

# **Social Security Administration**



**SEPTEMBER 2020 ERE Screen Shots**

**For OMB Clearance 0960-0753**

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# ERE Login

## Login Screen



### Electronic Records Express (ERE)

#### Sign In

**Acknowledgement for Website Access**

I understand that the Social Security Administration will validate the information I provide against the information in Social Security Administration's systems.

I certify that:

- I understand that I may be subject to penalties if I submit fraudulent information.
- I agree that I am responsible for all actions taken with my Username.
- I am aware that any person who knowingly and willfully makes any representation to falsely obtain information from Social Security records and/or intends to deceive the Social Security Administration as to the true identity of an individual could be punished by a fine or imprisonment, or both.
- I am authorized to do business under this Username.

By entering your Username, Password and clicking on the "Sign In" button, you certify that you have read, understand and agree to the above statements.

**Username**

**Password**

Sign In

Cancel

#### Help & Support

- For questions or concerns regarding password resets and new ERE account registration, please dial 1-866-691-3061. This number will be staffed from 7am - 7pm EST, Monday thru Friday. After hours questions about password resets and new ERE account registration may be emailed to [electronic-records-express@ssa.gov](mailto:electronic-records-express@ssa.gov)
- For ERE technical issues please send an email to [EETechSupport@ssa.gov](mailto:EETechSupport@ssa.gov)
- All other ERE questions can be sent to [OHO.HQ.Rep.Mail@ssa.gov](mailto:OHO.HQ.Rep.Mail@ssa.gov)
- Appointed Representatives who are locked out can send their name and User ID to [electronic-records-express@ssa.gov](mailto:electronic-records-express@ssa.gov)
- Appointed Representatives who are having issues accessing cases can send their name and Rep ID or User ID to the [OHO.HQ.ARS@ssa.gov](mailto:OHO.HQ.ARS@ssa.gov) mailbox.

#### Privacy Statement

**Your privacy is important.**

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

# *Private Act Statement*



## Privacy Act Statement

### **Collection and Use of Personal Information**

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

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

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


In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0058, entitled Master Files of Social Security Number (SSN) Holders and SSN Applications and 60-0373, entitled Central Repository of Electronic Authentication Data Master File. Additional information and a full listing of all our SORNs are available on our website at [www.socialsecurity.gov/foia/bluebook](http://www.socialsecurity.gov/foia/bluebook).

# ERE Home Page

## Administrator's Home Page View

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## Electronic Records Express (ERE)

OMB No. 0960-0753  
[Paperwork Reduction Act](#)


**System Notices(3)** - System Notice  
Updated: 02/24/2020

[Sign Up for Email ERE System Notifications](#)


**What's New?** - What's New Updated:  
05/23/2020

**Evidence Functions**  [Help](#)


- [Access Electronic Requests](#)
- [Access Provider's Electronic Requests](#)
- [Send Individual Response](#)
- [Send Grouped Response](#)
- [Send CE with Scanned Signature](#)
- [Send CE Report](#)
- [Send CE No Show Response](#)
- [Prepare Report for Provider](#)
- [Review / Submit Prepared Requests](#)
- [Track Status of Submissions](#)
- [Submission Inquiry](#)
- [Teacher Questionnaire \(PDF\)](#)

**Account Functions**  [Help](#)

- [Create Account](#)
- [Search Accounts](#)
- [Modify Your Account](#)
- [Change Your Password](#)
- [Manage Your Email Notifications](#)

**Messaging Functions**  [Help](#)

- [Secure Messaging](#)
- [Contact OHO Office](#)

**Payment Functions**  [Help](#)

- [Submit Payment Request](#)
- [Access Provider's Electronic Payment Requests](#)

### Help & Support

Email:  
[EETechSupport@SSA.gov](mailto:EETechSupport@SSA.gov)

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

[User Resources](#)

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



# Individual End-User Home Page View

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### Electronic Records Express (ERE)

OMB No. 0960-0753  
[Paperwork Reduction Act](#)

**System Notices(3)** - System Notice  
Updated: 02/24/2020

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**What's New?** - What's New Updated:  
05/23/2020

**Evidence Functions**    [Help](#)

- [Access Electronic Requests](#)
- [Send Individual Response](#)
- [Send Grouped Response](#)
- [Send CE with Scanned Signature](#)
- [Send CE Report](#)
- [Send CE No Show Response](#)
- [Review / Submit Prepared Requests](#)
- [Track Status of Submissions](#)
- [Teacher Questionnaire \(PDF\)](#)

**Account Functions**    [Help](#)

- [Modify Your Account](#)
- [Change Your Password](#)
- [Manage Your Email Notifications](#)

**Messaging Functions**    [Help](#)

- [Secure Messaging](#)
- [Contact OHO Office](#)

**Payment Functions**    [Help](#)

- [Submit Payment Request](#)

### Help & Support

Email:  
[EETechSupport@SSA.gov](mailto:EETechSupport@SSA.gov)

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

[User Resources](#)


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

# Account Services

## Create an Individual End-User Account

### Basic Information

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**ERE: Create An Account**

1 Provide Account Information    2 Review & Submit    3 Confirmation

**Account Type & Username**    [User Resources](#)

What type of account would you like to create?

Administrator Account  
 Regional Administrator Account  
 Sponsor Account  
 Individual End-User Account

Demo Account

**Username:**

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

**User Information**

**Name:**  
          
First    Middle    Last

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

**Alternate Phone Number (optional):**  
 U.S.     International  
      
10-digit Number    Ext

**FAX Number (optional):**  
 U.S.     International  
  
10-digit Number

**Primary Email Address:**

**Confirm Primary Email Address:**


**Alternate Email Address (optional):**

**Confirm Alternate Email Address (optional):**

**Next**    Cancel

# Organization Information

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## ERE: Create An Account

1  Provide Account Information   2  Provide Organizational Information   3  Review  
4  Confirmation

[User Resources](#)

### Organization Information

**Organization Type:**  
Other

**Organization Name:**

**Department (optional):**

**Position (optional):**

**Address:**

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

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

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

**Primary Site:**

**Primary Site Contact:**

### Account Functions

**Functions:**  
Select the functions that apply to the user. You must select at least one option.

- Send Individual Response
- Send Grouped Response
- Consultative Exam
- Prepare Consultative Exam Report for Provider
- Review/Submit CE Reports
- Consultative Exam with Scanned Signatures
- Secure Messaging
- Contact OHO Office
- Consultative Examination Payment Request: Provider
- Consultative Examination Payment Request: Billing Clerk
- Medical Evidence Payment Request: Provider
- Medical Evidence Payment Request: Billing Clerk


### Additional Information

**Comments (optional):**  
(254 characters maximum)

Characters remaining: 254

# Review

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### ERE: Create An Account

1 Provide Account Information2 Provide Organizational Information3 Review

4 Confirmation[User Resources](#)

#### Review & Submit

Please make sure the information you provided is correct.

Edit  **Account & User Information**

**Account Type & Username**  
Account Type: **Individual End-User Account**  
Demo Account? **Yes**  
Username: **PROUSR01**

**User Information**  
Name: **CEMER Provider**  
Primary Phone Number: **(999) 999-9999 ext.**  
Alternate Phone Number: **ext.**  
FAX Number:  
Primary Email Address: **Dhaval.K.Shah@ssa.gov**  
Alternate Email Address:

Edit  **Organizational Information**

**Organization Information**  
Organization Type: **Other**  
Organization Name: **Shah Medical Associates**  
Department: **General**  
Position: **Doctor**  
Address: **6401 Security Blvd, Woodlawn, MD, 21244**  
Primary Site: **MD - Timonium DD \$ [823]**  
Primary Site Contact: **Account, Sponsor (SPONBPD1)**

**Account Functions**  
Selected: **Send Individual Response, Send Grouped Response, Consultative Exam, Review/Submit CE Reports, Contact OHO Office, Consultative Examination Payment Request: Provider, Medical Evidence Payment Request: Provider**


**Additional Information**  
Comments:

**Submit**[Previous](#)[Cancel](#)

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## Confirmation

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### ERE: Create An Account

1 ✓ Provide Account Information    2 ✓ Provide Organizational Information    3 ✓ Review  
4 Confirmation

✓ **You successfully created an account.**

The Username and instructions have been mailed to PROUSR01 at **Dhaval.K.Shah@ssa.gov**. Please provide the account information to the new account holder. The SSA ID listed below has been sent to you via email.

SSA ID: **JCWJF2XM8B**  
Temporary Password: **BSDTD1aSAU**


[Print this page](#)

[User Resources](#)

[ERE Home](#)    [Create Relationship for This Account](#)

## Duplicate e-Mail warning message for multiple ERE accounts

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### ERE: Create An Account

1 Provide Account Information    2 Review & Submit    3 Confirmation

⚠ **An ERE account already exists using the email address <Dhaval.K.Shah@ssa.gov>. To continue using this email address, submit the form again.**

# Manage End-User Relationships

## Search Criteria

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### ERE: Create Relationship

**Username:** PROUSR01  
**First Name:** CEMER  
**Last Name:** Provider

**Organization:** Shah Medical Associates  
**State/Territory:** MD  
**Function:** Review/Submit CE Reports,  
Send Individual Response, Consultative  
Examination Payment Request: Provider,  
Medical Evidence Payment Request:  
Provider

[? User Resources](#)

#### Search for Available Users By:

<b>Username:</b> <input type="text"/>	<b>Organization Name:</b> <input type="text"/>
<b>Last Name:</b> <input type="text"/>	<b>Organization Type:</b> <input type="text" value="--"/>
<b>First Name:</b> <input type="text"/>	<b>State/Territory:</b> <input type="text" value="--"/>

**Search for Available Users By:**

- CE Admin
- CE Billing Clerk
- MER Billing Clerk

[Search](#) [Cancel](#)

# Search Results

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---

### ERE: Create Relationship

**Username:** PROUSR01  
**First Name:** CEMER  
**Last Name:** Provider

**Organization:** Shah Medical Associates  
**State/Territory:** MD  
**Function:** Review/Submit CE Reports,  
Send Individual Response, Consultative  
Examination Payment Request:  
**Provider, Medical Evidence Payment  
Request: Provider**

[User Resources](#)

### Search Results

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

Showing 1-6 of 38 << First < Prev 1 2 3 4 5 6 7 Next > Last >>


<input type="checkbox"/>	<u>Username:</u>	<u>Last Name:</u>	<u>First Name:</u>	<u>Organization Name:</u>	<u>Organization Type:</u>	<u>State/Territory:</u>	<u>User Type:</u>
<input type="checkbox"/>	123456DD	Johnson	Glory		Other	MD	CE Admin
<input type="checkbox"/>	179976SA	smith	bob	ddffddd	Other	MD	CE Admin
<input type="checkbox"/>	508PROAD	ProAdminClerk	FiveZeroEight	SSA	Other	MD	CE Admin
<input type="checkbox"/>	508PROAD	ProAdminClerk	FiveZeroEight	SSA	Other	MD	CE Billing Clerk
<input type="checkbox"/>	508PROAD	ProAdminClerk	FiveZeroEight	SSA	Other	MD	MER Billing Clerk
<input type="checkbox"/>	CEAP2SUK	Suk	CEAP	CEAP practice	Other	MD	CE Admin

Showing 1-6 of 38 << First < Prev 1 2 3 4 5 6 7 Next > Last >>

Create Relationship Edit Search Cancel

# Create Individual End-User Account Summary

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### ERE: Account Summary

✔ You successfully created the relationship(s).

