Social Security Administration



SEPTEMBER 2020 ERE Screen Shots

For OMB Clearance 0960-0753

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Messaging Services
Secure Messaging
Inbox
Compose Message
Search Contacts
Compose Message – Confirmation
Contact OHO Office
Send Message and Files
Confirmation
Payment Services
Submit Payment Request (non-eOR)
MER - Destination and Request Information103
MER - Add Invoices
MER - Tracking Page
CE - Destination and Request Information
CE – Add Invoices
CE – Tracking Page
Access Provider's Electronic Requests
Open Payments (no reports submitted yet)
Open Payments (report submitted)

ERE Login

Login Screen

🕝 Social Security

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

OMB No. 0960-0753 Privacy Policy Accessibility Help

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
- For ERE technical issues please send an email to EETechSupport@ssa.gov
- All other ERE questions can be sent to OHO.HQ.Rep.Mail@ssa.gov
- Appointed Representatives who are locked out can send their name and User ID to electronic-recordsexpress@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 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

See Revised Privacy Act Statement attached

Privacy Act Statement

🗑 Social Security

Collection and Use of Personal Information

Section 205 of the Social Security Act, as amended, allow us to collect this information. Aurnishing 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:

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 SQRNs are available on our website at www.socialsecurity.gov/foia/bluebook.

SSA will insert the following revised Privacy Act Statement into the collection as soon as possible:

Privacy Act Statement Collection and Use of Personal Information

Section 205 of the Social Security Act, as amended, allows us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent you from registering with Electronic Records Express (ERE) or electronically submit reimbursement requests.

We will use the information to register you to use ERE, collect medical or education records, or disburse payment. We may also share your information for the following purposes, called routine uses:

- To student volunteers, individuals working under a personal services contract, and other workers who technically do not have the status of Federal Employees, when they are performing work for SSA, as authorized by law, and they need access to personally identifiable information (PII) in SSA records in order to perform their assigned agency functions; and
- To applicants, claimants, prospective applicants or claimants, other than the data subject, their authorized representatives or representative payees to the extent necessary to pursue Social Security claims and to representative payees when the information pertains to individuals for whom they serve as representative payees, for the purpose of assisting SSA in administering its representative payees in performing their duties as payees, including receiving and accounting for benefits for individuals for whom they serve as payees.

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 Notice (SORN) 60-0320, entitled Electronic Disability (eDib) Claim File, as published in the Federal Register (FR) on June 4, 2020, at 85 FR 34477 and 60-0089, entitled Claims Folders System, as published in the Federal Register (FR) on October 31, 2019, at 84 FR 58422. Additional information and a full listing of all our SORNs are available on our website at <u>www.ssa.gov/privacy/</u>.

ERE Home Page

Administrator's Home Page View



Individual End-User Home Page View



Account Services

Create an Individual End-User Account

Basic Information

Dhaval Shah 8ign Out	Text Size 💌 Accessibility Help
Social Security The Official Website of the U.S. Social Security Administration	
ERE: Create An Account	
Provide Account Information 2 Review & Submit 3 Confirmation	
Account Type & Username	User Resources
What type of account would you like to create? O Administrator Account O Regional Administrator Account O 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	
Vser Information Name: First Middle Last Primary Phone Number: @U.S. O International 10-digit Number Ext	
Alternate Phone Number (optional): © U.S. O International 10-digit Number Ext	
FAX Number (optional):	
Primary Email Address:	
Confirm Primary Email Address:	
Alternate Email Address (optional):	
Confirm Alternate Email Address (optional):	
Next Cancel	

Organization Information

Social Security The Official Website of the U.S. Social Security Administration	
ERE: Create An Account	
Provide Account Information Provide Organizational Information Confirmation	Review
Organization Information	O User Resources
Organization Type: Other	
Organization Name:	
Department (optional):	
Position (optional):	
Address: Country:	
United States or U.S. Territory	
Street Address:	
Street Line 2:	
City/Town: State/Territory: ZIP Code:	
- V	
Primary Site:	
Drimany Site Contact	
A 17 1	
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: Billing Clerk	
Additional Information	
Comments (optional): (254 characters maximum)	
Characters remaining: 254	
Next Previous Cancel	-

<u>Review</u>

Dhaval Shah 8ign Out	Text Size 💌 🛛 Accessibility Help
Social Security The Official Website of the U.S. Social Security Administration	
ERE: Create An Account	
 Provide Account Information Provide Organizational Information Confirmation 	Review
Review & Submit Please make sure the information you provided is correct.	User Resources
Edit O Account & User Information	
Account Type & Username Account Type: Individual End-User Account	
Demo Account? Yes	
Username: PROU\$R01	
User Information	
Name: CEMER Provider	
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 Resilient Doctor	
Address: 6401 Security Blvd, Woodlawn, MD, 21244	
Primary Site: MD - Timonium DDS [S23]	
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	

Confirmation

Dhaval Shah Sign Out	Text Size 💌 Accessibility Help
Social Security The Official Website of the U.S. Social Security Administration	,
ERE: Create An Account	
 Provide Account Information Provide Organizational Information Confirmation 	Review
Vou successfully created an account.	2 User Resources
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	
ERE Home Create Relationship for This Account	

Duplicate e-Mail warning message for multiple ERE accounts

Dhaval Shah Sign Out	Text Size 💌 🛛 Accessibility Help
Social Security The Official Website of the U.S. Social Security Administration	
ERE: Create An Account	
Provide Account Information 2 Review & Submit 3 Confirmation	
An ERE account already exists using the email address <dhaval.k.shah@ssa.gov> address, submit the form again.</dhaval.k.shah@ssa.gov>	. To continue using this email

Manage End-User Relationships

Search Criteria		
Dhaval Shah Sign Out		Text Size 💽 🛛 Accessibility Help
Social Secu The Official Website of the U	.S. Social Security Administration	
ERE: Create Relation	ship	
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	2 User Resources
Search for Available Us	eers By:	
Username: Last Name:	Organization Name: Organization Type:	
First Name:	State/Territory:	
Search for Available Users By: CE Admin CE Billing Clerk MER Billing Clerk		
Search Cancel		

Search Results

Dhaval Shah Sign Out Text Size 💌 🛛 Accessibility Help Social Security The Official Website of the U.S. Social Security Administration ERE: Create Relationship Username: PROUSR01 O User Resources Organization: Shah Medical Associates First Name: CEMER State/Territory: MD Last Name: Provider Function: Review/Submit CE Reports, Send Individual Response, Consultative Examination Payment Request: Provider, Medical Evidence Payment Request: Provider Search Results Select the user(s) that you would like to create a relationship with. << First < Prev 1234567 Next > Last >> Showing 1-6 of 38 <u>Username:</u> 🔻 Last Name: **Organization** Organization State/Territory: <u>User</u> <u>First</u> Name: Name: Type: Type: 123456DD Johnson Glory Other MD CE Admin 179976SA bob ddffddd Other MD CE Admin smith 508PROAD ProAdminClerk FiveZeroEight SSA Other MD CE Admin 508PROAD ProAdminClerk FiveZeroEight SSA Other MD CE Billing Clerk 508PROAD ProAdminClerk FiveZeroEight SSA Other MD MER Billing Clerk CEAP2SUK Suk CEAP CEAP practice Other MD CE Admin Showing 1-6 of 38 << First < Prev 1234567 Next > Last >> Create Relationship Edit Search Cancel

Create Individual End-User Account Summary

Sign Out Dhaval Shah



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

ERE: Account Summary

You successfully created the relationship(s).

Action	Account Information
 Modify Account Info Reset Password Suspend Account Delete Account View Log History 	Username: PROUSR01 SSA ID: JCWJF2XM8B Demo Account: Yes Account Type: Individual End-User Account Account Status: ACTIVE
O User Resources	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:

Text Size 💌 🛛 Accessibility Help

Current Relationships

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

Search Accounts

<u>Search Page</u>

Dhaval Shah Sign Out	Text Size 💌 Accessibility Help
Social Security The Official Website of the U.S. Social Security Administration	
ERE: Search Accounts	
Search for Accounts By:	O User Resources
Last Name: SSA ID:	
First Name: Phone Number:	
Username: Email Address:	
Primary Site:	
Match:	
□ Include Demo Accounts	
Exclude Deleted Accounts	
Show and select functions to include in search	
Search ERE Home	-

Search Results

Dhaval Shah | Sign Out

Text Size 💌 🛛 Accessibility Help

3 User Resources

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

ERE: Search Accounts

Search Results

Showing 1-25	Showing 1-25 of 125 << First < Prev 1 2 3 4 5 Next > Last >>						>		
<u>Username</u> ▼	Account Type	Last Name	<u>First</u> <u>Name</u>	Demo?	<u>Account</u> <u>Status</u>	<u>Organization</u>	Phone Phone	<u>Email</u>	<u>Site</u>
508PROAD	Individual End-User Account	ProAdminClerk	FiveZeroEight	Yes	ACTIVE	SSA	(410) 965-1234	Dhaval. K.Shah @ssa.g ov	CA5
ADMN0001	Administrator Account	Shah	Dhaval	Yes	ACTIVE	SSA	(410) 966-8092	Dhaval. K.Shah @ssa.g ov	
ADMN0002	Administrator Account	Shah	Dhaval	Yes	ACTIVE	SSA	(410) 966-8092	Dhaval. K.Shah @ssa.g ov	
ADMN0003	Administrator Account	SHAH	DHAVAL	Yes	ACTIVE	SSA	(410) 966-8092	Dhaval. K.Shah @ssa.g ov	
ADMN0004	Administrator	SHAH	DHAVAL	Yes	ACTIVE	SSA	(410)	Dhaval.	

