number: (443) 644-6789	
aytime Phone Number: (443) 644-6789 AX Number, if any: (443) 644-9008	
ddress: 400 Cathedral Street, Apt 7A, Baltimore, MD 21201 aytime Phone Number: (443) 644-6789 AX Number, if any: (443) 644-9008 Edit Image: Request for Hearing by Administrative Law Judge that is the date on the "Notice of Decision" you received: 06/30/2013	

6. Revw001-3 – Summary – 3rd Party Contains New Information Box and Submit Tab



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

sability Aj	ppeal					
dentification	O Medical	O Activities/Training	Review	🛕 Submit		
ttach Files.						In this section Attach Files
view his appeal, seet and instruction one limitations a • A maximum of • File types acco • Password-profick Add File, the tother file, click A our files will no	please attach t ons will be prov apply: 10 files can be apted: .doc, .doc tected files can an Browse to so Add File again. t be sent to So	nic evidence that will help hem here. If you have ad ided. added. All files must total cx, tif, tiff, and .pdf. tot be processed. elect your file. Select the I cial Security until you c s when you return to this p	ditional paper e less than 50 M Document Type lick Submit. If y	vidence to submi B combined. in the drop down rou click Previous	t, a cover list. To add : or Save & Exit,	
File Name		Document Type		File Size N	Aanage Files	
Add File)	Click Add File to attach	a document.			
		your appeal request. V bmit" button below.		s your appeal r "Save and Exit"		

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

	Text Size 💌	Accessibility Help
Social Security The Official Website of the U.S. Social Security Administration		
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 <i>my</i> 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. 2 If you are unable to print		
Done		

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

	Text Size 🗾 🛛 Accessibility Help
Social Security The Official Website of the U.S. Social Security Administration	
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	
Atthough you have subtraited Maria Besan's disability appeal online, we still need a few items from her. Please print and have her complete the following: 2 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 The Official Website of the U.S. Social Security Administration	
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. Start Another Appeal	
Done	

11. Rcpt001 – Receipt

🙄 You have aucceasfully submitted your Disability Appeal on December 9, 2015 at 9:12:30 AM Eastern Tine.	
We may review your case to determine if we can make a decision without a theoring. If we determine you need a heating, we will an Administrative Law Judge to conduct the heating. We will provide advance notice of the time and place of heating. The heating assigned to your case will also earned you neve information regarding your appeal.	
You can log into your my Social Security account, or register for an account, to check the status of your appent.	
Information You Submitted	
lörtflation	
Information about Paula Nicholson	
Isame Paula Welzin Micholson	
Halling Address: 1854 Baltimore Street, Orelgeburgh, Pennsylvania, 17964 Do you lies at the above address? Yes.	
Daytime Prom Number: (717) 578-4561	
Alamative Prose Number:	
Email Addinus: rakesh.mishra@exa.gov	
Representative	
Has a representative: No	
Request for Hearing by Administrative Low Judge	
Date Notice of Decision received: 11/22/2016	
Claim Number:	_
Research for Append 1 disagree with the medical decision because not all of my doctors were included in the decision. Additions have new limitations from my conditions that further prevent me from working.	ally, I
Do you with to appear at a hearing? I wish to appear at a hearing	
listial	
Someone We Can Contact about Paula Nicholson's Medical Conditions	
Name: Jan Nachainan Reisionship to you: Family Member	
Relationship to you: Family Member Same Address as you: Yes	
Sara Phone as post Yes.	
Speak and Understand English: Yes	
Medical Conditions	
Change in physical or mental conditions: No New physical or mental conditions: No	
Medical Treatment	
Other February Linuxd: No.	
Siens a headhcare provider tr rezeived insuiment, or have an appointment acteduled: No-	
Doctors or Healthcare Providers	
No doctore or healthcase providers entered.	
Hospitals and Clinics	
No hospitule or dinice entered.	
Data	
No testis emiernel.	
Medicines	
No resolidance entered.	
Other Medical Information	
Since yea last told us about your other medical information, does neyone have reactical information shout any of your physical or ment conditions (Inducting errotional and inserting publicant) or an you achectaled to see anyone elas? No	al .
Antivities, Training	
Artivition	
Changes in stally activities due to physical or mental conditions: No	
Work and Education	
Have you worked or has your work damped: No	
Have you worked or tase your work changes: No Completed or enrelied in specialized training, taske or vocasional school: No	
Vocational Rohabilitation, Employment, or Other Support Services	
Participated in program: No	
Participated in program: No	
Participated in program: No Review	e nea
Participated in program: No Review Remarks: Remarks: I disagnee with the medical decision because not all of my doctors were included in the decision. Additionally, I hav	e reev

12. Covr001 - Cover Sheet Cover Sheet

Cover Sheet for John Public	
I have completed the appeal for disability benefits online. I understand that the be used in making a decision on my claim for benefits.	e appeal I completed and sent to Social Security electronically wil
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 kn	ows about my condition:
I have attached the following items (check all that apply):	
Copies of Medical Records You Already Have Other (Please list below)	↓
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

	Social Security Official Website of the U.S. Social Security Administration	
Disabili	Information You Need to Complete Your Disability Appeal	
DISUDIN	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.	
Getting	Use the checklist below to gather the information you may need to appeal our medical decision.	ion cation
What you i 1. You are	Note: Please print the pdf version of this page to use while you gather your materials.	Complete a Disability
(unless 2. View or	1. Personal Information	ocess
your onl 3. At the e	Name, Social Security number, address, and phone number. Data of Denial Decision	tion
to send 4. When e	Date of Denial Decision. Representative's name, address, and phone number.	important.
being ti 5. This ap	2. Medical Information	e use of your
automa appeal	□Name, address, and phone number of a friend or relative who knows about your medical condition.	courage you to read tement.
Being prep	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.	
Submit	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.	
Completing	Description of any change in your daily activities, work, and education.	
Start a	Note: You may want to refer to your medical records and have your medicine containers available.	
Follow	2. Supporting Documents	
After you a your inform	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.	
account to	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

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	More Information About this Application Other Ways to Complete a Disability Appeal The Appeals Process
 4. When e being it 5. This ap automa appeal prior to submission. Be sure to print or copy the Re-entry Number size appeal prior to submission. Be sure to print or copy the Re-entry Number semail address to us so we can send it to you. Close Being preparese run map you opend note that to compare your support space of the compare your support space. 	
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. Start a New Appeal or Return to a Saved Appeal	

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

Forgot or Lost Re-entry Number

If you have lost or forgotten your Re-entry Number, you can retrieve it by creating or signing into your my Social Security account.

Your Re-entry Number can be retrieved by clicking the "Get Re-entry Number" link found in the "Your Benefit Applications" table.

Close