#### Action

- [Modify Account Info](#)
- [Reset Password](#)
- [Suspend Account](#)
- [Delete Account](#)
- [View Log History](#)

[User Resources](#)

#### Account Information

---

**Username:** PROUSR01  
**SSA ID:** JCWJF2XM8B  
**Demo Account:** Yes  
**Account Type:** Individual End-User Account  
**Account Status:** ACTIVE

---

**Name:** CEMER Provider  
**Primary Phone Number:** 9999999999  
**Alternate Phone Number:**  
**FAX Number:**  
**Primary Email Address:** Dhaval.K.Shah@ssa.gov  
**Alternate Email Address:**

---

**Organization Type:** Other  
**Organization Name:** Shah Medical Associates  
**Department:** General  
**Position:** Doctor  
**Address:** 6401 Security Blvd, Woodlawn, MD 21244  
**Primary Site:** MD - Timonium DDS [S23]  
**Primary Site Contact:** Sponsor Account

---

**Account Functions:** Send Individual Response, Send Grouped Response, Consultative Exam, Review/Submit CE Reports, Consultative Exam with Scanned Signatures, Contact OHO Office, Consultative Examination Payment Request: Provider, Medical Evidence Payment Request: Provider

---

**Comments:**


### Current Relationships


Username	Last Name	First Name	Organization Name	Organization Type	State	User Type	Action
DSHAH008	Clerk	MER	Dhaval's Insurance Carrier	Other	MD	MER Billing Clerk	<a href="#">Delete</a>



# Search Accounts

## Search Page

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### ERE: Search Accounts

#### Search for Accounts By:

<b>Last Name:</b> <input type="text"/>	<b>SSA ID:</b> <input type="text"/>
<b>First Name:</b> <input type="text"/>	<b>Phone Number:</b> <input type="text"/>
<b>Username:</b> <input type="text"/>	<b>Email Address:</b> <input type="text"/>
<b>Primary Site:</b> <input type="text" value="--"/> 	

**Match:**  
 ALL Information Entered  
 ANY Information Entered  
  
 Include Demo Accounts  
 Exclude Deleted Accounts

[+ Show and select functions to include in search](#)

[User Resources](#)

Search

[ERE Home](#)

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# Search Results

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### ERE: Search Accounts

#### Search Results

[User Resources](#)

Showing 1-25 of 125

<< First < Prev 1 2 3 4 5 Next > Last >>

<u>Username</u>	<u>Account Type</u>	<u>Last Name</u>	<u>First Name</u>	<u>Demo?</u>	<u>Account Status</u>	<u>Organization</u>	<u>Phone</u>	<u>Email</u>	<u>Site</u>
<a href="#">508PROAD</a>	Individual End-User Account	ProAdminClerk	FiveZeroEight	Yes	ACTIVE	SSA	(410) 965-1234	Dhaval.K.Shah@ssa.gov	CA5
<a href="#">ADMN0001</a>	Administrator Account	Shah	Dhaval	Yes	ACTIVE	SSA	(410) 966-8092	Dhaval.K.Shah@ssa.gov	
<a href="#">ADMN0002</a>	Administrator Account	Shah	Dhaval	Yes	ACTIVE	SSA	(410) 966-8092	Dhaval.K.Shah@ssa.gov	
<a href="#">ADMN0003</a>	Administrator Account	SHAH	DHAVAL	Yes	ACTIVE	SSA	(410) 966-8092	Dhaval.K.Shah@ssa.gov	
<a href="#">ADMN0004</a>	Administrator	SHAH	DHAVAL	Yes	ACTIVE	SSA	(410)	Dhaval.	

# Delete Account

Dhaval Shah | [Sign Out](#)

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



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### ERE: Delete Account

Username: **TSTADMN1**

First Name: **Dhaval**

Last Name: **Shah**

Organization: **SSA**

State/Territory:

[? User Resources](#)




**You are about to delete this account. Please select the "Yes, Delete Account" button below to continue or select "Cancel".**

**Yes, Delete Account**

Cancel

## Delete Account Summary

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### ERE: Account Summary


 **You successfully deleted account TSTADMN1.**

<h4>Action</h4> <ul style="list-style-type: none"><li><a href="#">View Log History</a></li><li><a href="#">User Resources</a></li></ul>	<h4>Account Information</h4> <hr/> <p><b>Username:</b> TSTADMN1 <b>SSA ID:</b> CQBU96BM94 <b>Demo Account:</b> Yes <b>Account Type:</b> Administrator Account <b>Account Status:</b> DELETED</p> <hr/> <p><b>Name:</b> Dhaval Shah <b>Primary Phone Number:</b> 4109668092 <b>Alternate Phone Number:</b> <b>FAX Number:</b> <b>Primary Email Address:</b> Dhaval.K.Shah@ssa.gov <b>Alternate Email Address:</b></p> <hr/> <p><b>Department:</b> Testing <b>Position:</b> Testing</p>
---	---

[ERE Home](#) [Back To Search Results](#)

# Change Your Password

Dhaval Shah | [Sign Out](#) Text Size  | [Accessibility Help](#)

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## ERE: Change Your Password

### Enter Password Information

[? User Resources](#)

**Current Password:**

**New Password:**  
 Password Strength


Must be 8-20 characters and contain at least:


- one uppercase letter (A-Z)
- one lowercase letter (a-z)
- one number (0-9)
- one symbol (For example: ! @ # \$ % ^ & \*)

**Re-Enter New Password:**

[Submit](#) [Cancel](#)


## Change Your Password Confirmation

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## ERE: Change Your Password


 **You successfully changed your password and a confirmation email has been sent to you.**

[? User Resources](#)

[ERE Home](#)

# Modify Account

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### ERE: Modify Account Information

#### Account Type & Username

---

**Username:** PROUSR01  
**SSA ID:** JCWJF2XM8B  
**Account Type:** Individual End-User Account  
**Account Status:** ACTIVE

---

Demo Account

#### User Information

---

**Name:**

CEMER		Provider
First	Middle	Last

**Primary Phone Number:**

U.S.    International

9999999999	
10-digit Number	Ext

**Alternate Phone Number (optional):**

U.S.    International

10-digit Number	Ext

**FAX Number (optional):**

U.S.    International

10-digit Number

---

**Primary Email Address:**

Dhaval.K.Shah@ssa.gov
-----------------------

**Confirm Primary Email Address:**

Dhaval.K.Shah@ssa.gov	<input checked="" type="checkbox"/> Emails match.
-----------------------	---

**Alternate Email Address (optional):**

--

**Confirm Alternate Email Address (optional):**

[User Resources](#)

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Confirm Alternate Email Address (optional):

## Organization Information

Organization Type:

Organization Name:

Department (optional):

Position (optional):

Address:

Country:

Street Address:

Street Line 1:

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

City/Town:

State/Territory:

ZIP Code:

Primary Site:

Primary Site Contact:

## Account Functions

Select the functions that apply to the user. You must select at least one option.

- Send Individual Response
- Send Grouped Response
- Consultative Exam
- Prepare Consultative Exam Report for Provider
- Review/Submit CE Reports
- Consultative Exam with Scanned Signatures
- Secure Messaging
- Contact OHO Office
- Consultative Examination Payment Request: Provider
- Consultative Examination Payment Request: Billing Clerk
- Medical Evidence Payment Request: Provider
- Medical Evidence Payment Request: Billing Clerk

**Comments (optional):**  
(254 characters maximum)

Characters remaining: 254


Save

Cancel



# Modify Account Confirmation

Dhaval Shah [Sign Out](#) Text Size Accessibility Help



## Social Security

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### ERE: Account Summary

You successfully saved the account changes and a confirmation email has been sent to the account holder.

#### Action

- [Modify Account Info](#)
- [Reset Password](#)
- [Suspend Account](#)
- [Delete Account](#)
- [View Log History](#)

[User Resources](#)

#### Account Information

---

**Username:** PROUSR01  
**SSA ID:** JCWJF2XM8B  
**Demo Account:** Yes  
**Account Type:** Individual End-User Account  
**Account Status:** ACTIVE

---

**Name:** CEMER Provider  
**Primary Phone Number:** 9999999999  
**Alternate Phone Number:**  
**FAX Number:**  
**Primary Email Address:** Dhaval.K.Shah@ssa.gov  
**Alternate Email Address:**

---

**Organization Type:** Other  
**Organization Name:** Shah Medical Associates  
**Department:** General  
**Position:** Doctor  
**Address:** 6401 Security Blvd, Woodlawn, MD 21244  
**Primary Site:** MD - Timonium DDS [S23]  
**Primary Site Contact:** Sponsor Account

---

**Account Functions:** Send Individual Response, Consultative Exam, Review/Submit CE Reports, Contact OHO Office, Consultative Examination Payment Request: Provider, Medical Evidence Payment Request: Provider

---

**Comments:**

---

### Current Relationships


Username	Last Name	First Name	Organization Name	Organization Type	State	User Type	Action
DSHAH008	Clerk	MER	Dhaval's Insurance Carrier	Other	MD	MER Billing Clerk	<a href="#">Delete</a>


[Create New Relationship](#)

[ERE Home](#)

[Back To Search Results](#)

## Manage E-Mail Notification

Dhaval Shah | [Sign Out](#) Text Size  | [Accessibility Help](#)

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

---

### ERE: Manage Your Email Notifications

#### Email Notifications

ERE automatically sends email notifications indicating that you have new requests.

---

**Manage Email Notifications:**  
Update notifications for "New Electronic Requests" sent to me at  
**Dhaval.K.Shah@ssa.gov**

On  
 Off (You will continue to receive emails about errors and system notifications)


[▶ Update your email address](#)


[? User Resources](#)

---

[Submit](#) [ERE Home](#)


## Manage E-Mail Notification Confirmation

Dhaval Shah | [Sign Out](#) Text Size  | [Accessibility Help](#)

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

---

### ERE: Manage Your Email Notifications

 **You successfully turned OFF email notifications.**

[? User Resources](#)


---

[ERE Home](#)

# Evidence Services

## Send Individual Response

### Destination and Request Information



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### ERE: Send Individual Response

1 Destination Information   2 Review & Add Files   3 Confirmation

#### Destination and Request Information

Please refer to your request letter or barcode to complete this information.

Select destination by: [More Info](#)

Site Code    State

Site Code:                    s02

State:                         AK-Alaska

Destination:                AK - Alaska DDS [S02]

---

**Social Security Number (SSN):**

**RQID (Request ID):**

**RF (Routing Field):**

P  
 D or Blank  
 No RF or No Barcode

**DR:**

F  
 S  
 No DR or No Barcode

**CS (only if applicable):**


---

**Do you have records to submit for this case?**

Yes    No

**Document Type:**

## Review & Add Information



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

### ERE: Send Individual Response

1 ✓ Destination Information   2 Review & Add Files   3 Confirmation

#### Review

[User Resources](#)

[Edit](#)   Destination and Request Information

Destination: <b>AK - Alaska DDS [S02]</b>	RF: <b>D or Blank</b>
SSN: <b>111-11-1111</b>	DR: <b>F</b>
RQID: <b>234sdfwer3r</b>	CS:

#### Attach and Upload Files

- A maximum of 25 files can be added and all files must total less than 200MB.
- File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .txt, .xls, .xlsx, .pdf, .rtf, .tiff, .tif.
- Please do not upload password-protected files because they cannot be processed.

Add Files:  [Browse...](#)

**Additional Comments:**  
(16,000 characters maximum)

Characters remaining: 16000

[Submit](#)   [Previous](#)   [Cancel](#)

## Tracking Page (no fiscal)



Social Security

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### ERE: Send Individual Response

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

#### ✓ Thank you for your submission

Individual Response Submission - Tracking Information

Tracking Number: **17353503676B5D2FN**

Submitted on: 07/15/2020 at 12:30 PM EDT

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

[Print this page](#)

[User Resources](#)

### Submission Summary

Tracking Information

#### Destination and Request Information

Destination: **AK - Alaska DDS [S02]**

SSN: **111-11-1111**

RQID: **234sdfwer3r**

RF: **D or Blank**

DR: **F**

CS:

Document Type: **Medical Evidence of Record (MER) - 0001**

#### Uploaded File(s)

File Name	File Size
High_Image_size_PDF.pdf	50634 KB
<b>Total File Size</b>	<b>50,634 KB</b>

Comments: **No comments added**

[Send Another Response](#)

[ERE Home](#)

## Tracking Page (fiscal)



# Social Security

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

## ERE: Send Individual Response

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

✓ Thank you for your submission

Individual Response Submission - Tracking Information

Tracking Number: **1735351FFDC94A7FN**

Submitted on: 07/15/2020 at 12:32 PM EDT

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

[Print this page](#)

[User Resources](#)

### Submission Summary

Tracking Information

#### Destination and Request Information

Destination: MD - Timonium DDS [S23]

SSN: 111-11-1111

RQID: 43rdsfwr234

RF: D or Blank

DR: F

CS:

Document Type: Medical Evidence of Record (MER) - 0001

#### Uploaded File(s)

File Name	File Size
High_Image_size_PDF.pdf	50634 KB
<b>Total File Size</b>	<b>50,634 KB</b>

Comments: No comments added


[Send Another Response](#)


[ERE Home](#)

[Request Payment](#)

# Send Grouped Response

## Destination Information

Cartique Barath | Sign Out Text Size  | Accessibility Help



## Social Security

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

---

### ERE: Send Grouped Response

1 Destination Information2 Review & Add Files3 Confirmation

#### Destination and Request Information

Select destination by: [More Info](#)

Site Code    State

Site Code:            s23

State:                 MD-Maryland

Destination:         MD - Timonium DDS [S23]

---

Does the first page of all the documents contain an enhanced 2-D barcode?


[More Info](#)

Yes    No

[User Resources](#)

## Review & Add Information

Cartique Barath | Sign Out Text Size  | Accessibility Help





# Social Security

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

---

### ERE: Send Grouped Response

1  Destination Information2  Review & Add Files3  Confirmation

#### Review

Destination Information

---

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

#### Attach and Upload Files

- A maximum of 25 files can be added and all files must total less than 200MB.
- ONLY zipped files can be uploaded.
- Those zipped files must only contain .tif, .tiff, .jpg, .bmp or .pdf files.
- You may not upload a zip within a zipped file.
- Please do not upload password-protected files because they cannot be processed.