Delete Account



Delete Account Summary

Dhaval Shah Sign Out		Text Size 💌	Accessibility Help
Social S The Official Website	Security e of the U.S. Social Security Administration		
ERE: Account Su	Immary		
Vou successfully dele	eted account TSTADMN1.		
Action	Account Information		
View Log History	Username: TSTADMN1		
2 User Resources	Demo Account: Yes Account Type: Administrator Account Account Status: DELETED		
	Name: Dhaval Shah Primary Phone Number: 4109668092 Alternate Phone Number: FAX Number: Primary Email Address: Dhaval.K.Shah@ssa.gov Alternate Email Address:		
	Department: Testing Position: Testing		
ERE Home Back To	o Search Results		

Change Your Password

Dhaval Shah Sign Out	Text Size 💌 🛛 Accessibility Help
Social Security The Official Website of the U.S. Social Security Administration	
ERE: Change Your Password	
Enter Password Information	² User Resources
Current Password: New Password: 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

Dhaval Shah Sign Out	Text Size 💌 Accessibility Help
The Official Website of the U.S. Social Security Administration	
ERE: Change Your Password	
You successfully changed your password and a confirmation email has been sent to you.	² User Resources
ERE Home	-

Modify Account

Dhaval Shah Sign Out	Text Size 💌 🛛 Accessibility Help
Social Security The Official Website of the U.S. Social Security Administration	
ERE: Modify Account Information	
Account Type & Username	O User Resources
Username: PROUSR01 SSA ID: JCWJF2XM8B Account Type: Individual End-User Account Account Status: ACTIVE ☑ Demo Account	×
User Information	
Name: Provider CEMER Middle First Middle	
Primary Phone Number: U.S. O International 9999999999 International 10-digit Number Ext	
Alternate Phone Number (optional):	
FAX Number (optional): • U.S. O International 10-digit Number	
Primary Email Address: Dhaval.K.Shah@ssa.gov	-
Confirm Primary Email Address: Dhaval.K.Shah@ssa.gov	
Alternate Email Address (optional):	
Confirm Alternate Email Address (optional):	

]
Organization Inform	nation	
Organization Type:		
Other	×	
Organization Name:		
Shah Medical Associates		
Department (optional):		
General		
Position (optional):		
0000		
Address:		
United States or U.S. Territe		
Street Address:		
Street Line 1: 6401 Sec	urity Blvd	
Street Line 2:	Add Line	
City/Town:	State/Territory: ZIP Code:	
Woodlawn	MD 21244	
Primary Site:		
MD - Timonium DDS [S23]	\checkmark	
Primary Site Contact:		
Account, Sponsor (SPONBPD1		
Account Functions		
Account Functions		
Select the functions that app	ly to the user. You must select at least one option.	
Send Individual Response		
Consultative Exam		
Prepare Consultative Exam	Report for Provider	
Review/Submit CE Reports	nned Signatures	
🗠 Consultative Exam with Sca	nneu oighalures	
Contact OHO Office		
Consultative Examination Pa	ayment Request: Provider	
□ Consultative Examination Pa ☑ Medical Evidence Payment I	ayment Request: Billing Clerk Request: Provider	
Medical Evidence Payment	Request: Billing Clerk	

Comments (optional): (254 characters maximum)	
Characters remaining: 254	

Modify Account Confirmation

Dhaval Shah Sign Out				Text Size 💌 📋	Accessibility Help
Social So	ecurity of the U.S. Social Security Administration	1			
ERE: Account Sur	mmary				
You successfully saved the saved	he account changes and a confirma	ation email has been s	ent to the	e account holder	:
Action	Account Information	n			
 Modify Account Info Reset Password Suspend Account Delete Account View Log History 	Username: PROUSR01 SSA ID: JCWJF2XM8B Demo Account: Yes Account Type: Individual End Account Status: ACTIVE	-User Account			
User Resources	Name: CEMER Provider Primary Phone Number: 99999 Alternate Phone Number: FAX Number: Primary Email Address: Dhava Alternate Email Address:	999999 II.K.Shah@ssa.gov			
	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 India Reports, Contact OHO Office Medical Evidence Payment R Comments:	vidual Response, Coi , Consultative Exami equest: Provider	nsultativ nation P	e Exam, Revie ayment Reque	w/Submit CE st: Provider,
Current Relationsh	iips				
UsernameLast NameDSHAH008Clerk	First Name Organization Name MeR Dhaval's Insurance Carrier	Organization Type Other	<u>State</u> MD	User Type MER Billing Clerk	Action Delete
Create New Relationship	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.	User Resources
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) 	
O Update your email address	
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	
Vou successfully turned OFF email notifications.	2 User Resources
ERE Home	

Evidence Services

Send Individual Response

Destination and Request Information

Social Security The Official Website of the U.S. Social Security Administration	
ERE: Send Individual Response	
Destination Information 2 Review & Add Files 3 Confirmation	
Destination and Request Information Please refer to your request letter or barcode to complete this information.	User Resources
Select destination by: ⁽²⁾ More Info (a) Site Code (c) State	
Site Code: s02	
State: AK-Alaska	
Destination: AK - Alaska DDS [S02]	
Edit	
111-11-1111 RQID (Request ID): 234sdfwer3r RF (Routing Field): P Image: Im	
●F ○S	
O No DR or No Barcode CS (only if applicable):	
● Yes ○ No	
Document Type: Medical Evidence of Record (MER) - 0001	
Next Cancel	

Review & Add Information

Social Security The Official Website of the U.S. Social Security Administration	
ERE: Send Individual Response	
Destination Information Proview & Add Files Confirmation	
Review	Output User Resources
Edit Destination and Request Information	
Destination: AK - Alaska DDS [S02] RF: D or Blank SSN: 111-11-1111 DR: F RQID: 234sdfwer3r 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	

<u> Tracking Page (no fiscal)</u>

Social Security The Official Website of the U.S. Social Security Administration	
ERE: Send Individual Response	
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.	User Resources
Print this page	
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	
Total File Size 50,634 KB Comments: No comments added 50,634 KB	
Send Another Response ERE Home	

Tracking Page (fiscal)

The Official Website of the U.S. Social Security Administration	
ERE: Send Individual Response	
Destination Information 2 Review & Add Files 3 Confirmation	
🤣 Thank you for your submission	O User Resources
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	
Destination and Request Information	
Destination: MD - Timonium DDS [S23]	
SSN: 111-11-1111	
RGID: 43rdstwr234 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	
Total File Size 50,634 KB	
Comments: No comments added	
Send Another Response ERE Home Request Payment	

Send Grouped Response

Destination Information

Cartique Barath Sig	gn Out	Text Size 💌 🛛 Accessibility Help
Soc The Offici	ial Security al Website of the U.S. Social Security Administration	
ERE: Send (Grouped Response	
Destination I	nformation 2 Review & Add Files 3 Confirmation	
Destination a	and Request Information	User Resources
Select destination	by: ² More Info ate	
Site Code:	s23	
State:	MD-Maryland	
Destination:	MD - Timonium DDS [S23]	
Edit		
Does the first page More Info Yes ONo	e of all the documents contain an enhanced 2-D barcode?	
Next Cance	1	

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	
Destination Information Preview & Add Files Confirmation	
Review	User Resources
Edit 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: Browse	
Submit Previous Cancel	

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	
Vestination Information 2 Review & Add Files 3 Confirmation	
V Thank you for your submission.	O 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	
Total File Size: 55,359 KB	
Send Another Response ERE Home	-

Send CE Report

estination & Request Information		
Social Security The Official Website of the U.S. Social Security Administration		
ERE: Send CE Report		
Destination Information Review & Add Files Confirmation		
Destination and Request Information Please refer to your request letter or barcode to complete this information.	O User Resources	
Select destination by: ^O More Info • Site Code OState		
Site Code: s02		
State: AK-Alaska		
Destination: AK - Alaska DDS [S02]		
Social Security Number (SSN):		
RQID (Request ID):		
RF (Routing Field): OP		
○D or Blank ○No RF or No Barcode		
DR: OF OS		
CS (only if applicable):		
Document Type: Consultative Examination Report (CE) - 0002		
Next Cancel		

Review & Add Information

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Social Security The Official Website of the U.S. Social Security Administration	
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12 Destination Information 2 Review & Add Files 3 Confirmation	
Review	User Resources
Edit Destination and Request Information	-
Destination: AK - Alaska DD\$ [\$02] RF: D or Blank SSN: 111-11-1111 DR: F	
RQID: 3234edf23r4edf 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, .xlsx, .xlsx, .pdf, .rtf, .tiff, .tiff. Please do not upload password-protected files because they cannot be processed. 	
Add Files: Browse	
Additional Commenta: (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 elgnature 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.	J
Submit Previous Cancel	-
<u> Tracking Page (no fiscal)</u>

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Social Security The Official Website of the U.S. Social Security Administration	
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19 Destination Information 29 Review & Add Files 3 Confirmation	
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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.	
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Destination and Request Information Destination: AL - Birmingham DDS [801] SSN: 111-11-1111 RQID: 234adf23radf	
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Uploaded File(s)	
File Name File Size	
High_Image_size_WORD.doc 45789 KB	
Total File Size 45,789 KB	
Comments: No comments added	
Your response was electronically signed.	
Send Another Response ERE Home	

Tracking Page (with fiscal)