Add Files:

[User Resources](#)



# Confirmation

Cartique Barath | Sign Out Text Size ▾ | Accessibility Help



## Social Security

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

---

### ERE: Send Grouped Response

1 ✓ Destination Information2 ✓ Review & Add Files3 ➔ Confirmation

✓ Thank you for your submission.[User Resources](#)

Grouped Response Submission - Tracking Information

Tracking Number: **17353687F49F06C6N**

Submitted on: 07/15/2020 at 12:57 PM EDT

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

[Print this page](#)

#### Submission Summary

Tracking Information

---

##### Destination Information

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

Barcode Present? **Yes**

---


##### Uploaded File(s)

File Name	File Size
HighGMER.zip	55359 KB
<b>Total File Size:</b>	<b>55,359 KB</b>

[Send Another Response](#)[ERE Home](#)

# Send CE Report

## Destination & Request Information



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

### ERE: Send CE Report

1 Destination Information 2 Review & Add Files 3 Confirmation

#### Destination and Request Information

Please refer to your request letter or barcode to complete this information.

Select destination by: [More Info](#)

Site Code  State

Site Code: s02

State: AK-Alaska

Destination: AK - Alaska DDS [S02]

Social Security Number (SSN):

RQID (Request ID):

RF (Routing Field):

P  
 D or Blank  
 No RF or No Barcode

DR:

F  
 S  
 No DR or No Barcode

CS (only if applicable):

Document Type:

[User Resources](#)

## Review & Add Information

Cartique Barath [Sign Out](#) Text Size Accessibility Help

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

### ERE: Send CE Report

1 Destination Information   2 Review & Add Files   3 Confirmation

[User Resources](#)

#### Review

**Destination and Request Information**

Destination: AK - Alaska DDS [S02]	RF: D or Blank
SSN: 111-11-1111	DR: F
RQID: 3234adf23r4adf	CS:

#### Attach and Upload Files

- A maximum of 25 files can be added and all files must total less than 200MB.
- File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .txt, .xls, .xlsx, .pdf, .rtf, .tiff, .tif.
- Please do not upload password-protected files because they cannot be processed.

Add Files:

Additional Comments:  
(16,000 characters maximum)

Characters remaining: 16000

#### Consultative Examination Authorization Agreement


**Please read this statement and indicate your understanding by checking the "I have read..." box below. When you select "Submit", you will generate an electronic signature and submit your response.**

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

I have read and agree with the Agreement above.

## Tracking Page (no fiscal)

Carlque Barath [Sign Out](#) Text Size Accessibility Help



# Social Security

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

---

### ERE: Send CE Report

1 Destination Information2 Review & Add Files3 Confirmation

**Thank you for your submission**

CE Report Submission - Tracking Information

Tracking Number: **173537A0E919C20AN**

Submitted on: **07/15/2020 at 01:16 PM EDT**

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

[Print this page](#)

[User Resources](#)

---

### Submission Summary

Tracking Information

---

#### Destination and Request Information

Destination: **AL - Birmingham DD \$ [S01]**  
SSN: **111-11-1111**  
RQID: **234sdf23rdrf**  
RF: **D or Blank**  
DR: **F**  
CS:  
Document Type: **Consultative Examination Report (CE) - 0002**

---

#### Uploaded File(s)

File Name	File Size
High_image_size_WORD.doc	45789 KB
<b>Total File Size</b>	<b>45,789 KB</b>


Comments: **No comments added**

Your response was electronically signed.

[Send Another Response](#)[ERE Home](#)

## Tracking Page (with fiscal)

Carlique Barath | Sign Out Text Size Accessibility Help

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

---

### ERE: Send CE Report

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

**✓ Thank you for your submission**

CE Report Submission - Tracking Information

Tracking Number: **1735374A7567BF60N**

Submitted on: **07/15/2020 at 01:10 PM EDT**

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

[Print this page](#)

[User Resources](#)

---

### Submission Summary

Tracking Information

---

#### Destination and Request Information

Destination: **AK - Alaska DD\$ [S02]**  
SSN: **111-11-1111**  
RQID: **3234edf23r4edf**  
RF: **D or Blank**  
DR: **F**  
CS:  
Document Type: **Consultative Examination Report (CE) - 0002**

---

#### Uploaded File(s)

File Name	File Size
High_image_size_WORD.doc	45789 KB
<b>Total File Size</b>	<b>45,789 KB</b>

Comments: **No comments added**


Your response was electronically signed.


---

[Send Another Response](#)    [ERE Home](#)    [Request Payment](#)

# Send CE Report(s) with Scanned Signature

## Destination Information

Cartique Barath | Sign Out Text Size  | Accessibility Help



### Social Security

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

---

## ERE: Send CE with Scanned Signature

1 Destination Information2 Review & Add Files3 Confirmation

#### Destination and Request Information

[User Resources](#)

Select destination by: [More Info](#)

Site Code    State

**Site Code:**                    s23

**State:**                         MD-Maryland

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


---


Does the first page of all the documents contain an enhanced 2-D barcode?

[More Info](#)

Yes    No




## Review & Add Information

Cartique Barath | [Sign Out](#) | Text Size  | [Accessibility Help](#)

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

---

### ERE: Send CE with Scanned Signature

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

[? User Resources](#)

#### Review

[Edit](#)   Destination Information

Destination: **MD - Timonium DDS [S23]**  
Barcode Present? **No**

#### Attach and Upload Files

- A maximum of 25 files can be added and all files must total less than 200MB.
- Uploaded files must be .tif, .tiff, .jpg, .bmp, .pdf, or .zip types.
- Zipped files can only contain .tif, .tiff, .jpg, .bmp, .pdf.
- You may not upload a zip within a zipped file.
- Please do not upload password-protected files because they cannot be processed.

Add Files:  [Browse...](#)

[Submit](#)   [Previous](#)   [Cancel](#)

# Confirmation



## Social Security

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

### ERE: Send CE with Scanned Signature

- 1 ✓ Destination Information
- 2 ✓ Review & Add Files
- 3 Confirmation

✓ Thank you for your submission.

CE Scanned Signature Submission - Tracking Information

Tracking Number: **173536BC7AE61DA5N**

Submitted on: 07/15/2020 at 01:00 PM EDT

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

[User Resources](#)

[Print this page](#)

### Submission Summary

Tracking Information

#### Destination Information

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

Barcode Present? **No**

#### Uploaded File(s)

File Name	File Size
test-jpg.zip	91 KB
<b>Total File Size:</b>	<b>91 KB</b>


[Send Another Response](#)


[ERE Home](#)



# Send CE No Show Response

## Destination and Request Information

Cartique Barath | Sign Out Text Size  | Accessibility Help



### Social Security

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

---

### ERE: Send No Show Response

1 Destination Information2 Review & Add Files3 Confirmation

[User Resources](#)

#### Destination and Request Information

Please refer to your request letter or barcode to complete this information.

**Select destination by:** [More Info](#)

Site Code    State

**Site Code:**                    s23

**State:**                        MD-Maryland

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

---

**Social Security Number (SSN):**

**RQID (Request ID):**

**RF (Routing Field):**

P

D or Blank

No RF or No Barcode

**DR:**

F


S

No DR or No Barcode

**CS (only if applicable):**

## Review & Add Information

Cartique Barath | Sign Out Text Size ▾ | Accessibility Help

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

---

### ERE: Send No Show Response

1 ✓ Destination Information   2 Review & Add Files   3 Confirmation

[User Resources](#)

#### Review

[Edit](#)   Destination and Request Information

Destination: MD - Timonium DDS [S23]	RF: D or Blank
SSN: 111-11-1111	DR: F
RQID: 234sdf23rsdf	CS:

#### Add No Show Reason and Comments

Select a reason and provide comments about why the exam was not performed.

**Reason for No Show Response**

- No contact with patient
- Patient cancelled appointment (provide reason if known)
- Patient showed up for appointment but could not be evaluated (comments required)
- Other (comments required)

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


Characters remaining: 16000

[Submit](#)   [Previous](#)   [Cancel](#)

**Tracking Page (no fiscal)**

Cartique Barath | Sign Out Text Size ▾ Accessibility Help

---



## Social Security

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

---

### ERE: Send No Show Response

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

**✓ Thank you for your submission**

No Show Response Submission - Tracking Information

Tracking Number: **173537048389953EN**

Submitted on: 07/15/2020 at 01:05 PM EDT

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

[User Resources](#)

[Print this page](#)

#### Submission Summary

Tracking Information

---

#### Destination and Request Information

Destination: **AK - Alaska DDS [S02]**

SSN: **111-11-1111**

RQID: **345ds34rs34**

RF: **D or Blank**

DR: **F**

CS:

---

#### Request Response


Reason: **No contact with patient**

Comments: **No comments added**

[Send Another Response](#) [ERE Home](#)

# Tracking Page (fiscal)

Cartique Barath | Sign Out | Text Size | Accessibility Help



## Social Security

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

### ERE: Send No Show Response

1 ✓ Destination Information | 2 ✓ Review & Add Files | 3 Confirmation

✓ **Thank you for your submission**

No Show Response Submission - Tracking Information

Tracking Number: **173536E8ECDD8A4EN**

Submitted on: 07/15/2020 at 01:03 PM EDT

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

[Print this page](#)

[User Resources](#)

#### Submission Summary

Tracking Information

---

##### Destination and Request Information

Destination: **MD - Timonium DDS [S23]**  
SSN: **111-11-1111**  
RQID: **234sdf23rsdf**  
RF: **D or Blank**  
DR: **F**  
CS:

---

##### Request Response


Reason: **No contact with patient**  
Comments: **No comments added**

[Send Another Response](#) | [ERE Home](#) | [Request Payment](#)

# Prepare CE Report for Provider

## Destination Information

Cartique Barath | Sign Out | Text Size | Accessibility Help

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

### ERE: Prepare Report for Provider

1 Destination Information | 2 Review & Add Files | 3 Confirmation

[User Resources](#)

#### Enter Provider Information

Select the provider for whom this Consultative Exam is being prepared.

**Reviewing Provider:**  
Barath, Cartique

#### Enter Patient Information

**Patient Name:**  
Donald | | Trump  
First Middle Last

**Patient Date of Birth:**  
01/01/1950  
mm/dd/yyyy

#### Destination and Request Information

Please refer to your request letter or barcode to complete this information.

**Select destination by:** [More Info](#)  
 Site Code  State

**Site Code:** s02  
**State:** AK-Alaska  
**Destination:** AK - Alaska DDS [S02]

**Social Security Number (SSN):**

**RQID (Request ID):**

**RF (Routing Field):**  
 P  
 D or Blank  
 No RF or No Barcode


**DR:**  
 F  
 S  
 No DR or No Barcode

**CS (only if applicable):**

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

# Review & Add Information

Cartique Barath | Sign Out Text Size | Accessibility Help



## Social Security

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

---

### ERE: Prepare Report for Provider

1 ✓ Destination Information 2 Review & Add Files 3 Confirmation

#### Review

Edit Destination Information

Reviewing Provider: <b>Barath, Cartique</b>	RF: <b>D or Blank</b>
Patient Name: <b>Donald Trump</b>	DR: <b>F</b>
Patient DOB: <b>01/01/1950</b>	CS:
Destination: <b>AK - Alaska DDS [S02]</b>	Document Type: <b>Consultative Examination Report (CE) - 0002</b>
SSN: <b>111-11-1111</b>	
RQID: <b>234sdf3rsdfst</b>	

[User Resources](#)

#### Attach and Upload Files

- A maximum of 25 files can be added and all files must total less than 200MB.
- File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .txt, .rtf, .xls, .xlsx, .pdf, .tiff, .tif.
- Please do not upload password-protected files because they cannot be processed.

Add Files:  Browse...