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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.	
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RQID: 3234adf23r4adf	
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High_Image_size_WORD.doc 45789 KB	
Total File Size 45,789 KB	
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 Sig	n Out	Text Size 💌 Accessibility Help
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ERE: Send C	CE with Scanned Signature	
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Select destination ● Site Code ○ Sta	by: ²⁹ More Info te	
Site Code:	s23	
State:	MD-Maryland	
Destination:	MD - Timonium DDS [S23]	
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Does the first page	e of all the documents contain an enhanced 2-D barcode?	
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Review & Add Information

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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

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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	
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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	
Total File Size: 91 KB	
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Send Another Response ERE Home	

Send CE No Show Response

Destination and Request Information Cartique Barath | Sign Out Text Size 💌 | Accessibility Help Social Security iiiii à The Official Website of the U.S. Social Security Administration ERE: Send No Show Response Destination Information 2 Review & Add Files 3 Confirmation 1 O User Resources Destination and Request Information Please refer to your request letter or barcode to complete this information. Select destination by: ² More Info Site Code ○ State Site Code: s23

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Review & Add Information

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

<u> Tracking Page (no fiscal)</u>

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Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.	
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Tracking Page (fiscal)

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Destination: MD - Timonium DDS [\$23]	
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 3ign Out	Text Size 💌 🛛 Accessibility Help
Social Security The Official Website of the U.S. Social Security Administration	
ERE: Prepare Report for Provider	
Destination Information 2 Review & Add Files 3 Confirmation	
Enter Provider Information Select the provider for whom this Consultative Exam is being prepared.	User Resources
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.	
Site Code O State	
State: AK-Alaska	
Destination: AK - Alaska DDS [S02]	
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Next Cancel	

Review & Add Information

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ERE: Prepare Report for Provider	
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Reviewing Provider: Barath, CartiqueRF: D or BlankPatient Name: Donald TrumpDR: FPatient DOB: 01/01/1950CS:Destination: AK - Alaska DDS [S02]Document Type: ConsultativeSSN: 111-11-1111Examination Report (CE) - 0002RQID: 234sdf3rsdfst	
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. 	
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Additional Comments: (16,000 characters maximum)	
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Tracking Number: 17353822E3342F13N		
Submitted on: 07/15/2020 at 01:25 PM EDT		
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Submission Summary Tracking Information		
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Reviewing Provider Information		
De deute a Deutide - Devela Continue		
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Patient Information		
Patient Name: Donald Trump		
Patient DOB: 01/01/1950		
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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** Over Resources Request Type: Open Requests ~ Show Priority Patient SSN Location Request Appt Appt Request Payment Payment <u>Name</u> (Last <u>Date</u> <u>Date</u> <u>Time</u> Status <u>Status</u> **Request** <u>4)</u> Ditto938, 0938 07/12/2020 08/17/2020 01:20 TestingPlace NEW John938 PM 0419 07/07/2019 08/21/2020 04:50 TestingPlace PREPARED NEW DittoPay, Need JohnCE419 ΡM Report DittoPay, 0420 07/07/2019 08/21/2020 04:50 TestingPlace NEW NEW Need JohnCE420 ΡM Report Ditto937, 0937 07/12/2020 09/17/2020 01:20 TestingPlace NEW John937 ΡM Ditto992, 0992 06/30/2020 09/30/2020 01:20 TestingPlace PREPARED John952 ΡM PayDitto, 0046 07/10/2020 NEW NEW Need eORMER46 Report < >

View / Submit CE Request – Upload Files



What's Changed:		
Special Instructions:		
Documentation:		
File Name		Date Added
Request Letter		07/15/2020
Supporting Document	ation	07/15/2020
Supporting Document	tation	07/15/2020
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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

<u> Tracking Page – Upload Files (Site does not do fiscal)</u>

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CRE: View / Submit CE Request Image: State of Submission - Tracking information Catage of Submission - Tracking information Print the page Print the page Submission Summary Tracking information Patient Submission Tothoss7 Patient Submission Summary Tracking information Patient Name: Johns57 Dithoss7 Patient Submission Compatibility Exam Request Type: Consultative Exam Request Type: Consultative Exam Request Dis 20200712DREW_0070 D Request Dis 20200712DREW_0070 D Decement Type: D Catage File(S) State Files Discomment Split Examiner: Decement Type: State Files Comments: No comments added Yors Kin You have electronically signed. State Files	CRE: View / Submit CE Request Image: Caregord Submission - Tracking Information Tracking Number: 17353EEEEA175F058 Submitted on: 0715/2020 at 03:23 PM EDT Pase retain your tracking number in case there are errors or problems that prevent us tom processing your submission. Plant this page Submission Summary Tracking Information Patient SA Appointment Information Patient SIN: XXX-X-0357 Patient SIN: XXX-X-0357 Patient SIN: 2020 PM EDB Request Dir: 0712/2020 Request Dir: 0717/2020 Disability Examiner: CE App1 Date & Time: 0917/2020 Disability Examine: Ce aprit Type: Disability Examine: Ce aprit Date & Time: 0917/2020 Comment: No comments added You have electronically signed. <th>Social Security The Official Website of the U.S. Social Security Administration</th> <th></th>	Social Security The Official Website of the U.S. Social Security Administration	
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Yearse retain your tracking number in case there are errors or problems that prevent us for processing your submission. Image: Print this page Submission Summary. Tracking Information Patient & Appointment Information Patient Name: Joing 70 titlogs 7 Patient S. XXX-XX-993 Patient Name: Joing 70 titlogs 7 Patient S. XXX-XX-993 Patient S. XXX-XX-993 Patient S. WXX-XX-993 Patient S. WXX-XX-993 Patient DOG: 10/28/1980 Request Type: Consultative Exam Request Type: Consultative Exam Request Dog: 10/28/1980 Patient S. WXX-XX-993 Datability Examine: Request Type: Consultative Exam Request Dog: 10/28/1980 Datability Examine: Bochred Files Datability Examine: Datability Examine: Bochred Files Datability Examine: Datability Examine: <	Proceeding with the region of the state	CE Report Submission - Tracking Information	User Resources
Plase 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 & Appointment Information Patient Name: John537 Ditto337 Patient SSN: XXX-XX-9337 Patient SN: XXX-XX-9337 Patient TSN: XXX-XX-9337 Patient TSN: Consultative Exam Request Type: Consultative Exam Request Date: 0712/2020 Request Date: 03177/2020 01:20 PM Location: Document Type: Uploaded File(s) Attached Files Total File Size: Comments: No comments added You have electronically signed.	Place retain your submission.	Tracking Number: 17353EEEEA175F05N Submitted on: 07/15/2020 at 03:23 PM EDT	
Print this page Submission Summary Tracking Information Patient & Appointment Information Patient Name: John537 Ditto537 Patient SSN: XX-XX-0837 Patient SSN: XX-XX-0837 Patient DOB: 10/231380 Request Type: Consultative Exam Request D2: 2020712DREW_0070 D Disability Examiner: Request D2: 2020712DREW_0070 D Disability Examiner: CE Apy's Date & Time: 05171/2020 01:20 PM Location: Document Type: Dubaded File(s) Attached Files <u>File Name files Size Italnine size: Comments: No comments added You have electronically signed. </u>	Print this page Submission Summary Tracking Information Patient & Appointment Information Patient & Appointment Information Patient SSN: XXX-XX-0337 Patient SSN: XXX-XX-0357 Patient SSN: XXX-XX-0357 Patient SSN: XXX-XX-037 Patient SSN: XXX-XX-XX-XX-037 Patient SSN: XXX-XX-037 Patient SSN: XXX-XX-XX-XX-XX-XX-XX-XX-XX-XX-XX-XX-XX	Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.	
Submission Summary Tracking Information Patient & Appointment Information Patient Name: John337 Difto337 Patient Six: XXX-XX-0937 Patient DOB: 10/28/1380 Request Type: Consultative Exam Request Date: 07/12/2020 Request Date: 07/12/2020 Request ID: 20200712DREW_0070 Disability Examiner: CE App' Date & Time: 09/17/2020 01:20 PM Location: Document Type: Uploaded File(s) Attached Files File Name (WORDS.doc 45789 KB) Total File Size: Comments: No comments added You have electronically signed.	Submission Summary Tracking Information Patient & Appointment Information Patient Name: John537 Diffos37 Patient Name: John537 Diffos37 Patient SSN: XX-XX-0937 Patient DOB:: 10/28/1580 Request Type: Consultative Exam Request Doff:: 07/12/2020 Request Doff:: Request Doff:: Request Doff:: Request Doff:: Request Doff:: Request Doff:: Dotate & Time:: Disability Examine: CC App1 Date & Time:: Document Type: Disability Examines: Decoment Type: Disability Examines: Ctal Files Total File Size: Comments: No comments added You have electronically signed.	Print this page	
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Comments: No comments added You have electronically signed.	Comments: No comments added You have electronically signed.	Total File Size:	
You have electronically signed.	You have electronically signed.	Comments: No comments added	
	Review Another Request ERE Home	You have electronically signed.	
	Review Another Request		J

View / Submit CE Request – No Show Response



What's Changed:	
Special Instructions:	
Documentation:	
File Name	Date Added
Request Letter	07/15/2020
Supporting Documentation	07/15/2020
Supporting Documentation	07/15/2020
Supporting Documentation	07/15/2020
Was a Consultative Exam performed?	
JYes ®N0	
 No contact with patient Patient cancelled appointment (provide rea Patient showed up for appointment, but correquired) Other (comments required) Comments: (4,000 characters maximum) 	ason if known) uld not be evaluated (comments

<u>Tracking Page – No Show Response (Site does not do fiscal)</u>

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. No Show Response Submission - Tracking Information	O User Resources
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	
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't Date & Time: 09/17/2020 01:20 PM Location:	
Request Response	
Reason: No contact with patient Comments: No comments added	

<u> Tracking Page – Upload Files (Site does fiscal)</u>

¹¹ Ch	
Social Security	
The Official Website of the U.S. Social Security Administration	
RF. View / Submit CF Request	
Rd. View / Sublint Of Request	
Thank you for your submission.	O User Resources
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	
e Print ons page	
Submission Summary	
Tracking Information	
Patient & Appointment Information	
Datiant Name: JohnCE420 DittoDay	
Patient Name: JohnCE420 DittoPay Patient SSN: XXX-XX-0420	
Patient Name: JohnCE420 DittoPay Patient SSN: XXX-XX-0420 Patient DOB: 11/12/1980	
Patient Name: JohnCE420 DittoPay Patient SSN: XXX-XX-0420 Patient DOB: 11/12/1980 Request Type: Consultative Exam	
Patient Name: JohnCE420 DittoPay Patient SSN: XXX-XX-0420 Patient DOB: 11/12/1980 Request Type: Consultative Exam Request Date: 07/07/2019	
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:	
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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: DevtestExamIner	
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: DevtestExamIner CE App't Date & Time: 08/21/2020 04:50 PM	
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Submit Payment Request for CE

Patient Information

Cartique Barath Sign Out		Text Size 💌 Accessibility Help
Social Security The Official Website of the U.S. Social	7 I Security Administration	
ERE: Request CE Paymen	t	
Patient Information 2 Enter S	Services 3 Review 4 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 Middle	TEST ERE Last Suffix	
Provider's Title (optional): Mr]	
Organization Name (optional): TestOrg]	
Taxpayer ID: 0061]	
Payee Taxpayer ID: 006500]	
Payee Legal Entity Name: ERETestingeOR]	
Invoice Number (optional):]	
State Vendor Code:		

	ry 🗸			
Street Address:				
Street Line 1: street A				
Street Line 2:	•	Add Lin	е	
City/Town:	State/Territory:		ZIP Code:	
Baltimore	MD-Maryland	\sim	21044	
• U.S. O International • U.S. O International IO-digit Number Internation Has the Provider Information Internation IN Yes No	Changed?			
Additional Comments				
Additional Comments Comments (255 characters maximum)				

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	
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 ONo 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 ONo	
Requested Amount: \$ 125.10	
Additional Service Item 1	
Item Description: (255 characters maximum)	
testing for OMB package	
Item Code (optional):	
Requested Amount:	
\$ 100.25	
Authorized By: Kal Penn	
When Authorized:	
If the exact date is unknown, please provide your best estimate	
Delete	
Add Additional Service	
Services Performed Total: \$325.60	
Additional Requested Total: \$100.25	
Total Payment Requested: \$425.85	
Next Previous Cancel	

<u>Review – Upload Invoices</u>

Cartique Barath Sign Out	Text Size 💌 🛛 Accessibility Help
Social Security The Official Website of the U.S. Social Security Administration	
ERE: Request CE Payment	
Patient Information 2 Enter Services 3 Review 4 Confirmation	
Patient Name: JohnCE420 Patient SSN: XXX-XX- 0420 Patient DOB: 11/12/1980 DittoPay	² 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:	
Laxpayer ID: 0061	
Payee Lagal Entity Name: EPETestingeOP	
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 S	ervice: (07/10/2020
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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

Cancel

Next Previous

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	
Patient Information 29 Enter Services 39 Review 4 Add Invoices	5 Confirmation
Patient Name: JohnCE420 Patient SSN: XXX-XX- 0420 Patient DOB: 11/12/1980 DittoPay	O User Resources
Invoice Types	
Select the types of invoice(s) you want to upload. O Invoice from DDS Invoice from Provider O 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 Please do not upload password-protected invoices because they cannot be processed. 	
Add Files: Browse	
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	-

<u> Tracking Page – Uploaded Invoices</u>

<page-header> Social Security Treate de la d</page-header>		Text Size Maccessibility
RE: 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: 17353FADBBF9A1EON Date and Timestamp: 07/15/2020 at 03:36 PM EDT Pease 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 and Appointment Information Patient Name: JohnCE420 DittoPay Patient SN: XXX-XX-0420 Patient DOB: 11/12/1980 Provider Name: FISCAL TEST Request Type: Consultative Exam Request Di: 20190707DREW_8418 D Disability Examiner: DeviestExaminer CE: Appointment Date: 08/21/2020 Location: TestingPlace	The Official Website of the U.S. Social Security Administration	
Chank you for your submission Consultative Exam Payment Request submission - Tracking Information. Tracking Number: 17354078BAF773255N 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 Name: JohnCE420 DittoPay Patient DB: 11/12/1980 Provider Name: FISCAL TEST Request Date: 07/07/Z019 Request DD: 20190707DREW_8418 D Disability Examine: DeviseExaminer CE Appointment Date: 08/21/2020 Location: TestingPlace	RE: Request CE Payment	
<text><text><text><text><text><text><text><text></text></text></text></text></text></text></text></text>	Thank you for your submission	O User Resources
<text><text><text><text><text></text></text></text></text></text>	Consultative Exam Payment Request submission - Tracking Information.	
Consultative Exam Request submission - Tracking Information. Tracking Number in CASS PACIDE BEAD Take retain your tracking number in case there are errors or problems that prevent us to my rocessing your submission Print this page Submission Summary Tracking Information Patient and Appointment Information Patient Name: John CE420 DittoPag Patient Name: Sohn CE420 DittoPag Patient Name: Sohn CE420 DittoPag Patient Name: Fiscal TEST Request Dis 11/12/1980 Provider Name: Fiscal TEST Request Date: 07/107/2019 Request ID: 20190707 DREW_8418 D Disability Examiner: Devtest Examiner: CE Appointment Date: 08/21/2020	Tracking Number: 17354078BAF77325N Date and Timestamp: 07/15/2020 at 03:50 PM EDT	
Tracking Number: 17.35.35 FADDBBF9A1E0N Date and Timestamp: 07.115/2020 at 03:36 PM EDT Palease 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: John CE420 DittoPag Patient Name: Point Hits Page Provider Name: FISCAL TEST Request Type: Consultative Exam Request Differ: Submord Differ: Submission Summary Request Differ: Submission Summary Provider Name: Distort Type: Consultative Exam Request Differ: Submission Summary Submission Summary Submission Summary Submission Summary Submission Summary Submission Summary Submission Summary Submission	Consultative Exam Request submission - Tracking Information.	
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 Request ID: 20190707DREW_8418 D Disability Examiner: DevtestExaminer CE Appointment Date: 08/21/2020 Location: TestingPlace	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	
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 Request ID: 20190707DREW_8418 D Disability Examiner: DevtestExaminer CE Appointment Date: 08/21/2020 Location: TestingPlace	Print this page	
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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	Submission Summary	
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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	Submission Summary Tracking Information Patient and Appointment Information Patient Name: JohnCE420 DittoPay Patient SSN: XXX-XX-0420	
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Requesting Office: S09 Request ID: 20190707DREW_8418 D Disability Examiner: DevtestExaminer CE Appointment Date: 08/21/2020 Location: TestingPlace	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	
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Location: TestingPlace	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 Request ID: 20190707DREW_8418 D Disability Examiner: DevtestExaminer	
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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

vnen Autnonzea: July 14, 2020		
otals:		
ervices Performed Total: \$325.60		
dditional Requested Total: \$100.25		
otal Payment Requested: \$425.85		
File Name	File Size	
File Name test-tif.tif	File Size 198 KB	

<u>Review – No Invoices to Upload</u>

Cartique Barath Sign Out	Text Size 💌 🛛 Accessibility Help
Social Security The Official Website of the U.S. Social Security Administration	
ERE: Request CE Payment	
Patient Information 2 Enter Services 3 Review 4 Confirmation	I
Patient Name: JohnCE420 Patient SSN: XXX-XX- 0420 Patient DOB: 11/12/1980 DittoPay	2 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	
rax number.	
Comments.	
Edit Service Information	
Authorization Date: 07/07/2020	
Date of Service: 07/10/2020	
Service Item 1:	
Item Description: Test A20	
Item Description: Test A20 Item Code: A123456104	
Item Description: Test A20 Item Code: A123456104 Was This Item Performed: Y	
Item Description: Test A20 Item Code: A123456104 Was This Item Performed: Y Authorized Amount: \$274.20	

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 ture 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	

<u>Tracking Page – No Invoices Uploaded</u>

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The Official Website of the U.S. Social Security Administration	
RE: Request CE Payment	
Thank you for your submission	O User Resources
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	
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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	
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Print this page Submission Summary Tracking Information Patient and Appointment Information Patient Name: JohnCE420 DittoPay Patient SSN: XXX-XX-0420 Patient SSN: XXX-XX-0420 Patient DOB: 11/12/1980 Provider Name: FISCAL TEST Request Type: Consultative Exam Request Date: 07/07/2019 Request ID: 20190707DREW_8418 D Disability Examiner: DevtestExaminer CE Appointment Date: 08/21/2020 Location: TestingPlace Response Information	

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

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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 pa	ckage	
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 th	is submission	
Your payment request was electron	ically signed.	
DE Homo Poquest Another D	laumont	
View / Submit Evidence Request – Upload Records

rtique Barath Sign Out		Text Size 💌 🛛 Accessibility Help
Social Security The Official Website of the U.S. Social Secur	rity Administration	
RE: View / Submit Evidence	e Request	
A Priority Request Immediate response needed.		O User Resources
Patient Name: eORMER52 TEST52 Patient DOB: 11/20/1979 Pro Patient DOB: 11/20/1979 Pro Request Type: Evidence Request Re Request ID: 20200629DREW_001 D Dis Requesting Office: MN - St. Paul DDS [S26] Image: State	tient SSN: XXX-XX-6052 ovider Name: Cartique Barath iquest Date: 06/30/2020 sability Examiner: testExaminer	
Request Details		
Special Instructions: MER Dev Test 2		
File Name	Date Added	
Request Letter	07/10/2020	
Authorization To Disclose Information	07/10/2020	
Background MER	07/10/2020	
Supporting Documentation	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 a File types accepted: word_doc_docx_ing	II files must total less than 200MB. bmp_txt_xls_xlsx_pdf_rtf_tiff_tiff	

Medical Evidence	of Record (MER) - 0001	
Add Files:	Browse	
Additional I	nformation	
Comments (Opt (4,000 characters	tional): naximum)	
Characters remain	ing: 4000	
Additional H	xamination or Test (Optional)	-
Is the provider wi ○Yes ○No	lling to provide an additional examination or test?	
Electronic S	ignature Agreement (Optional)	
lf you wish to gen indicate your und checkbox below. signature and sul	erate an electronic signature, please read this statement and erstanding by checking the "I have read and agree to the above" When you select "Submit", you will generate an electronic omit your response.	
By checking the "I the author of the u and I am certifying	have read and to the above" checkbox below, I am certifying that I am oloaded document(s). The information I have uploaded is accurate that I have electronically signed the document(s) contained within.	