**Additional Comments:**  
(16,000 characters maximum)

Characters remaining: 16000

[Send to Provider](#) [Previous](#) [Cancel](#)

# Tracking Page

Cartique Barath | [Sign Out](#) Text Size Accessibility Help

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

---

## ERE: Prepare Report for Provider

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

✓ **Thank you for your submission.**

Prepared Submission - Tracking Information

Tracking Number: **17353822E3342F13N**

Submitted on: **07/15/2020 at 01:25 PM EDT**

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

[Print this page](#)

[User Resources](#)

---

### Submission Summary

Tracking Information

---

#### Reviewing Provider Information

Reviewing Provider: **Barath, Cartique**

---

#### Patient Information

Patient Name: **Donald Trump**  
Patient DOB: **01/01/1950**

---

#### Destination and Request Information

Destination: **AK - Alaska DDS [S02]**  
SSN: **111-11-1111**  
RQID: **234edf3redfst**  
RF: **D or Blank**  
DR: **F**  
CS:  
Document Type: **Consultative Examination Report (CE) - 0002**

---

#### Uploaded File(s)

File Name	File Size
High_image_size_WORD3.doc	45789 KB
High_image_size_WORD.tif	4457 KB
test-stretched-jpg.JPG	640 KB
<b>Total File Size</b>	<b>50,886 KB</b>

Comments: **No comments added**

---

[Prepare Another CE Report](#)    [ERE Home](#)

# Access Electronic Requests

## Open Requests Page


Cartique Barath | Sign Out | Text Size | Accessibility Help

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

### ERE: Access Electronic Requests

**Request Type:**  
Open Requests


[User Resources](#)

<u>Priority</u>	<u>Patient Name</u>	<u>SSN (Last 4)</u>	<u>Request Date</u>	<u>Appt Date</u>	<u>Appt Time</u>	<u>Location</u>	<u>Request Status</u>	<u>Payment Status</u>	<u>Payment Request</u>
	<a href="#">Ditto938, John938</a>	0938	07/12/2020	08/17/2020	01:20 PM	TestingPlace	NEW		
	<a href="#">DittoPay, JohnCE419</a>	0419	07/07/2019	08/21/2020	04:50 PM	TestingPlace	PREPARED	NEW	Need Report
	<a href="#">DittoPay, JohnCE420</a>	0420	07/07/2019	08/21/2020	04:50 PM	TestingPlace	NEW	NEW	Need Report
	<a href="#">Ditto937, John937</a>	0937	07/12/2020	09/17/2020	01:20 PM	TestingPlace	NEW		
	<a href="#">Ditto992, John952</a>	0992	06/30/2020	09/30/2020	01:20 PM	TestingPlace	PREPARED		
	<a href="#">PayDitto, eORMER46</a>	0046	07/10/2020				NEW	NEW	Need Report



# View / Submit CE Request – Upload Files

Cartique Barath | Sign Out Text Size ▾ | Accessibility Help



## Social Security

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

---

### ERE: View / Submit CE Request

**⚠ Priority Request**

Immediate response needed.

[User Resources](#)

Patient Name: <b>John937 Ditto937</b> Patient DOB: <b>10/28/1980</b> Request Type: <b>Consultative Exam</b> Request ID: <b>20200712DREW_0070</b> <b>D</b> Requesting Office: <b>DE - Delaware DDS [S09]</b> Location: <b>eORTest, MOREDA CABN PROFESSIO URB. GARCIA, CALLE MAR ENTRANDO POR GARAGE SH, ARECIBO, PR 00612</b>	Patient SSN: <b>XXX-XX-0937</b> Provider Name: <b>Cartique Barath</b> Request Date: <b>07/12/2020</b> Disability Examiner: CE App't Date & Time: <b>09/17/2020 01:20 PM</b>
---	---

#### Service Items

---

**Service Item 1:**

Item Description: Report

Item Code: 2825

---

**Service Item 2:**

Item Description: Data

Item Code: 2655

---

**Service Item 3:**

Item Description: Info

Item Code: 2715

#### Request Details

## Request Details

What's Changed:

Special Instructions:

Documentation:

File Name	Date Added
<a href="#">Request Letter</a>	07/15/2020
<a href="#">Supporting Documentation</a>	07/15/2020
<a href="#">Supporting Documentation</a>	07/15/2020
<a href="#">Supporting Documentation</a>	07/15/2020

## Request Response

Was a Consultative Exam performed?

Yes  No

## Attach and Upload Files

- A maximum of 25 files can be added and all files must total less than 200MB.
- File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .txt, .xls, .xlsx, .pdf, .rtf, .tiff, .tif
- Please do not upload password-protected files because they cannot be processed.

Document Type:

Consultative Examination Report (CE) - 0002

Add Files:

## Additional Information

**Comments (Optional):**

(4,000 characters maximum)

Characters remaining: 4000

Characters remaining: 4000

### Consultative Examination Authorization Agreement

**Please read this statement and indicate your understanding by checking the "I have read and agree to the above" checkbox below. When you select "Submit", you will generate an electronic signature and submit your response.**

I am certifying, under penalty of perjury, that I have been authorized or contracted by the Disability Determination Services to examine the claimant. I have a valid license and have not been federally excluded. The report is accurate. By checking the "I have read and agree to the above" checkbox below, I am certifying that I personally conducted, or personally participated in conducting, the consultative examination and have electronically signed the report contained within.

I have read and agree with the Agreement above.

**Submit**


Previous

Cancel

***Tracking Page – Upload Files (Site does not do fiscal)***

Carlique Barath [Sign Out](#) Text Size Accessibility Help

---




# Social Security

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

---

## ERE: View / Submit CE Request

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

Tracking Number: **17353EEEEEA175F05N**  
Submitted on: **07/15/2020 at 03:23 PM EDT**

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

[Print this page](#)

[User Resources](#)

### Submission Summary

Tracking Information

---

#### Patient & Appointment Information

Patient Name: **John537 Ditto537**  
Patient SSN: **XXX-XX-0937**  
Patient DOB: **10/28/1980**  
Request Type: **Consultative Exam**  
Request Date: **07/12/2020**  
Requesting Office:  
Request ID: **20200712DREW\_0070**    **D**  
Disability Examiner:  
CE App'l Date & Time: **08/17/2020 01:20 PM**  
Location:  
Document Type:

---

#### Uploaded File(s)

Attached Files

File Name	File Size
High_Image_size_WORD5.doc	45789 KB
<b>Total File Size:</b>	

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

[Review Another Request](#) [ERE Home](#)

## *View / Submit CE Request – No Show Response*

Cartique Barath | [Sign Out](#)

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



# Social Security

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

## ERE: View / Submit CE Request



### Priority Request

Immediate response needed.

[User Resources](#)

Patient Name: John937 Ditto937	Patient SSN: XXX-XX-0937
Patient DOB: 10/28/1980	Provider Name: Cartique Barath
Request Type: Consultative Exam	Request Date: 07/12/2020
Request ID: 20200712DREW_0070	Disability Examiner:
Requesting Office: DE - Delaware DDS [S09]	CE App't Date & Time: 09/17/2020 01:20 PM
Location: eORTest, MOREDA CABN PROFESSIO URB. GARCIA, CALLE MAR ENTRANDO POR GARAGE SH, ARECIBO, PR 00612	

### Service Items

#### Service Item 1:

Item Description: Report

Item Code: 2825

#### Service Item 2:

Item Description: Data

Item Code: 2655

#### Service Item 3:

Item Description: Info

Item Code: 2715

### Request Details

**What's Changed:**

**Special Instructions:**

## Request Details

What's Changed:

Special Instructions:

Documentation:

File Name	Date Added
<a href="#">Request Letter</a>	07/15/2020
<a href="#">Supporting Documentation</a>	07/15/2020
<a href="#">Supporting Documentation</a>	07/15/2020
<a href="#">Supporting Documentation</a>	07/15/2020

## Request Response

Was a Consultative Exam performed?

Yes  No

## Add Reason

Reason for No Show Response:

- No contact with patient
- Patient cancelled appointment (provide reason if known)
- Patient showed up for appointment, but could not be evaluated (comments required)
- Other (comments required)

**Comments:**

(4,000 characters maximum)

Characters remaining: 4000

Submit


Previous

Cancel

***Tracking Page – No Show Response (Site does not do fiscal)***

Cartique Barath | [Sign Out](#) Text Size Accessibility Help

---




## Social Security

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

---

### ERE: View / Submit CE Request

 **Thank you for your submission.**  
**No Show Response Submission - Tracking Information**

Tracking Number: **17353F63BA7F8E0FN**  
Submitted on: **07/15/2020 at 03:31 PM EDT**

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

[Print this page](#)

[User Resources](#)

#### Submission Summary

Tracking Information

---

##### Patient & Appointment Information

Patient Name: **John937 Ditto937**  
Patient SSN: **XXX-XX-0937**  
Patient DOB: **10/28/1980**  
Request Type: **Consultative Exam**  
Request Date: **07/12/2020**  
Requesting Office:  
Request ID: **20200712DREW\_0070**    **D**  
Disability Examiner:  
CE App'l Date & Time: **09/17/2020 01:20 PM**  
Location:

---


##### Request Response

Reason: **No contact with patient**  
Comments: **No comments added**

[Review Another Request](#) [ERE Home](#)

## Tracking Page – Upload Files (Site does fiscal)

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# Social Security

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


---

### ERE: View / Submit CE Request

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

Tracking Number: **17353FADBBF9A1E0N**  
Submitted on: **07/15/2020 at 03:36 PM EDT**

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

 [Print this page](#)

[User Resources](#)

---

#### Submission Summary

Tracking Information

---

#### Patient & Appointment Information

Patient Name: **JohnCE420 DittoPay**  
Patient SSN: **XXX-XX-0420**  
Patient DOB: **11/12/1980**  
Request Type: **Consultative Exam**  
Request Date: **07/07/2019**  
Requesting Office:  
Request ID: **20190707DREW\_8418 D**  
Disability Examiner: **DevteefExaminer**  
CE App'l Date & Time: **08/21/2020 04:50 PM**  
Location:  
Document Type:

---

#### Uploaded File(s)

Attached Files

File Name	File Size
High_Image_size_WORDS.doc	45789 KB
<b>Total File Size:</b>	

Comments: **No comments added**

**You have electronically signed.**

---


[Review Another Request](#)[Submit Payment Request](#)[ERE Home](#)



# Submit Payment Request for CE

## Patient Information

Cartique Barath | Sign Out Text Size | Accessibility Help



# Social Security

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---

### ERE: Request CE Payment

1 Patient Information2 Enter Services3 Review4 Confirmation

Patient Name: JohnCE420 DittoPay Patient DOB: 11/12/1980 DDS Address: 1234 Test Ave Testing , Baltimore , MD 21044 Fax Number: (401) 496-9625 Legacy System Vendor Code: A12346 Other DDS Number: DDS9803	Patient SSN: XXX-XX- 0420 Request ID: 20190707DREW_8418 D Phone Number: (400) 348-1735 DDS Invoice/Voucher Number: 2245 Legacy Case Number: 677182
---	--

[User Resources](#)

### Payment Information

---

#### Special Instructions

This is fiscal Test

---

#### Provider Information

**Provider's Name (optional):**

FISCAL		TEST	ERE
First	Middle	Last	Suffix

**Provider's Title (optional):**

Mr

**Organization Name (optional):**

TestOrg

**Taxpayer ID:**

0061

**Payee Taxpayer ID:**

006500

**Payee Legal Entity Name:**

ERETestingOR

**Invoice Number (optional):**

**State Vendor Code:**

**Remit Address:**

**Country:**

United States or U.S. Territory

**Street Address:**

Street Line 1:

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

**City/Town:**

**State/Territory:**

MD-Maryland

**ZIP Code:**

**Primary Phone Number (optional):**

U.S.  International

10-digit Number Ext

**Fax Number (optional):**

U.S.  International

10-digit Number

**Has the Provider Information Changed?**

Yes  No

---

**Additional Comments**

**Comments**

(255 characters maximum)

Characters remaining: 255

**Next**

Previous

Cancel

# Services Performed

Cartique Barath | Sign Out

Text Size | Accessibility Help



## Social Security

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

### ERE: Request CE Payment

1 Patient Information 2 Enter Services 3 Review 4 Confirmation

Patient Name: JohnCE420 Patient SSN: XXX-XX- 0420 Patient DOB: 11/12/1980  
DittoPay

[User Resources](#)

#### Services Performed

Authorization Date: 07/07/2020

Date of Service:

07/10/2020

mm/dd/yyyy

Service Item 1

Item Description: Test A20

Item Code: A123456104

Authorized Amount: \$274.20

Item Performed?

Yes  No

Requested Amount:

\$ 200.50

Service Item 2

Item Description: Test A22

Item Code: A123456105

Authorized Amount: \$273.20

Item Performed?

Yes  No

Service Item 3

Item Description: Test A24

Item Code: A123456106

Authorized Amount: \$275.20

Item Performed?

Service Item 3  
Item Description: **Test A24**  
Item Code: **A123456106**  
Authorized Amount: **\$275.20**  
Item Performed?  
 Yes  No

Requested Amount:  
\$

### Additional Service Item 1

Item Description:  
(255 characters maximum)

Item Code (optional):

Requested Amount:  
\$

Authorized By:

When Authorized:  
  
If the exact date is unknown, please provide your best estimate

Services Performed Total: **\$325.60**

Additional Requested Total: **\$100.25**

Total Payment Requested: **\$425.85**

## Review – Upload Invoices

Cartique Barath | Sign Out

Text Size | Accessibility Help



# Social Security

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

## ERE: Request CE Payment

1 Patient Information 2 Enter Services 3 Review 4 Confirmation

Patient Name: JohnCE420 Patient SSN: XXX-XX- 0420 Patient DOB: 11/12/1980  
DittoPay

[User Resources](#)

### Payment Information Summary

Before final submission please carefully review the information below. To make changes to any sections of information, select the "Edit" button.