<u>Tracking Page – Upload Records (Site does not do fiscal)</u>

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Social Security The Official Website of the U.S. Social Security Administration	
CRE: View / Submit Evidence Request	
Thank you for your submission. Individual Response Submission - Tracking information	User Resources
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	
Submission Summary	
Tracking Information	
Patient Information	
Patient Name: eORMER52 TE \$T52	
Patient SSN: XXX-XX-6052	
Patient DOB: 11/2019/9 Request Tune: Evidence Request	
Request Date: 06/30/2020	
Requesting Office:	
Request ID: 20200629DREW_001 D	
Disability Examiner: testExaminer	
Document Type:	
Uploaded File(s)	
Uploaded File(s) Attached Files	
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Uploaded File(s) Attached Files File Name High_Image_size_WORD4.doc Total File Size: Comments: No comments added You have electronically signed.	
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<u>Tracking Page – Upload Records (Site does fiscal)</u>

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Social Security The Official Website of the U.S. Social Security Administration	
RE: View / Submit Evidence Request	
Thank you for your submission. Individual Response Submission - Tracking Information	O User Resources
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.	
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Submission Summary	
Tracking Information	
Tracking Information Patient Information	
Tracking Information Patient Information Patient Name: eORMER46 PayDIffo Patient SSN: XXX-XX-0046 Patient SSN: XXX-XX-0046 Patient DOB: 11/28/1989 Request Type: Evidence Request Request Date: 07/10/2020 Request Date: 07/10/2020 Request ID: 20200710DREW_0041 D Disability Examiner: DevExamIner Document Type:	
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Tracking Information Patient Information Patient Information Patient Name: eORMER4S 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 Total File Size: Comments: No comments added You have electronically signed.	

<u>View / Submit Evidence Request – No Records</u>

rtique Barath Sign Out		Text Size 💌 Accessibility Help
Social Security The Official Website of the U.S. Social	, Security Administration	
RE: View / Submit Evide	nce Request	
A Priority Request		O User Resources
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	
Request Letter	07/10/2020	
Authorization To Disclose Information	07/10/2020	
Background MER	07/10/2020	
Supporting Documentation	07/10/2020	
Request Response		
Do you have records to submit for this o ⊖Yes ●No	case?	
Add Reason		
Reason for No Records to Submit:	nuirod	

 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)	_
) Object data completions (1920	
Characters remaining: 4000	
Submit Previous Cancel	

<u>Tracking Page – No Records (Site does not fiscal)</u>

The Official Website of the U.S. Social Security Administration	
RE: View / Submit Evidence Request	
Thank you for your submission. Individual Response Submission - Tracking Information	O User Resources
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.	
■ 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 Type: Evidence Request Request Date: 06/30/2020 Requesting Office:	
Request Type: Evidence Request Request Date: 06/30/2020 Requesting Office: Request ID: 20200629DREW_001 D	
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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	
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<u>Tracking Page – No Records (Site does fiscal)</u>

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Social Security The Official Website of the U.S. Social Security Administration		
RE: View / Submit Evidence Request		
Thank you for your submission. Individual Response Submission - Tracking information		User Resources
Tracking Number: 17354234755BA8001	N	
Submitted on: 07/15/2020 at 04:21 PM EDT		
Please retain your tracking number in case there are errors or p from processing your submission.	roblems that prevent us	
Print this page		
Submission Summary		
I racking Information		
Patient Information		
Deliant Names AORMER (C DevOltio		
Patient Name: eORMER46 PayDitto		
Patient Name: eORMER46 PayDitto Patient SSN: XXX-XX-0046 Patient DOB: 11/28/1989		
Patient Name: eORMER46 PayDitto Patient SSN: XXX-XX-0046 Patient DOB: 11/28/1989 Request Type: Evidence Request		
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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		
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		
Patient Name: eORMER46 PayDifto 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:		
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)		
Patient Name: eORMER46 PayDitto Patient SSN: XXX-XX-0046 Patient DGB: 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		
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	Filie Size	
Patient Name: eORMER46 PayDifto 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 High_Image_size_WORD3.doc	File Size 45789 KB	
Patient Name: eORMER46 PayDiffo 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 High_Image_size_WORD3.doc Total File Size:	File Size 45789 KB	
Patient Name: eORMER46 PayDifto 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 High_Image_size_WORD3.doc Total File Size: Comments: No comments added	File Size 45789 KB	
Patient Name: eORMER46 PayDifto 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 High_Image_size_WORD3.doc Total File Size: Comments: No comments added You have electroploally algoed	File Size 45789 KB	
Patient Name: eORMER46 PayDiffo Patient SSN: XXX-XX-0046 Patient DOB: 11/28/1989 Request Type: Evidence Requeat Request Date: 07/10/2020 Requesting Office: Request ID: 20200710DREW_0041 D Disability Examiner: DevExaminer Document Type: Uploaded File(s) Attached Files File Name High_Image_size_WORD3.doc Total File Size: Comments: No comments added You have electronically signed.	File Size 45789 KB	
Patient Name: eORMER46 PayDifto 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 High_Image_size_WORD3.doc Total File Size: Comments: No comments added You have electronically signed.	File Size 45789 KB	

Submit Payment Requests for MER

Patient Information

Cartique Barath Sign Out			Text Size 💽 🛛 Accessibility Help
Social Securit The Official Website of the U.S. So	ty cial Security Administration		
ERE: Request Medical E	vidence Payment	:	
Patient Information 2 Revi	iew 3 Confirmation		
Patient Name: eORMER46 PayDitto Patient DOB: 11/28/1989 DDS Address: 17 normandy wood drive Apt 7 near park , Baltimore , MD 21044 Fax Number: (404) 496-9625 Legacy System Vendor Code: A12346 Other DDS Number: DDS9803	Patient SSN: XXX-XX- Request ID: 202007101 Phone Number: (405) 3 DDS Invoice/Voucher N Legacy Case Number: Date of Request: 07/10	0046)REW_0041 D 48-1735 lumber: 1326 677182 /2020	User Resources
Payment Information			
Special Instructions This is Test Provider Information Provider's Name (optional):			
ERETestThree test	test	ERE	
First Middle Provider's Title (optional): Mr	Last	Suffix	
Organization Name (optional): TestOrg			
Taxpayer ID: 113457 Payee Taxpayer ID: 123456			
Payee Legal Entity Name: ERETesteOR Invoice Number (optional):			
State Vendor Code:			

Remit Address: Country:			
United States or U.S. Territo	iry 🔽		
Street Address:			
Street Line 2: 15 testing	nalace		
Street Line 2: To testing	palace		
Street Line 4: test4			
City/Town:	State/Territory:	7ID Code:	
Westmead	MD-Man/and	21044	
Westineau		21044	
Primary Phone Number (option © U.S. O International (404) 496-9664 [125 10-digit Number Ext	onal):]		
10-digit Number Has the Provider Information O Yes O No	Changed?		
Payment Information Payment Requested Amount: Page Count (Optional):	>n :		
Were records photocopied?			
Additional Comments			
Comments (255 characters maximum)			
Characters remaining: 255			
Novt Provinue 0	ancel		
Trevious C	ancel		

<u>Review – Upload Invoices</u>

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 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.	
Edit 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	
Edit Payment Information	-
Payment Requested Amount: 100.76	
Page Count: 66	
Were Records Photocopied: Yes	
Upload Invoices	_
Do you have invoices to upload? ● Yes ○ No	

Upload Invoices

Cartique Barath Sign Out	Text Size 💌 🛛 Accessibility Help
The Official Website of the U.S. Social Security Administration	
ERE: Request Medical Evidence Payment	
Patient Information 29 Review 3 Add Invoices 4 Confirmation	
Patient Name: eORMER46 Patient SSN: XXX-XX- 0046 Patient DOB: 11/28/1989 PayDitto	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, .tiff, .tiff Please do not upload password-protected invoices because they cannot be processed. 	
Add Files: Browse	
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	-

<u>Review – No Invoices</u>

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 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.	
Edit 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	
Edit Payment Information	
Payment Requested Amount: 100.76	
Page Count: 66	
Were Records Photocopied: Yes	
Upload Invoices	
Do you have invoices to upload?	