Edit

#### Provider Information

Name: FISCAL TEST  
Title: Mr  
Organization Name: TestOrg  
Invoice Number:  
Taxpayer ID: 0061  
Payee Taxpayer ID: 006500  
Payee Legal Entity Name: ERETestingeOR  
Remit Address: street A, Baltimore, MD-Maryland, 21044  
Phone Number: (402) 496-9664  
Fax Number:  
Comments:  
Provider Information Changed: Y

Edit

#### Service Information

Authorization Date: 07/07/2020  
Date of Service: 07/10/2020  
  
Service Item 1:  
Item Description: Test A20  
Item Code: A123456104  
Was This Item Performed: Y  
Authorized Amount: \$274.20  
Requested Amount: \$200.50

Date of Service: **07/10/2020**

**Service Item 1:**

Item Description: **Test A20**  
Item Code: **A123456104**  
Was This Item Performed: **Y**  
Authorized Amount: **\$274.20**  
Requested Amount: **\$200.50**

**Service Item 2:**

Item Description: **Test A22**  
Item Code: **A123456105**  
Was This Item Performed: **N**  
Authorized Amount: **\$273.20**  
Requested Amount: **\$**

**Service Item 3:**

Item Description: **Test A24**  
Item Code: **A123456106**  
Was This Item Performed: **Y**  
Authorized Amount: **\$275.20**  
Requested Amount: **\$125.10**

**Additional Service Item 1:**

Item Description: **testing for OMB package**  
Item Code: **OMB**  
Requested Amount: **\$100.25**  
Authorized By: **Kal Penn**  
When Authorized: **July 14, 2020**

Additional Requested Total: **100.25**  
Services Performed Total: **325.60**  
Total Payment Requested: **425.85**

### Upload Invoices

Do you have invoices to upload?

Yes  No


**Next**

Previous

Cancel

## Add Invoices

Cartique Barath | Sign Out | Text Size | Accessibility Help

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

### ERE: Request CE Payment

1 ✓ Patient Information | 2 ✓ Enter Services | 3 ✓ Review | 4 Add Invoices | 5 Confirmation

Patient Name: JohnCE420 | Patient SSN: XXX-XX-0420 | Patient DOB: 11/12/1980  
DittoPay [User Resources](#)

#### Invoice Types

Select the types of invoice(s) you want to upload.

Invoice from DDS  
 Invoice from Provider  
 Both

#### Upload Invoice(s)

- A maximum of 4 invoices can be submitted and all files must total less than 20MB.
- File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .txt, .xls, .xlsx, .pdf, .rtf, .tif
- Please do not upload password-protected invoices because they cannot be processed.

Add Files:

#### Payment Request Agreement

Please read this statement and indicate your agreement by checking the "I have read..." box. When you select "Submit", you will generate an electronic signature and submit your response.


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

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

**I have read and agree with the above**

# Tracking Page – Uploaded Invoices

Cartique Barath | Sign Out Text Size ▾ | Accessibility Help




## Social Security

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

---

### ERE: Request CE Payment


 Thank you for your submission

Consultative Exam Payment Request submission - Tracking Information.

Tracking Number: **17354078BAF77325N**  
Date and Timestamp: 07/15/2020 at 03:50 PM EDT

Consultative Exam Request submission - Tracking Information.

Tracking Number: **17353FADBBF9A1E0N**  
Date and Timestamp: 07/15/2020 at 03:36 PM EDT  
Please retain your tracking number in case there are errors or problems that prevent us from processing your submission

 [Print this page](#)

#### Submission Summary

Tracking Information

---

#### Patient and Appointment Information

Patient Name: **JohnCE420 DittoPay**  
Patient SSN: **XXX-XX-0420**  
Patient DOB: **11/12/1980**  
Provider Name: **FISCAL TEST**  
Request Type: **Consultative Exam**  
Request Date: **07/07/2019**  
Requesting Office: **S09**  
Request ID: **20190707DREW\_8418 D**  
Disability Examiner: **DevtestExaminer**  
CE Appointment Date: **08/21/2020**  
Location: **TestingPlace**

---

#### Response Information

[User Resources](#)



## Response Information

## Payment Request Information

DDS Invoice/Voucher Number: **2245**  
Legacy Case Number: **677182**  
Other DDS Number: **DDS9803**  
Provider Name: **FISCAL TEST**  
Provider Title: **Mr**  
Organization Name: **TestOrg**  
Invoice Number:  
Taxpayer ID: **0061**  
Payee Taxpayer ID: **006500**  
Payee Legal Entity Name: **ERETestingOR**  
State Vendor Code: **1234MD234SH**  
Remit Address: **street A, Baltimore, MD-Maryland, 21044**  
Phone Number: **(402) 496-9664 ext. 133**  
Fax Number:  
Provider Information changed: **Yes**  
Date of Service: **07/10/2020**

### Service Item 1:

Item Description: **Test A20**  
Item Code: **A123456104**  
Was This Item Performed: **Y**  
Authorized Amount: **\$274.20**  
Requested Amount: **\$200.50**

### Service Item 2:

Item Description: **Test A22**  
Item Code: **A123456105**  
Was This Item Performed: **N**  
Authorized Amount: **\$273.20**  
Requested Amount: **\$**

### Service Item 3:

Item Description: **Test A24**  
Item Code: **A123456106**  
Was This Item Performed: **Y**  
Authorized Amount: **\$275.20**  
Requested Amount: **\$125.10**

**Additional Service Item 1:**

Item Description: **testing for OMB package**

Item Code: **OMB**

Requested Amount: **\$100.25**

Authorized By: **Kal Penn**

When Authorized: **July 14, 2020**

**Totals:**

Services Performed Total: **\$325.60**

Additional Requested Total: **\$100.25**

Total Payment Requested: **\$425.85**

File Name	File Size
test-tif.tif	198 KB
<b>Total File Size</b>	<b>198 KB</b>

Invoice Type: **Invoice from Provider**

**Your payment request was electronically signed.**

[ERE Home](#)

[Request Another Payment](#)

# Review – No Invoices to Upload

Cartique Barath | Sign Out

Text Size | Accessibility Help



## Social Security

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

### ERE: Request CE Payment

1 Patient Information 2 Enter Services 3 Review 4 Confirmation

Patient Name: JohnCE420 Patient SSN: XXX-XX- 0420 Patient DOB: 11/12/1980 DittoPay

[User Resources](#)

#### Payment Information Summary

Before final submission please carefully review the information below. To make changes to any sections of information, select the "Edit" button.

Edit

#### Provider Information

Name: FISCAL TEST  
Title: Mr  
Organization Name: TestOrg  
Invoice Number:  
Taxpayer ID: 0061  
Payee Taxpayer ID: 006500  
Payee Legal Entity Name: ERETestingeOR  
Remit Address: street A, Baltimore, MD-Maryland, 21044  
Phone Number: (402) 496-9664  
Fax Number:  
Comments:  
Provider Information Changed: Y

Edit

#### Service Information

Authorization Date: 07/07/2020  
Date of Service: 07/10/2020  
  
Service Item 1:  
Item Description: Test A20  
Item Code: A123456104  
Was This Item Performed: Y  
Authorized Amount: \$274.20  
Requested Amount: \$200.50

Was This Item Performed: **N**  
Authorized Amount: **\$273.20**  
Requested Amount: **\$**

**Service Item 3:**

Item Description: **Test A24**  
Item Code: **A123456106**  
Was This Item Performed: **Y**  
Authorized Amount: **\$275.20**  
Requested Amount: **\$125.10**

**Additional Service Item 1:**

Item Description: **testing for OMB package**  
Item Code: **OMB**  
Requested Amount: **\$100.25**  
Authorized By: **Kal Penn**  
When Authorized: **July 14, 2020**

Additional Requested Total: **100.25**  
Services Performed Total: **325.60**  
Total Payment Requested: **425.85**

### Upload Invoices

Do you have invoices to upload?

Yes  No

### Payment Request Agreement

Please read this statement and indicate your agreement by checking the "I have read..." box. When you select "Submit", you will generate an electronic signature and submit your response.

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

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

I have read and agree with the above


**Submit**

Previous

Cancel

# Tracking Page – No Invoices Uploaded


Cartique Barath | Sign Out | Text Size | Accessibility Help



## Social Security

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

### ERE: Request CE Payment


 **Thank you for your submission**

**Consultative Exam Payment Request submission - Tracking Information.**

Tracking Number: **173540CE5A841A94N**  
Date and Timestamp: 07/15/2020 at 03:56 PM EDT

**Consultative Exam Request submission - Tracking Information.**

Tracking Number: **17353FADBBF9A1E0N**  
Date and Timestamp: 07/15/2020 at 03:36 PM EDT  
Please retain your tracking number in case there are errors or problems that prevent us from processing your submission

 [Print this page](#)

**Submission Summary**  
Tracking Information

---

**Patient and Appointment Information**

Patient Name: **JohnCE420 DittoPay**  
Patient SSN: **XXX-XX-0420**  
Patient DOB: **11/12/1980**  
Provider Name: **FISCAL TEST**  
Request Type: **Consultative Exam**  
Request Date: **07/07/2019**  
Requesting Office: **S09**  
Request ID: **20190707DREW\_8418 D**  
Disability Examiner: **DevtestExaminer**  
CE Appointment Date: **08/21/2020**  
Location: **TestingPlace**

---

**Response Information**

---

[User Resources](#)

**Response Information**

**Payment Request Information**

DDS Invoice/Voucher Number: **2245**  
Legacy Case Number: **677182**  
Other DDS Number: **DDS9803**  
Provider Name: **FISCAL TEST**  
Provider Title: **Mr**  
Organization Name: **TestOrg**  
Invoice Number:  
Taxpayer ID: **0061**  
Payee Taxpayer ID: **006500**  
Payee Legal Entity Name: **ERETestingeOR**  
State Vendor Code: **1234MD234SH**  
Remit Address: **street A, Baltimore, MD-Maryland, 21044**  
Phone Number: **(402) 496-9664 ext. 133**  
Fax Number:  
Provider Information changed: **Yes**  
Date of Service: **07/10/2020**

**Service Item 1:**

Item Description: **Test A20**  
Item Code: **A123456104**  
Was This Item Performed: **Y**  
Authorized Amount: **\$274.20**  
Requested Amount: **\$200.50**

**Service Item 2:**

Item Description: **Test A22**  
Item Code: **A123456105**  
Was This Item Performed: **N**  
Authorized Amount: **\$273.20**  
Requested Amount: **\$**

**Service Item 3:**

Item Description: **Test A24**  
Item Code: **A123456106**  
Was This Item Performed: **Y**  
Authorized Amount: **\$275.20**  
Requested Amount: **\$125.10**

**Additional Service Item 1:**

**Additional Service Item 1:**

Item Description: **testing for OMB package**

Item Code: **OMB**

Requested Amount: **\$100.25**

Authorized By: **Kal Penn**

When Authorized: **July 14, 2020**

**Totals:**

Services Performed Total: **\$325.60**

Additional Requested Total: **\$100.25**

Total Payment Requested: **\$425.85**

File Name	File Size
No invoices were submitted during this submission	

**Your payment request was electronically signed.**

[ERE Home](#)

[Request Another Payment](#)

# View / Submit Evidence Request – Upload Records

Cartique Barath | Sign Out

Text Size | Accessibility Help



## Social Security

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

### ERE: View / Submit Evidence Request

#### Priority Request

Immediate response needed.

[User Resources](#)

Patient Name: eORMER52 TEST52      Patient SSN: XXX-XX-6052  
Patient DOB: 11/20/1979      Provider Name: Cartique Barath  
Request Type: Evidence Request      Request Date: 06/30/2020  
Request ID: 20200629DREW\_001      Disability Examiner: testExaminer  
Requesting Office: MN - St. Paul DDS  
[S26]

#### Request Details

##### Special Instructions:

MER Dev Test 2

##### Documentation:

File Name	Date Added
<a href="#">Request Letter</a>	07/10/2020
<a href="#">Authorization To Disclose Information</a>	07/10/2020
<a href="#">Background MER</a>	07/10/2020
<a href="#">Supporting Documentation</a>	07/10/2020

#### Request Response

Do you have records to submit for this case?

Yes  No

#### Attach and Upload Files

- A maximum of 25 files can be added and all files must total less than 200MB.
- File types accepted: wpd, doc, docx, jpg, bmp, txt, xls, xlsx, pdf, rtf, tiff, tif



- Please do not upload password-protected files because they cannot be processed.

Document Type:

Medical Evidence of Record (MER) - 0001

Add Files:

### Additional Information

**Comments (Optional):**

(4,000 characters maximum)

Characters remaining: 4000

### Additional Examination or Test (Optional)

Is the provider willing to provide an additional examination or test?

Yes  No

### Electronic Signature Agreement (Optional)


If you wish to generate an electronic signature, please read this statement and indicate your understanding by checking the "I have read and agree to the above" checkbox below. When you select "Submit", you will generate an electronic signature and submit your response.