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 ture 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

<image/> Contract Contrac	artique Barath Sign Out	Text Size 💽 🛛 Accessibility Help
Act: Request Medical Evidence Payment Inank you for your submission Medical Evidence Payment Request submission - Tracking Information. Tracking Number: 173542D1B13A62D8N Date and Timestamp: 0715/2020 at 04:31 PM EDT Medical Evidence Request submission - Tracking Information. Tracking Number: 17354234755BA800N Date and Timestamp: 0715/2020 at 04:21 PM EDT Please relain your tracking number in case there are errors or problems that prevent us from processing your submission Print this page Submission Summary Pracking Information Patient and Appointment Information Patient and Appointment Information Patient and Appointment Extreme Patient Strippe: Medical Evidence test Request Drive Medical Evidence Request D	Social Security The Official Website of the U.S. Social Security Administration	
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 Print this page Submission Summary Print this page Patient and Appointment Information Patient SN: XXX-XX-0046 Patient SN: XXX-XX-0046 Patient SN: XXX-XX-0046 Patient OD: 11/28/1989 Provider Name: ERETESTIFNE test Request Type: Medical Evidence Requesting Office: S51 Requesting Office: S51 Request Information Patient Information Patient Interstore DevExaminer: Response Information	CRE: Request Medical Evidence Payment	
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 Print this page Submission Summary Tracking Information Patient and Appointment Information Patient Name: eORMER46 PayDitto Patient SSN: XXXX0046 Patient DOB: 11/28/1989 Provider Name: ERETestThree test Request Date: 07/10/2020 Request Date: 07/10/2020 Request Di: 20200710DREW_0041 D Disability Examiner: DevExaminer Response Information	Thank you for your submission	O User Resources
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 Print this page Submission Summary Pracking Information Patient and Appointment Information Patient Name: eORMER46 PayDitto Patient OB: 11/128/1989 Provider Name: ERETESTITIVE test Request Date: 07/10/2020 Request Date: 07/10/2020 Request Dit: 20200710DREW_0041 D Disability Examiner: Dev Examiner: Response Information Example: Payment Request Information Example:	Medical Evidence Payment Request submission - Tracking Information.	
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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 Type: Medical Evidence Request Date: 07/10/2020 Request ID: 20200710DREW_0041 D Disability Examiner: DevExaminer Response Information Payment Request Information		
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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	I racking Information	
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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	Patient Name: eORMER46 PavDitto	
Patient DOB: 11/28/1989 Provider Name: ERETestThree test Request Type: Medical Evidence Request Date: 07/10/2020 Requesting Office: \$51 Request ID: 20200710DREW_0041 D Disability Examiner: DevExaminer Response Information Payment Request Information	Patient SSN: XXX-XX-0046	
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	Patient DOB: 11/28/1989	
Request Type: Medical Evidence Request Date: 07/10/2020 Requesting Office: S51 Request ID: 20200710DREW_0041 D Disability Examiner: DevExaminer Response Information	Provider Name: ERETestThree test	
Request Date: 07/10/2020 Requesting Office: S51 Request ID: 20200710DREW_0041 D Disability Examiner: DevExaminer Response Information	Request Type: Medical Evidence	
Request ID: 20200710DREW_0041 D Disability Examiner: DevExaminer Response Information Payment Request Information	Request Date. 0//10/2020	
Disability Examiner Response Information Payment Request Information	Request ID: 20200710DREW_0041 D	
Response Information Payment Request Information	Disability Examiner: DevExaminer	
Payment Request Information	Response Information	
Payment Request Information	-	

Your payment request was electr	onically signed.		
Invoice Type: Both			
Total File Size		14 KB	
test-xls.xls		14 KB	
File Name		File Size	
rayment Requested Amount. \$100	.70		
Provider Information changed: Yes	76		
Fax Numper.			
Phone Number: (404) 496-9664 ex Fax Number:	. 125		
Maryland, 21044			
Remit Address: 11 Woods, 15 test	ing palace, test a	rea, test4, Westmead, MD-	
State Vendor Code: MER			
Payee Legal Entity Name: ERETes	teOR		
Payee Taxpayer ID: 123456			
Taxpayer ID: 113457			
Invoice Number:			
Organization Name: TestOrg			
Provider Title: Mr	_		
Provider Name: ERETestThree tes	t		
Other DDS Number: DDS9803			
equacy Case Number: 677182	~		
DS Invoice/Voucher Number: 132	6		

No Invoices Tracking Page

Social Security The Official Website of the U.S. Social Security Administration CRE: Request Medical Evidence Payment	
CRE: Request Medical Evidence Payment	
Thank you for your submission Image: Output of the submission Image: Output of the submission	ources
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	
■ Print this page	
Submission Summary Tracking Information	
Submission Summary Tracking Information Patient and Appointment Information	
Submission Summary Tracking Information Patient and Appointment Information Patient Name: eORMER46 PayDitto Patient SSN: XXX-XX-0046 Patient DOI: 14/20/000	
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	
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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: \$51 Request ID: 20200710DREW_0041 D	
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Lei	
Otl	her DDS Number: DDS9803
Pro	ovider Name: ERETestThree test
Pro	ovider Title: Mr
Or	ganization Name: TestOrg
Inv	oice Number:
Та	xpayer ID: 113457
Pa	yee Taxpayer ID: 123456
Pa	yee Legal Entity Name: ERETesteOR
Sta	ate Vendor Code: MER
Re Ma	mit Address: 11 Woods, 15 testing palace, test area, test4, Westmead, MD- ıryland, 21044
Ph	one Number: (404) 496-9664 ext. 125
Fa	x Number:
Pro	ovider Information changed: Yes
Pa	yment Requested Amount: \$100.75
Fi	le Name File Size
N	o invoices were submitted during this submission
Yo	ur payment request was electronically signed.

Access Provider's Electronic Requests

<u> Access Provider's Electronic Requests – Open Requests</u>

Cartique Bara	artique Barath Sign Out Text Size Accessibility Help Social Security The Official Website of the U.S. Social Security Administration								Accessibility Help	
ERE: A	CRE: Access Provider's Electronic Requests									
Provider: Barath, Ca Show	Provider: Request Type: Barath, Cartique Open Requests Show Show							sources		
Priority	<u>Patient</u> <u>Name</u>	<u>SSN</u> (Last 4)	<u>Request</u> <u>Date</u>	<u>Appt</u> Date	<u>Appt</u> <u>Time</u>	Location	<u>Request</u> <u>Status</u>	<u>Payment</u> <u>Status</u>	<u>t</u> <u>Payment</u> <u>Request</u>	
<u> </u>	Ditto992, John952	0992	06/30/2020	09/30/2020	01:20 PM	TestingPlace	PREPARED			
	Ditto937, John937	0937	07/12/2020	09/17/2020	01:20 PM	TestingPlace	NEW			
	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	NEW	NEW	Need Report	
	Ditto938, John938	0938	07/12/2020	08/17/2020	01:20 PM	TestingPlace	NEW			
<									>	
ERE Hon	ne									

View / Submit CE Request

rtique Barath Sign Out		Text Size 💌 🛛 Accessibility Help
Social Security The Official Website of the U.S. Social	Security Administration	
RE: View / Submit CE Re	equest	
A Priority Request		O User Resources
Patient Name: JohnCE419 DittoPay Patient DOB: 11/12/1980 Request Type: Consultative Exam Request ID: 20190707DREW_8417 D Requesting Office: DE - Delaware DDS [S09] Location: eORTestOne, street B, MD 21045	Patient SSN: XXX-XX-0419 Provider Name: Cartique Barath Request Date: 07/07/2019 Disability Examiner: DevtestExaminer CE App't Date & Time: 08/21/2020 04:50 PM	
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		

This is fiscal test		
Documentation:		
File Name	Date Added	
Request Letter	07/15/2020	
Supporting Documentation	07/15/2020	
Supporting Documentation	07/15/2020	
Request Response		
Select a response: Prepare Report for Provider Send No Show Response		
• A maximum of 25 files can be added a	nd all files must total less than 200MB.	
Attach and Upload Files • A maximum of 25 files can be added a • File types accepted: .wpd, .doc, .docx, • Please do not upload password-protec processed. Document Type: Consultative Examination Report (CE) - 0002	nd all files must total less than 200MB. .jpg, .bmp, .bxt, .xls, .xlsx, .pdf, .rtf, .tiff ted files because they cannot be	
Attach and Upload Files A maximum of 25 files can be added a File types accepted: .wpd, .doc, .docx, Please do not upload password-protec processed. Document Type: Consultative Examination Report (CE) - 0002 Add Files: B	nd all files must total less than 200MB. .jpg, .bmp, .bxt, .xls, .xlsx, .pdf, .rtf, .tiff ted files because they cannot be	
Attach and Upload Files A maximum of 25 files can be added a File types accepted: .wpd, .doc, .docx, Please do not upload password-protec processed. Document Type: Consultative Examination Report (CE) - 0002 Add Files: B Additional Information	nd all files must total less than 200MB. .jpg, .bmp, .txt, .xls, .xlsx, .pdf, .rtf, .tiff ted files because they cannot be	
Attach and Upload Files A maximum of 25 files can be added a File types accepted: .wpd, .doc, .docx, Please do not upload password-protec processed. Document Type: Consultative Examination Report (CE) - 0002 Add Files: B Additional Information Comments (Optional): (4,000 characters maximum)	nd all files must total less than 200MB. .jpg, .bmp, .txt, .xls, .xlsx, .pdf, .rtf, .tiff ted files because they cannot be	
Attach and Upload Files A maximum of 25 files can be added a File types accepted: .wpd, .doc, .docx, Please do not upload password-protec processed. Document Type: Consultative Examination Report (CE) - 0007 Add Files: B Additional Information Comments (Optional): (4,000 characters maximum) Characters remaining: 4000	nd all files must total less than 200MB. .jpgbmpbxt, .xls, .xlsx, .pdf, .rtf, .tiff, .tif ted files because they cannot be 	