By checking the "I have read and to the above" checkbox below, I am certifying that I am the author of the uploaded document(s). The information I have uploaded is accurate and I am certifying that I have electronically signed the document(s) contained within.

I have read and agree with the Agreement above.


***Tracking Page – Upload Records (Site does not do fiscal)***

Cartique Barath    Sign Out    Text Size    Accessibility Help

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

---

ERE: View / Submit Evidence Request

 **Thank you for your submission.**  
**Individual Response Submission - Tracking Information**

Tracking Number: **173541CCFB9CA8E7N**  
Submitted on: **07/15/2020 at 04:13 PM EDT**

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

[Print this page](#)

[User Resources](#)

---

**Submission Summary**  
Tracking Information

---

**Patient Information**

Patient Name: **eORMER52 TESTS2**  
Patient SSN: **XXX-XX-6052**  
Patient DOB: **11/20/1979**  
Request Type: **Evidence Request**  
Request Date: **06/30/2020**  
Requesting Office:  
Request ID: **20200629DREW\_001**    D  
Disability Examiner: **testExaminer**  
Document Type:

---

**Uploaded File(s)**

Attached Files

File Name	File Size
High_Image_size_WORD4.doc	45789 KB
<b>Total File Size:</b>	

Comments: **No comments added**

**You have electronically signed.**


---

[Review Another Request](#)    [ERE Home](#)

***Tracking Page – Upload Records (Site does fiscal)***

Carlique Barath | [Sign Out](#) Text Size Accessibility Help

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## Social Security

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

---

### ERE: View / Submit Evidence Request

 **Thank you for your submission.**  
**Individual Response Submission - Tracking Information**

Tracking Number: **17354866D5186352N**  
Submitted on: **07/15/2020 at 06:09 PM EDT**

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

[Print this page](#)

[User Resources](#)

#### Submission Summary

Tracking Information

---

##### Patient Information

Patient Name: **eORMER46 PayDitto**  
Patient SSN: **XXX-XX-0046**  
Patient DOB: **11/28/1989**  
Request Type: **Evidence Request**  
Request Date: **07/10/2020**  
Requesting Office:  
Request ID: **20200710DREW\_0041**    **D**  
Disability Examiner: **DevExaminer**  
Document Type:

---

##### Uploaded File(s)

Attached Files

File Name	File Size
High_Image_size_WORD5.doc	45789 KB
<b>Total File Size:</b>	


Comments: **No comments added**

**You have electronically signed.**

[Review Another Request](#)    [Submit Payment Request](#)    [ERE Home](#)

# **View / Submit Evidence Request – No Records**

Cartique Barath | [Sign Out](#) Text Size | [Accessibility Help](#)




## Social Security

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

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### ERE: View / Submit Evidence Request

 **Priority Request**  
Immediate response needed.

Patient Name: eORMER52 TEST52  
Patient DOB: 11/20/1979  
Request Type: Evidence Request  
Request ID: 20200629DREW\_001    D  
Requesting Office: MN - St. Paul DDS [S26]

Patient SSN: XXX-XX-6052  
Provider Name: Cartique Barath  
Request Date: 06/30/2020  
Disability Examiner: testExaminer

#### Request Details

**Special Instructions:**  
MER Dev Test 2

**Documentation:**

File Name	Date Added
<a href="#">Request Letter</a>	07/10/2020
<a href="#">Authorization To Disclose Information</a>	07/10/2020
<a href="#">Background MER</a>	07/10/2020
<a href="#">Supporting Documentation</a>	07/10/2020

#### Request Response

**Do you have records to submit for this case?**  
 Yes    No

#### Add Reason

**Reason for No Records to Submit:**  
 More information needed (comments required)

[User Resources](#)

- More information needed (comments required)
- More time needed (Indicate a new date in the comments area provided)
- No records found for requested timeframe
- Person is not my patient
- Release Form 827 is incomplete or missing (comments required)
- Other (comments required)


**Comments:**

(4,000 characters maximum)

Characters remaining: 4000

## Tracking Page – No Records (Site does not fiscal)

Cartique Barath | [Sign Out](#) Text Size Accessibility Help




# Social Security

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

---

## ERE: View / Submit Evidence Request

 **Thank you for your submission.**  
Individual Response Submission - Tracking Information

Tracking Number: **173541E7F3D2AC2FN**  
Submitted on: 07/15/2020 at 04:15 PM EDT

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

[User Resources](#)

[Print this page](#)

### Submission Summary

Tracking Information

---

#### Patient Information

Patient Name: **eORMER52 TEST52**  
Patient SSN: **XXX-XX-6052**  
Patient DOB: **11/20/1979**  
Request Type: **Evidence Request**  
Request Date: **06/30/2020**  
Requesting Office:  
Request ID: **20200629DREW\_001**    D  
Disability Examiner: **testExaminer**

---

#### Request Response


Reason: **No records found for requested timeframe**  
Comments: **No comments added**

[Review Another Request](#)

[ERE Home](#)

***Tracking Page – No Records (Site does fiscal)***

Carlique Barath | [Sign Out](#) Text Size | [Accessibility Help](#)




## Social Security

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

---

### ERE: View / Submit Evidence Request

 **Thank you for your submission.**  
**Individual Response Submission - Tracking Information**

Tracking Number: **17354234755BA800N**  
Submitted on: **07/15/2020 at 04:21 PM EDT**

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

[Print this page](#)

[User Resources](#)

#### Submission Summary

Tracking Information

---

##### Patient Information

Patient Name: **eORMER46 PayDitto**  
Patient SSN: **XXX-XX-0046**  
Patient DOB: **11/28/1989**  
Request Type: **Evidence Request**  
Request Date: **07/10/2020**  
Requesting Office:  
Request ID: **20200710DREW\_0041**    **D**  
Disability Examiner: **DevExaminer**  
Document Type:

---

##### Uploaded File(s)

Attached Files

File Name	File Size
High_Image_size_WORD3.doc	45789 KB
<b>Total File Size:</b>	

Comments: **No comments added**

**You have electronically signed.**

[Review Another Request](#)    [Submit Payment Request](#)    [ERE Home](#)

# Submit Payment Requests for MER

## Patient Information

Cartique Barath | Sign Out Text Size Accessibility Help

## Social Security

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

---

### ERE: Request Medical Evidence Payment

**1** Patient Information**2** Review**3** Confirmation

<b>Patient Name:</b> eORMER46 PayDitto <b>Patient DOB:</b> 11/28/1989 <b>DDS Address:</b> 17 normandy wood drive <b>Apt 7 near park , Baltimore , MD 21044</b> <b>Fax Number:</b> (404) 496-9625 <b>Legacy System Vendor Code:</b> A12346 <b>Other DDS Number:</b> DDS9803	<b>Patient SSN:</b> XXX-XX- 0046 <b>Request ID:</b> 20200710DREW_0041 D <b>Phone Number:</b> (405) 348-1735 <b>DDS Invoice/Voucher Number:</b> 1326 <b>Legacy Case Number:</b> 677182 <b>Date of Request:</b> 07/10/2020
--	---

[User Resources](#)

#### Payment Information

---

**Special Instructions**

This is Test

---

**Provider Information**

**Provider's Name (optional):**

<input type="text" value="ERETestThree"/>	<input type="text" value="test"/>	<input type="text" value="test"/>	<input type="text" value="ERE"/>
First	Middle	Last	Suffix

**Provider's Title (optional):**

**Organization Name (optional):**

**Taxpayer ID:**

**Payee Taxpayer ID:**

**Payee Legal Entity Name:**

**Invoice Number (optional):**

**State Vendor Code:**



**Remit Address:**

**Country:**

United States or U.S. Territory

**Street Address:**

Street Line 1: 11 Woods

Street Line 2: 15 testing palace

Street Line 3: test area

Street Line 4: test4

**City/Town:**

Westmead

**State/Territory:**

MD-Maryland

**ZIP Code:**

21044

**Primary Phone Number (optional):**

U.S.  International

(404) 496-9664 125

10-digit Number Ext

**Fax Number (optional):**

U.S.  International

10-digit Number

**Has the Provider Information Changed?**

Yes  No

---

**Payment Information**

**Payment Requested Amount:**

**Page Count (Optional):**

**Were records photocopied?**

Yes  No

---

**Additional Comments**


**Comments**


(255 characters maximum)

Characters remaining: 255

**Next** Previous Cancel

## Review – Upload Invoices

Cartique Barath | Sign Out Text Size  Accessibility Help






# Social Security

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

---

### ERE: Request Medical Evidence Payment

 Patient Information  Review  Confirmation

Patient Name: **eORMER46**    Patient SSN: **XXX-XX- 0046**    Patient DOB: **11/28/1989**  
**PayDitto**

[User Resources](#)

#### Payment Information Summary

Before final submission please carefully review the information below. To make changes to any sections of information, select the "Edit" button.

Provider Information

Name: **ERETestThree test**  
Title: **Mr**  
Organization Name: **TestOrg**  
Invoice Number:  
Taxpayer ID: **113457**  
Payee Taxpayer ID: **123456**  
Payee Legal Entity Name: **ERETesteOR**  
Remit Address: **11 Woods, 15 testing palace, test area, test4, Westmead, MD-Maryland, 21044**  
Phone Number: **(404) 496-9664**  
Fax Number:  
Comments:  
Provider Information Changed: **Y**

Payment Information

Payment Requested Amount: **100.76**  
Page Count: **66**  
Were Records Photocopied: **Yes**

#### Upload Invoices

Do you have invoices to upload?  
 Yes     No

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# Upload Invoices

Cartique Barath | Sign Out Text Size Accessibility Help

## Social Security

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

---

### ERE: Request Medical Evidence Payment

1 Patient Information2 Review3 Add Invoices4 Confirmation

Patient Name: eORMER46    Patient SSN: XXX-XX- 0046    Patient DOB: 11/28/1989  
PayDittoUser Resources

#### Invoice Types

Select the types of invoice(s) you want to upload.

Invoice from DDS

Invoice from Provider

Both

#### Upload Invoice(s)

- A maximum of 4 invoices can be submitted and all files must total less than 20MB.
- File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .txt, .xls, .xlsx, .pdf, .rtf, .tiff, .tif
- Please do not upload password-protected invoices because they cannot be processed.

Add Files:

#### Payment Request Agreement

**Please read this statement and indicate your agreement by checking the "I have read..." box. When you select "Submit", you will generate an electronic signature and submit your response.**


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

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

**I have read and agree with the above**

## Review – No Invoices

Cartique Barath | Sign Out Text Size Accessibility Help

 **Social Security**  
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### ERE: Request Medical Evidence Payment

1  Patient Information   2  Review   3  Confirmation

Patient Name: eORMER46   Patient SSN: XXX-XX- 0046   Patient DOB: 11/28/1989  
PayDitto [User Resources](#)

#### Payment Information Summary

Before final submission please carefully review the information below. To make changes to any sections of information, select the "Edit" button.

**Provider Information**

Name: ERETestThree test  
Title: Mr  
Organization Name: TestOrg  
Invoice Number:  
Taxpayer ID: 113457  
Payee Taxpayer ID: 123456  
Payee Legal Entity Name: ERETesteOR  
Remit Address: 11 Woods, 15 testing palace, test area, test4, Westmead, MD-Maryland, 21044  
Phone Number: (404) 496-9664  
Fax Number:  
Comments:  
Provider Information Changed: Y

**Payment Information**

Payment Requested Amount: 100.76  
Page Count: 66  
Were Records Photocopied: Yes

#### Upload Invoices

Do you have invoices to upload?  
 Yes    No

## Payment Request Agreement

**Please read this statement and indicate your agreement by checking the "I have read..." box. When you select "Submit", you will generate an electronic signature and submit your response.**

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

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

I have read and agree with the above


**Submit**

Previous

Cancel

# Upload Invoices Tracking Page


Cartique Barath Sign Out Text Size Accessibility Help



## Social Security

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

### ERE: Request Medical Evidence Payment

 Thank you for your submission


**Medical Evidence Payment Request submission - Tracking Information.**

Tracking Number: **173542D1B13A62D8N**  
Date and Timestamp: 07/15/2020 at 04:31 PM EDT

**Medical Evidence Request submission - Tracking Information.**

Tracking Number: **17354234755BA800N**  
Date and Timestamp: 07/15/2020 at 04:21 PM EDT  
Please retain your tracking number in case there are errors or problems that prevent us from processing your submission

[User Resources](#)

 [Print this page](#)

#### Submission Summary

Tracking Information

---

#### Patient and Appointment Information

Patient Name: eORMER46 PayDitto  
Patient SSN: XXX-XX-0046  
Patient DOB: 11/28/1989  
Provider Name: ERETestThree test  
Request Type: **Medical Evidence**  
Request Date: 07/10/2020  
Requesting Office: S51  
Request ID: 20200710DREW\_0041 D  
Disability Examiner: DevExaminer