Tracking Page

rlique Barath Sign Out	Text Size 🚬 🛛 Accessibility Help
Social Security The Official Website of the U.S. Social Security Administration	
RE: View / Submit CE Request	
Thank you for your submission. Prepare CE Report Submission - Tracking Information	User Resources
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.	
Print this page	
Submission Summary	
Tracking Information	
Patient & Appointment Information	
Patient Name: JohnCE419 DiffoPay	
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	
Total File Size:	
Comments: No comments added	
	J
	-

Review / Submit Prepared Requests

List of Requests

Cartique Barath	artique Barath Sign Out Text Size 💌 Accessibility Help							
The Official Website of the U.S. Social Security Administration								
ERE: Rev	ERE: Review/Submit Prepared Requests							
This page shows have been or will Items will be rem from the date of	This page shows everything that has been prepared by you or your staff. None of these items nave been or will be submitted to the requesting office until you review and submit each one.							
Patient Name	<u>SSN (Last</u> 4)	DOB	<u>Prepared</u> Date	Prepared Time (ET)	<u>Prepared</u> By	<u>Response</u> Status		
DittoPay, JohnCE419	DittoPay, JohnCE419 0419 11/12/1980 07/15/2020 02:38 PM CBEREA03 NEW							
John, Pete	6789	02/27/1991	06/30/2020	04:26 PM	CBEREA03	VIEWED		
Josh, Jai	6789	07/24/1990	07/01/2020	05:53 PM	CBEREA03	PENDING		
John, Pete Josh, Jai ERE Home	6789 6789	02/27/1991 07/24/1990	06/30/2020 07/01/2020	04:26 PM 05:53 PM	CBEREA03 CBEREA03	VIEWED		

non-eOR - Patient Information & Destination and Request Information

Cartique Barath Sign	Out		Text Size 💌 🛛 Accessibility Help
Socia	Al Security Website of the U.S. Social Security Administ	ration	
ERE: Review	/Submit Prepared Req	luest	
Destination Inf	ormation 2 Review & Add F	iles 3 Confirmation	
Prepared By: Cartique Barath	e Date Prepared: 07/01/2020	Reviewing Provider: Cartique Barath	O User Resources
Patient Inform	nation		
Patient Name:	Josh		
Pinst Patient Date of Birth 07/24/1990	Middle Last		
Destination ar	nd Request Information		
State:	XX-DEMO/TEST State		
Destination:	XX - DEMO/TEST DDS [S99]	Y	
Social Security Num 123456789	iber (SSN):		
RQID (Request ID): 98765			
RF (Routing Field):			
O D or Blank O No RF or No Barcos	de		
DR: ® F			
0 S 0 No DR or No Barco	de		
CS: (enter only if applicable	ie)		
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 Prep	ared Request	
Destination Information 2 Rev	view & Add Files 3 Confirmation	
Review		2 User Resources
Edit Destination and Request	Information	
Patient Name: Jai Josh	Patient DOB: 07/24/1990	
Destination: XX - DEMO/TEST DDS [S99]	RF: P	
SSN: 123456789	DR: F	
File(s) Loaded By Preparer		
Document Type:	_	
Consultative Examination Report (CE) - 0002	\mathbf{Y}	
File Name File Size Action		
TestBMP2.bmp 8,496 KB Delete		
To revise a file:		
1. Click on the file name to open		
 Save the file to your computer Edit and save the file 		
4. Attach the new file (below)		
5. Delete the original file loaded by your pro	eparer	
Attach and Upload Files	t all files must total less than 200MB	
File types accepted: .wpd, .doc, .docx, .j	pg, .bmp, .txt, .xls, .xlsx, .pdf, .rtf, .tiff, .tiff.	
 Please do not upload password-protecte 	d files because they cannot be processed	

File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .txt, .xls, .xlsx, .pdf, .rtf, .tiff, .tiff.
 Please do not upload password-protected files because they cannot be processed

	Browse	
Additional Inf	ormation	
Comments (optional 16,000 characters M): aximum)	
Characters remaining	: 16000	
Consultative I	Examination Authorization Agreement	
Please read this stat ead" box. When y our response.	ement and indicate your agreement by checking the "I have ou select "Submit", you will generate an electronic signature for	
am certifying under p Disability Determination Checking the "I have r conducted, or persona electronically signed t	benalty of perjury, that I have been authorized or contracted by the on Services to examine the claimant. The report is accurate. By ead and agree" checkbox below, I am certifying that I personally ally participated in conducting, the consultative examination and have he report contained within.	
, ,		

non-eOR - Tracking Page

Cartique Barath Bign Out		Text Size 💌 🛛 Accessibility Help		
Social Security The Official Website of the U.S. Social Security Add	ministration			
ERE: Review/Submit Prepared F	Requests			
🥂 Destination Information 🏼 24 Review & Ad	dd Files 🗿 Confirmation			
🕝 Thank you for your submission		User Resources		
Prepared Request Submission - Tracking Informat Tracking Number: 17353DAD73F Submitted on: 07/15/2020 at 03:01 PM EDT Please retain your tracking number in case there a from processing your submission.	tion F2274N are errors or problems that prevent us			
)		
Submission Summary Tracking Information				
Patient Information				
Patient Name: Jal Josh Patient DOB: 07/24/1390 Destination: XX - DEMO/TEST DDS [\$99] SSN: XXX-XX-6789 RQID: 38765 DR: F RF: P CS: Document Type: Consultative Examination Report (6	CE) - 0002			
Uploaded File(s)				
Files Loaded By Your Preparer]		
File Name	File Size			
TestBMP2.bmp	8,496 KB			
Total File Size	8497 KB			
New Files				
File Name	File Size			
High_Image_size_WORD5.doc	45789 KB			
Total File Size	45,789 KB			
Comments: No comments added You have electronically signed.				
Review Another Request ERE Home		-		

eOR - Review and Add Files

artique 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 DOB: 11/12/1980Patient SSN: XXX-XX-0419 Prepared By: Cartique Barath Provider Name: Cartique Barath 	O 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	
High_Image_size_WORD.doc 45,789 KB Delete	
 Click on the file name to open Save the file to your computer Edit and save the file Attach the new file (below) 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, .tiff. Please do not upload password-protected files because they cannot be processed. 	

Additional Inf	formation	
Comments (optiona 4,000 characters ma	l): ximum)	
Characters remaining	:: 4000	
Characters remaining	: 4000	
Characters remaining onsultative Ex	x 4000 xamination Authorization Agreement	
Characters remaining onsultative Ex ease read this state ou will generate an e	: 4000 kamination Authorization Agreement ment and indicate your agreement. When you select "Submit," lectronic signature for your response.	
Characters remaining Consultative Ex ease read this state ou will generate an e sability Determinatior lecking the "I have re- inducted, or personal	xamination Authorization Agreement ment and indicate your agreement. When you select "Submit," electronic signature for your response. enalty of perjury, that I have been authorized or contracted by the services to examine the claimant. The report is accurate. By ad and agree" checkbox below, I am certifying that I personally by participated in conducting, the consultative examination and have	

<u>eOR – Tracking Page</u>

Cartique Barath Sign Out		Text Size 💌 Accessibility Help
Social Security The Official Website of the U.S. Social Security Admin	istration	
ERE: Review/Submit Prepared Re	quest	
🤣 Thank you for your submission	,	User Resources
Prepared Request Submission - Tracking Informa	tion	
Tracking Number: 1735463E3343E	AFEN	
Submitted on: 07/15/2020 at 05:31 PM EDT		
Please retain your tracking number in case there are from proceeding your submission	errors or problems that prevent us	
indiri processing your submission.		
🚔 Print this page	,	
Submission Summary Tracking Information		
Patient & Appointment Information		
Patient Name: JohnCE419 DiffoPay		
Patient SSN: XXX-XX-0419		
Patient DOB: 11/12/1980		
Provider Name: Cartique Barath		
Request Type: 3173		
Request Date: 07/07/2019		
Requesting Office: DE - Delaware DD's [\$09]		
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	
Total File Size:	45789 KB	
New Files		
File Name	File Size	
High_Image_size_WORD5.doc	45789 KB	
Total File Size:	45,789 KB	
Comments: No comments added Your response was electronically signed.		
		•
Review Another Request ERE Home		

Messaging Services

Secure Messaging

<u>Inbox</u>

Cartique Barath Sign Out Text Size Accessibility Help Image: Social Security Social Security Administration					
ERE: Secure Me	essaging Inbox				
Folders	Your messages are deliv	vered here.			
Inbox (1) Pending (1) Drafts Sent	Image: Image interference Image interference From Image interference Image interference Image interference Image interference Image	Subject For OMB Package	Received (ET) 07/15/2020 11:43	Expires (ET 08/04/2020 11:43) <u>Size</u> 45,789 KB
Blocked Blocked User Resources	Delete Selected	ERE Home			

Compose Message

Dhaval Shah Sign Out		Text Size 💌	Accessibility Help
Social S The Official Website	ecurity of the U.S. Social Security Administration		
ERE: Secure Mess	saging		
Compose	Compose		
Folders	To:		
Pending Drafts	Cc:		
Sent Blocked	Search Contacts Subject:		
	Importance:		
O User Resources	Add Files: Browse		
	Your Message:		
	Send Save as Draft Cancel		