---

#### Response Information

---

#### Payment Request Information

## Payment Request Information

DDS Invoice/Voucher Number: **1326**  
Legacy Case Number: **677182**  
Other DDS Number: **DDS9803**  
Provider Name: **ERETestThree test**  
Provider Title: **Mr**  
Organization Name: **TestOrg**  
Invoice Number:  
Taxpayer ID: **113457**  
Payee Taxpayer ID: **123456**  
Payee Legal Entity Name: **ERETesteOR**  
State Vendor Code: **MER**  
Remit Address: **11 Woods, 15 testing palace, test area, test4, Westmead, MD-Maryland, 21044**  
Phone Number: **(404) 496-9664 ext. 125**  
Fax Number:  
Provider Information changed: **Yes**  
Payment Requested Amount: **\$100.76**

File Name	File Size
test-xls.xls	14 KB
<b>Total File Size</b>	<b>14 KB</b>

Invoice Type: **Both**


**Your payment request was electronically signed.**

[ERE Home](#)

[Request Another Payment](#)

# No Invoices Tracking Page

Cartique Barath | [Sign Out](#) Text Size ▾ | [Accessibility Help](#)



## Social Security

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### ERE: Request Medical Evidence Payment

✔**Thank you for your submission**

**Medical Evidence Payment Request submission - Tracking Information.**

Tracking Number: **17354308F073E6C1N**  
Date and Timestamp: 07/15/2020 at 04:35 PM EDT

**Medical Evidence Request submission - Tracking Information.**

Tracking Number: **17354234755BA800N**  
Date and Timestamp: 07/15/2020 at 04:21 PM EDT  
Please retain your tracking number in case there are errors or problems that prevent us from processing your submission

[User Resources](#)

[Print this page](#)

#### Submission Summary

Tracking Information

---

#### Patient and Appointment Information

Patient Name: **eORMER46 PayDitto**  
Patient SSN: **XXX-XX-0046**  
Patient DOB: **11/28/1989**  
Provider Name: **ERETestThree test**  
Request Type: **Medical Evidence**  
Request Date: **07/10/2020**  
Requesting Office: **S51**  
Request ID: **20200710DREW\_0041 D**  
Disability Examiner: **DevExaminer**

---

#### Response Information

---

#### Payment Request Information



DDS Invoice/Voucher Number: **1326**  
Legacy Case Number: **677182**  
Other DDS Number: **DDS9803**  
Provider Name: **ERETestThree test**  
Provider Title: **Mr**  
Organization Name: **TestOrg**  
Invoice Number:  
Taxpayer ID: **113457**  
Payee Taxpayer ID: **123456**  
Payee Legal Entity Name: **ERETesteOR**  
State Vendor Code: **MER**  
Remit Address: **11 Woods, 15 testing palace, test area, test4, Westmead, MD-Maryland, 21044**  
Phone Number: **(404) 496-9664 ext. 125**  
Fax Number:  
Provider Information changed: **Yes**  
Payment Requested Amount: **\$100.75**

File Name	File Size
No invoices were submitted during this submission	

Your payment request was electronically signed.

[ERE Home](#)

[Request Another Payment](#)

# Access Provider's Electronic Requests

## Access Provider's Electronic Requests – Open Requests

Cartique Barath [Sign Out](#) Text Size  Accessibility Help

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


---


### ERE: Access Provider's Electronic Requests

**Provider:**  **Request Type:**  [? User Resources](#)

Priority	Patient Name	SSN (Last 4)	Request Date	Appt Date	Appt Time	Location	Request Status	Payment Status	Payment Request
	<a href="#">Ditto992, John952</a>	0992	06/30/2020	09/30/2020	01:20 PM	TestingPlace	PREPARED		
	<a href="#">Ditto937, John937</a>	0937	07/12/2020	09/17/2020	01:20 PM	TestingPlace	NEW		
	<a href="#">DittoPay, JohnCE420</a>	0420	07/07/2019	08/21/2020	04:50 PM	TestingPlace	NEW	NEW	Need Report
	<a href="#">DittoPay, JohnCE419</a>	0419	07/07/2019	08/21/2020	04:50 PM	TestingPlace	NEW	NEW	Need Report
	<a href="#">Ditto938, John938</a>	0938	07/12/2020	08/17/2020	01:20 PM	TestingPlace	NEW		

# [View / Submit CE Request](#)

Cartique Barath | [Sign Out](#) Text Size  Accessibility Help




## Social Security

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

---

### ERE: View / Submit CE Request

 **Priority Request**  
Immediate response needed.

Patient Name: <b>JohnCE419 DittoPay</b>	Patient SSN: <b>XXX-XX-0419</b>
Patient DOB: <b>11/12/1980</b>	Provider Name: <b>Cartique Barath</b>
Request Type: <b>Consultative Exam</b>	Request Date: <b>07/07/2019</b>
Request ID: <b>20190707DREW_8417</b> D	Disability Examiner: <b>DevtestExaminer</b>
Requesting Office: <b>DE - Delaware DDS [S09]</b>	CE App't Date & Time: <b>08/21/2020 04:50 PM</b>
Location: <b>eORTestOne, street B, MD 21045</b>	

#### Service Items

---

**Service Item 1:**  
Item Description: Test A20  
Item Code: A123456104

---

**Service Item 2:**  
Item Description: Test A22  
Item Code: A123456105

---

**Service Item 3:**  
Item Description: Test A24  
Item Code: A123456106

#### Request Details

---

**What's Changed:**

---

**Special Instructions:**  
This is fiscal test

[User Resources](#)

What's Changed:

**Special Instructions:**

This is fiscal test

**Documentation:**

File Name	Date Added
<a href="#">Request Letter</a>	07/15/2020
<a href="#">Supporting Documentation</a>	07/15/2020
<a href="#">Supporting Documentation</a>	07/15/2020

### Request Response

**Select a response:**

- Prepare Report for Provider
- Send No Show Response

### Attach and Upload Files

- A maximum of 25 files can be added and all files must total less than 200MB.
- File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .txt, .xls, .xlsx, .pdf, .rtf, .tiff, .tif
- Please do not upload password-protected files because they cannot be processed.

**Document Type:**

Consultative Examination Report (CE) - 0002

Add Files:

### Additional Information

**Comments (Optional):**

(4,000 characters maximum)

Characters remaining: 4000

# Tracking Page

Cartique Barath | [Sign Out](#) Text Size Accessibility Help

## Social Security

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

---

### ERE: View / Submit CE Request

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

Tracking Number: **17353C54AB4A1C97N**  
Submitted on: **07/15/2020 at 02:38 PM EDT**

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

[User Resources](#)

[Print this page](#)

#### Submission Summary

Tracking Information

---

##### Patient & Appointment Information

Patient Name: **JohnCE419 DittoPay**  
Patient SSN: **XXX-XX-0419**  
Patient DOB: **11/12/1980**  
Request Type: **Consultative Exam**  
Request Date: **07/07/2019**  
Requesting Office:  
Request ID: **20190707DREW\_8417 D**  
Disability Examiner: **DevtestExaminer**  
CE App't Date & Time: **08/21/2020 04:50 PM**  
Location:  
Document Type:

---

##### Uploaded File(s)

Attached Files

File Name	File Size
High_image_size_WORD.doc	45789 KB
<b>Total File Size:</b>	

Comments: **No comments added**


[Prepare Another CE Report](#)

[ERE Home](#)

# Review / Submit Prepared Requests

## List of Requests

Cartique Barath | [Sign Out](#) | Text Size  | [Accessibility Help](#)



### Social Security

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

## ERE: Review/Submit Prepared Requests

This page shows everything that has been prepared by you or your staff. None of these items have been or will be submitted to the requesting office until you review and submit each one. [? User Resources](#)


**Items will be removed** from this list once you have successfully submitted them **or 30 days from the date of preparation**, regardless of whether you have taken action on them.

<u>Patient Name</u>	<u>SSN (Last 4)</u>	<u>DOB</u>	<u>Prepared Date</u>	<u>Prepared Time (ET)</u>	<u>Prepared By</u>	<u>Response Status</u>
<a href="#">DittoPay, JohnCE419</a>	0419	11/12/1980	07/15/2020	02:38 PM	CBBEREA03	NEW
<a href="#">John, Pete</a>	6789	02/27/1991	06/30/2020	04:26 PM	CBBEREA03	VIEWED
<a href="#">Josh, Jai</a>	6789	07/24/1990	07/01/2020	05:53 PM	CBBEREA03	PENDING

[ERE Home](#)

*non-eOR - Patient Information & Destination and Request Information*

Cartique Barath | [Sign Out](#) Text Size Accessibility Help



# Social Security

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

---

## ERE: Review/Submit Prepared Request

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

Prepared By: **Cartique Barath**      Date Prepared: **07/01/2020**      Reviewing Provider: **Cartique Barath**

[User Resources](#)

### Patient Information

**Patient Name:**

<input type="text" value="Jai"/>	<input type="text"/>	<input type="text" value="Josh"/>
First	Middle	Last

**Patient Date of Birth:**

### Destination and Request Information

**State:**

**Destination:**

---

**Social Security Number (SSN):**

**RQID (Request ID):**

**RF (Routing Field):**

P  
 D or Blank  
 No RF or No Barcode

**DR:**

F  
 S  
 No DR or No Barcode

**CS:**  
(enter only if applicable)

Next Cancel

# non-eOR - Review & Add Files

Cartique Barath | Sign Out Text Size Accessibility Help

## Social Security

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

---

### ERE: Review/Submit Prepared Request

Destination Information Review & Add Files Confirmation

#### Review

EditDestination and Request Information

Patient Name: <b>Jai Josh</b>	Patient DOB: <b>07/24/1990</b>
Destination: <b>XX - DEMO/TEST DDS [S99]</b>	RF: <b>P</b>
SSN: <b>123456789</b>	DR: <b>F</b>
RQID: <b>98765</b>	CS:

#### File(s) Loaded By Preparer

Document Type:

File Name	File Size	Action
TestBMP2.bmp	8,496 KB	<span style="border: 1px solid #ccc; padding: 2px 5px;">Delete</span>

**To revise a file:**

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

#### Attach and Upload Files

- A maximum of 25 files can be added and all files must total less than 200MB.
- File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .txt, .xls, .xlsx, .pdf, .rtf, .tiff, .tif.
- Please do not unload password-protected files because they cannot be processed

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- Please do not upload password-protected files because they cannot be processed.

Add Files:

## Additional Information

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

Characters remaining: 16000

## Consultative Examination Authorization Agreement


**Please read this statement and indicate your agreement by checking the "I have read..." box. When you select "Submit", you will generate an electronic signature for your response.**

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

I have read and agree with the Agreement above.

# non-eOR - Tracking Page

Cartique Barath | Sign Out Text Size | Accessibility Help

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

---

## ERE: Review/Submit Prepared Requests

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

✓ **Thank you for your submission**

Prepared Request Submission - Tracking Information

Tracking Number: **17353DAD73FF2274N**

Submitted on: **07/15/2020 at 03:01 PM EDT**

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

[Print this page](#)

[User Resources](#)

---

### Submission Summary

Tracking Information

---

#### Patient Information

Patient Name: **Jal Josh**  
Patient DOB: **07/24/1990**  
Destination: **XX - DEMO/TEST DD \$ [\$\$\$]**  
SSN: **XXX-XX-6789**  
RQID: **98765**  
DR: **F**  
RF: **P**  
CS:  
Document Type: **Consultative Examination Report (CE) - 0002**

---

#### Uploaded File(s)

Files Loaded By Your Preparer

File Name	File Size
TestBMP2.bmp	8,496 KB
<b>Total File Size</b>	<b>8497 KB</b>

New Files


File Name	File Size
High_image_size_WORD5.doc	45789 KB
<b>Total File Size</b>	<b>45,789 KB</b>

Comments: No comments added  
You have electronically signed.

[Review Another Request](#)    [ERE Home](#)

## eOR - Review and Add Files

Cartique Barath | Sign Out Text Size ▾ | Accessibility Help



# Social Security

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

---

### ERE: Review/Submit Prepared Request

**Patient Name:** JohnCE419 DittoPay      **Patient SSN:** XXX-XX-0419  
**Patient DOB:** 11/12/1980      **Prepared By:** Cartique Barath  
**Date Prepared:** 07/15/2020      **Provider Name:** Cartique Barath  
**Request Type:** 3173      **Request Date:** 07/07/2019  
**Request ID:** 20190707DREW\_8417 D      **Disability Examiner:** DevtestExaminer  
**Requesting Office:** DE - Delaware DDS      **CE Appt Date & Time:** 08/21/2020 04:50 PM  
**[S09]**      **Location:** street B, MD 21045

[User Resources](#)

---

#### Request Details

**Special Instructions:**

This is fiscal test

---

**Files Loaded By Preparer:**

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

File Name	File Size	Action
<a href="#">High_Image_size_WORD.doc</a>	45,789 KB	Delete

**To revise a file:**

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

---

#### Attach and Upload Files

- A maximum of 25 files can be added and all files must total less than 200MB.
- File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .txt, .rtf, .xls, .xlsx, .pdf, .tiff, .tif.
- Please do not upload password-protected files because they cannot be processed.

Add Files:  Browse...

## Additional Information

**Comments (optional):**  
(4,000 characters maximum)

Characters remaining: 4000

## Consultative Examination Authorization Agreement

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

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

I have read and agree with the Agreement above.

**Submit**

Cancel



# Social Security

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

## ERE: Review/Submit Prepared Request

Thank you for your submission

### Prepared Request Submission - Tracking Information

Tracking Number: **1735463E3343EAFEN**

Submitted on: 07/15/2020 at 05:31 PM EDT

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

[Print this page](#)

[User Resources](#)

### Submission Summary

Tracking Information

#### Patient & Appointment Information

Patient Name: **JohnCE419 DittoPay**

Patient SSN: **XXX-XX-0419**

Patient DOB: **11/12/1980**

Provider Name: **Carlique Barath**

Request Type: **3173**

Request Date: **07/07/2019**

Requesting Office: **DE - Delaware DD \$ [S09]**

Request ID: **20190707DREW\_8417 D**

Disability Examiner: **DevtestExaminer**

CE Appt Date & Time: **08/21/2020 04:50 PM**

Location: **street B, MD 21045**

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

#### Uploaded File(s)

##### Files Loaded by Preparer

File Name	File Size
High_image_size_WORD.doc	45,789 KB
<b>Total File Size:</b>	<b>45789 KB</b>

##### New Files

File Name	File Size
High_image_size_WORD5.doc	45789 KB
<b>Total File Size:</b>	<b>45,789 KB</b>

Comments: No comments added

Your response was electronically signed.


[Review Another Request](#)


[ERE Home](#)

# Messaging Services

## Secure Messaging

### Inbox

Cartique Barath [Sign Out](#) Text Size  Accessibility Help



## Social Security

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### ERE: Secure Messaging


[Compose](#)

**Folders**

- [Inbox \(1\)](#)
- [Pending \(1\)](#)
- [Drafts](#)
- [Sent](#)
- [Blocked](#)

## Inbox

Your messages are delivered here.


			<u>From</u>	<u>Subject</u>	<u>Received (ET)</u>	<u>Expires (ET)</u>	<u>Size</u>
<input type="checkbox"/>	!		Shah, Dhaval	<a href="#">For OMB Package</a>	07/15/2020 11:43	08/04/2020 11:43	45,789 KB

[Delete Selected](#)[ERE Home](#)

[User Resources](#)

# Compose Message

Dhaval Shah | [Sign Out](#) Text Size  | [Accessibility Help](#)



## Social Security

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---

### ERE: Secure Messaging

[Compose](#)

**Folders**

- [Inbox](#)
- [Pending](#)
- [Drafts](#)
- [Sent](#)
- [Blocked](#)

[User Resources](#)

### Compose

---

**To:**

**Cc:**

[Search Contacts](#)

**Subject:**

**Importance:**

---

**Add Files:**

---

**Your Message:**

Characters remaining: 1000000

## Search Contacts

### Search Contacts

**Instructions:**

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

**Name:**  
Enter your contact's name.

First Last

<input type="checkbox"/>	Name	City	State	Organization	Organization Type	Site ID
<input type="checkbox"/>	Barath, Cartique				0	S23
<input checked="" type="checkbox"/>	Barath, Cartique	woodlawn	MD	TestCE	11	S23
<input type="checkbox"/>	Barathapunniam, Cartique			SSA	0	


**To:**


x

**Cc:**



# Compose Message – Confirmation

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### ERE: Secure Messaging

 **You successfully submitted the message.**

It will be held in the Pending folder until processing is complete. If any attachment is corrupt or password-protected, the message will be moved to your Blocked folder and will not be processed.

The message will expire on 08/04/2020.

[Compose](#)

**Folders**

- [Inbox](#)
- [Pending \(1\)](#)
- [Drafts](#)
- [Sent](#)
- [Blocked](#)

### Inbox

Your messages are delivered here.

		<u>From</u>	<u>Subject</u>	<u>Received (ET)</u>	<u>Expires (ET)</u>	<u>Size</u>
No messages in this folder.						

---


[ERE Home](#)

[User Resources](#)

# Contact OHO Office

## Send Message and Files

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## Social Security

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---

### ERE: Contact OHO Office

#### Destination & Message Information

[User Resources](#)

**Select destination by:** [More Info](#)

Site Code    State

**Site Code:**            X66

**State:**                AZ-Arizona

**Destination:**        AZ - Tucson OHO [X66]

---

**Subject:**

#### Attach and Upload Files

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

---

**Add Files:**

---


**Your Message:**  
(16,000 characters maximum)

---

Characters remaining: 16000

# Confirmation

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## Social Security

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---

### ERE: Contact OHO Office


 **Thank you for your submission.**

Contact OHO Office - Tracking Information

Tracking Number: **17353266AC335DFEN**

Submitted on: **Wed Jul 15 11:44:53 EDT 2020**

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

 [Print this page](#)

[User Resources](#)

#### Submission Summary

Tracking Information

---

##### Destination & Message Information

State: **AZ-Arizona**  
Destination: **AZ - Tucson OHO [X66]**  
Subject: **Testing for OMB Package**

---

##### Uploaded File(s)

File Name	File Size
eSignature.txt	1 KB
<b>Total File Size:</b>	<b>1 KB</b>

Message: **No Message added**


[Send Another Message](#)[ERE Home](#)

# Payment Services

## Submit Payment Request (non-eOR)

### MER - Destination and Request Information

Cartique Barath | Sign Out Text Size Accessibility Help

 **Social Security**  
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---

## ERE: Submit Payment Request

1 Destination Information 2 Review & Add Files 3 Confirmation

### Destination and Request Information

Please refer to your request letter or barcode to complete this information.

Select destination by: [More Info](#)

Site Code  State

Site Code: s23

State: MD-Maryland

Destination: MD - Timonium DDS [S23]

---

**Social Security Number (SSN):**

**RQID (Request ID):**

**RF (Routing Field):**

P  
 D or Blank  
 No RF or No Barcode

**DR:**

F  
 S  
 No DR or No Barcode

**CS (only if applicable):**

---


**Is this payment request for a Consultative Exam?**

Yes  No

[User Resources](#)

# MER - Add Invoices

Cartique Barath [Sign Out](#) Text Size ▾ Accessibility Help



## Social Security

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### ERE: Submit Medical Evidence Payment Request

1 Destination Information2 Review & Add Files3 Confirmation

#### Review

Edit

##### Destination and Request Information

---

Destination: **MD - Tlmonium DDS [S23]**      RF: **D or Blank**  
SSN: **111-11-1111**                                      DR: **F**  
RQID: **34af23rstwer**                                CS:  
Is this payment request for a Consultative Exam? **No**

#### Invoice Type

Select the types of invoice(s) you want to upload.

Invoice from DDS  
 Invoice from Provider  
 Both

#### Upload Invoice(s)

- A maximum of 4 files can be added and all files must total less than 20MB.
- File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .txt, .rtf, .xls, .xlsx, .pdf, .tif, .tiff.
- Please do not upload password-protected files because they cannot be processed.

Add Files:  Browse...

---

**Additional Comments:**  
(16,000 characters maximum)

Characters remaining: 16000

[User Resources](#)

#### Payment Request Agreement

**Please read this statement and indicate your agreement by checking the "I have read..." box. When you select "Submit", you will generate an electronic signature and submit your response.**

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


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

I have read and agree with the above.

[Submit](#)[Previous](#)[Cancel](#)

# MER - Tracking Page

Carlique Barath | [Sign Out](#) Text Size Accessibility Help



## Social Security

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---

### ERE: Submit Medical Evidence Payment Request

1 Destination Information    2 Review & Add Files    3 Confirmation

**Thank you for your submission.**

**Payment Request Submission - Tracking Information.**

Tracking Number: **1735361CBF675FD2N**

Submitted on: **07/15/2020 at 12:49 PM EDT**

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

[Print this page](#)

[User Resources](#)

---

### Submission Summary

Tracking Information

---

#### Destination and Request Information

Destination: **MD - Timonium DD \$ [\$23]**  
SSN: **111-11-1111**  
RQID: **348f23rstwer**  
RF: **D or Blank**  
DR: **F**  
CS:  
Is this payment request for a Consultative Exam? **No**  
Invoice Type: **Invoice from DD \$**

---

#### Uploaded Invoice(s)

Invoice Name	Invoice Size
Invoice Name: <b>test-xls.xlsx</b>	9 KB
<b>Total Invoice Size</b>	<b>9 KB</b>


Comments: **No comments added**


Your payment was electronically signed.

---

[Send Another Response](#)[ERE Home](#)

# CE - Destination and Request Information

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## Social Security

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### ERE: Submit Payment Request

1 Destination Information 2 Review & Add Files 3 Confirmation

[User Resources](#)

### Destination and Request Information

Please refer to your request letter or barcode to complete this information.

---

**Select destination by:** [More Info](#)

Site Code    State

**Site Code:**                    s23

**State:**                         MD-Maryland

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

---

**Social Security Number (SSN):**

**RQID (Request ID):**

**RF (Routing Field):**

P

D or Blank

No RF or No Barcode

**DR:**

F

S

No DR or No Barcode

**CS (only if applicable):**


---

**Is this payment request for a Consultative Exam?**

Yes    No

## CE – Add Invoices

Cartique Barath [Sign Out](#) Text Size [Accessibility Help](#)

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---

### ERE: Submit CE Payment Request

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

[User Resources](#)

#### Review

Destination and Request Information

Destination: **MD - Timonium DDS [S23]**   RF: **D or Blank**  
SSN: **111-11-1111**   DR: **F**  
RQID: **345df34df3ref**   CS:  
Is this payment request for a Consultative Exam? **Yes**

---

#### Invoice Type

Select the types of invoice(s) you want to upload.

Invoice from DDS  
 Invoice from Provider  
 Both

---

#### Upload Invoice(s)

- A maximum of 4 files can be added and all files must total less than 20MB.
- File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .txt, .rtf, .xls, .xlsx, .pdf, .tiff, .tif.
- Please do not upload password-protected files because they cannot be processed.

Add Files:

---

Additional Comments:  
(16,000 characters maximum)

Characters remaining: 16000

---

#### Payment Request Agreement

**Please read this statement and indicate your agreement by checking the "I have read..." box. When you select "Submit", you will generate an electronic signature and submit your response.**

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


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

I have read and agree with the above.



# CE – Tracking Page

Carlque Barath | [Sign Out](#) Text Size Accessibility Help



## Social Security

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---

### ERE: Submit CE Payment Request

1 Destination Information2 Review & Add Files3 Confirmation

**Thank you for your submission.**

**Payment Request Submission - Tracking information.**

Tracking Number: **17353E267670E752N**

Submitted on: **07/15/2020 at 03:10 PM EDT**

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

[Print this page](#)

[User Resources](#)

---

### Submission Summary

Tracking Information

---

#### Destination and Request Information

Destination: **MD - Timonium DD \$ [S23]**  
SSN: **111-11-1111**  
RQID: **345dt34df3ref**  
RF: **D or Blank**  
DR: **F**  
CS:  
Is this payment request for a Consultative Exam? **Yes**  
Invoice Type: **Invoice from Provider**

---

#### Uploaded Invoice(s)

Invoice Name	Invoice Size
Invoice Name: <b>test-rtf.rtf</b>	2 KB
<b>Total Invoice Size</b>	<b>2 KB</b>

Comments: **No comments added**


Your payment was electronically signed.

[Send Another Response](#)[ERE Home](#)

# Access Provider's Electronic Requests

## Open Payments (no reports submitted yet)

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### ERE: Access Provider's Electronic Payment Requests

**Provider:**  **Request Type:**  [? User Resources](#)

Priority	Patient Name	SSN (Last 4)	Request Date	Appt Date	Appt Time	Location	Request Status	Payment Status	Payment Request
	DittoPay, JohnCE420	0420	07/07/2019	08/21/2020	04:50 PM	TestingPlace	NEW	NEW	Need Report
	DittoPay, JohnCE419	0419	07/07/2019	08/21/2020	04:50 PM	TestingPlace	PREPARED	NEW	Need Report

## Open Payments (report submitted)

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# Social Security

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### ERE: Access Provider's Electronic Payment Requests

**Provider:**

**Request Type:**

[? User Resources](#)

Priority	Patient Name	SSN (Last 4)	Request Date	Appt Date	Appt Time	Location	Request Status	Payment Status	Payment Request
	DittoPay, JohnCE419	0419	07/07/2019	08/21/2020	04:50 PM	TestingPlace	RESPONDED	NEW	<a href="#">Request Payment</a>