Search Contacts

Search Contacts					
Instructions: 1. Enter your contact's name 2. Select your contact and cli 3. Lastly, click Add to return t	and click th ck the To or o your mess	e Search Cc butto sage.	button. n to include them	in your message.	
Name: Enter your contact's name. Cartique First La	ist				
	Citv	State	Organization	Organization Type	Site ID
Barath, Cartigue	<u></u>	otato	orgunization	0	S23
☑ Barath, Cartique	woodlawn	MD	TestCE	11	S23
Barathapunniam, Cartique			SSA	0	
To: Barath, Cartique Cc:		×			
Add Cancel					

<u>Compose Message – Confirmation</u>

Dhaval Shah Sign Out		Text Size 💌 Accessibility Help
Social The Official Webs	Security ite of the U.S. Social Security Administration	
ERE: Secure Me	essaging	
Vou successfully su It will be held in the Pe message will be move The message will exp	bmitted the message. ending folder until processing is complete. If any attachment is ed to your Blocked folder and will not be processed. ire on 08/04/2020.	corrupt or password-protected, the
Compose Folders Inbox Pending (1) Drafts Sent Blocked	Inbox Your messages are delivered here. ! Image: From subject (ET) No messages in this folder. ERE Home	Expires (ET) Size
O User Resources		

Contact OHO Office

Send Message and Files

Dhaval Shah Sign O	ut	Text Size 💌 🛛 Accessibility Help
Soci The Official	al Security Website of the U.S. Social Security Administration	
ERE: Contac	t OHO Office	
Destination &	Message Information	User Resources
Select destination t ● Site Code ○ Stat	e	
Site Code:	X66	
State:	AZ-Arizona	
Destination:	AZ - Tucson OHO [X66]	
Edit		
Subject:		
Attach and U • A maximum of 1 • File types accep	pload Files 0 files can be added and all files must total less than 5 MB ted: .wpd, .doc, .docx, .jpg, .bmp, .txt, .rtf, .xls, .xlsx, .pdf, .tiff, .tif, .zip	
Add Files:	Browse	
Your Message: (16,000 characters m	naximum) g: 16000	
Submit Can	cel	-

Confirmation

Dhaval Shah Sign Out		Text Size 💌 🛛 Accessibility Help
Social Security The Official Website of the U.S. Social Security Adm	inistration	
ERE: Contact OHO Office		
📀 Thank you for your submission.		User Resources
Contact OHO Office - Tracking Information		
Tracking Number: 17353266AC33 Submitted on: Wed Jul 15 11:44:53 EDT 2020 Please retain your tracking number in case there are from processing your submission.	5DFEN e errors or problems that prevent us	
Print this page		
Submission Summary Tracking Information	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	
Total File Size:	1 KB	
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 The Official Website of the U.S. Social Security Administration	
ERE: Submit Payment Request	
Destination Information Review & Add Files Confirmation	
Destination and Request Information Please refer to your request letter or barcode to complete this information.	User Resources
Select destination by: ² More Info Site Code OState	
Site Code: s23	
State: MD-Maryland	
Destination: MD - Timonium DDS [S23]	
Edit	
Social Security Number (SSN):	
BQID (Bequest ID):	
RF (Routing Field):	
ONo RF or No Barcode	
DR:	
OF	
ONo DR or No Barcode	
CS (only if applicable):	
Is this payment request for a Consultative Exam?	
⊖Yes ®No	
Next Cancel	

MER - Add Invoices

Carlique Barath Bign Out	Text Size 🚬 Accessibility Help
Social Security The Official Website of the U.S. Social Security Administration	
ERE: Submit Medical Evidence Payment Request	
Destination Information 2 Review & Add Files 3 Confirmation	
Review	User Resources
Edit Destination and Request Information	-
Destination: MD - Timonium DDS [S23] RF: D or Blank SSN: 111-11-1111 DR: F RQID: 34sf23rsfwer CS: Is this payment request for a Consultative	
Exam? No	
Invoice Type	
Select the types of Involce(s) you want to upload. O Invoice from DDS O Invoice from Provider O Both	
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: Browse Additional Commenta:	
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.	J
Submit Previous Cancel	-

MER - Tracking Page

Cartique Barath Bign Out	Text Size 💌 🛛 Accessibility Help
Social Security The Official Website of the U.S. Social Security Administration	
ERE: Submit Medical Evidence Payment Request	
💅 Destination Information 🏼 🖉 Review & Add Files 🏼 🗿 Confirmation	
😪 Thank you for your submission.	User Resources
Payment Request Submission - Tracking information.	
1735361CBE675ED2N	
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.	
B Print this page	
Destination and Request Information Destination: MD - Timonium DD 8 [\$23] SSN: 111-11-1111 RQID: 34sf23rsfwer RF: D or Blank	
DR: F	
CS:	
Is this payment request for a Consultative Exam? NO Invoice Type: Invoice from DDS	
Uploaded Invoice(s)	
Invoice Name Invoice Size	
Invoice Name: test-xls.xlsx 9 KB	
Total Invoice Size 9 KB	
Comments: No comments added	
Your payment was electronically signed.	
Send Another Response ERE Home	

CE - 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: Submit Payment Request	
Destination Information Review & Add Files Confirmation	
Destination and Request Information Please refer to your request letter or barcode to complete this information.	User Resources
Select destination by: ² More Info Site Code OState	·
Site Code: s23	
State: MD-Maryland	
Destination: MD - Timonium DDS [S23]	
Edit	
Social Security Number (SSN): RQID (Request ID): RF (Routing Field): P D or Blank No RF or No Barcode DR: F S No DR or No Barcode CS (only if applicable): Is this payment request for a Consultative Exam? (e) Yes	
Next Cancel	-

<u>CE – Add Invoices</u>

Carlique Barath 8ign Out	Text Size 🚬 🛛 Accessibility Help
Social Security The Official Website of the U.S. Social Security Administration	
ERE: Submit CE Payment Request	
Mestination Information 2 Review & Add Files 3 Confirmation	
Review	User Resources
Edit Destination and Request Information	
Destination: MD - Timonium DDS [\$23] RF: D or Blank SSN: 111-11-1111 DR: F RQID: 345dt34dt3ref CS: Is this payment request for a Consultative Exam? Yes	
Invoice Type elect the types of Invoice(s) you want to upload. Invoice from DDS Invoice from Provider Both	
 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 Flies: Browse	
(16,000 characters maximum)	
Characters remaining: 16000	
Payment Request Agreement	
Please read this statement and indicate your agreement by checking the "I have read" box. When you select "Submit", you will generate an electronic signature and submit your response.	
I am certifying under penalty of perjury, that the information provided is true and correct and that the services for which I am requesting payment have been performed.	
By checking the "I have read and agree with the above" checkbox below, I am certifying that I electronically sign the invoice contained within.	
□I have read and agree with the above.	
Submit Previous Cancel	-

<u>CE – Tracking Page</u>

Carlique Barath 8ign Out	Text Size 💌 🛛 Accessibility Help
Social Security The Official Website of the U.S. Social Security Administration	
ERE: Submit CE Payment Request	
19 Destination Information 29 Review & Add Files 3 Confirmation	
Thank you for your submission.	User Resources
Payment Request Submission - Tracking Information.	
Tracking Number: 1/353E267670E752N	
Submitted on: 07/15/2020 at 03:10 PM EDT	
Disses retain your tracking number in case there are errors or problems that prevent up	
from processing your submission.	
Print this page	
Destination and Request Information	
Destination: MD - Timonium DD 8 [\$23]	
SSN: 111-11-1111	
RQID: 345dt34dt3ref	
RF: D or Blank	
DR: F	
CS:	
Is this payment request for a Consultative Exam? Yes	
invoice rype: invoice from Provider	
Uploaded Invoice(s)	
Invoice Name Invoice Size	
Invoice Name: test-rtf.rtf 2 KB	
Total Invoice Size 2 KB	
Comments: No comments added	
Comments: No comments added Your payment was electronically signed.	

Access Provider's Electronic Requests

USA MUSA MUSA MUSA MUSA MUSA MUSA MUSA M	Social The Official Webs	Sect	urity J.S. Social Secu	rity Administrat	ion				, , ,
ERE: A	ccess Pro	ovide	r's Electi	ronic Pa	ymei	nt Reques	sts		
Provider: Barath, Car	Provider: Request Type: Barath, Cartique Open Payments								ources
Show									
<u>Priority</u>	<u>Patient</u> <u>Name</u>	<u>SSN</u> (Last 4)	<u>Request</u> <u>Date</u>	<u>Appt</u> <u>Date</u>	<u>Appt</u> <u>Time</u>	<u>Location</u>	<u>Request</u> <u>Status</u>	<u>Payment</u> <u>Status</u>	<u>Payment</u> <u>Request</u>
Δ	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 (no reports submitted yet)

Open Payments (report submitted)

Cartique Barat	th Sign Out						Text S	ize 💌 🛛 Ad	ccessibility Help
Social Security The Official Website of the U.S. Social Security Administration									
ERE: A	ccess Pr	ovide	r's Elect	ronic Pa	aymei	nt Reque	sts		
Provider: Request Type: Barath, Cartique Open Payments							urces		
Show									
<u>Priority</u>	<u>Patient</u> <u>Name</u>	<u>SSN</u> (Last <u>4)</u>	<u>Request</u> <u>Date</u>	<u>Appt</u> <u>Date</u>	<u>Appt</u> <u>Time</u>	Location	<u>Request</u> <u>Status</u>	<u>Payment</u> <u>Status</u>	<u>Payment</u> <u>Request</u>
	DittoPay, JohnCE419	0419	07/07/2019	08/21/2020	04:50 PM	TestingPlace	RESPONDED	NEW	Request Payment
<									>
ERE Hom	e								