



**Social Security Administration
Office of Quality Review**

(Address of Office)

Date:

Beneficiary Name:

SSN:

(Address)

On **(fill-in 1)**, we spoke with you regarding the review of **(fill-in 2)**. In order to proceed with the review, the following is needed:

(fill-in 3)

Please send the requested documents in the enclosed self-addressed, postage-paid envelope. We will return your documents immediately.

If you have questions about this request, contact us at 1-800-_____ between 8:00 a.m. and 4:00 p.m., Monday through Friday.

Thank you for your cooperation.

Sincerely,

Social Insurance Specialist

Enclosure(s)

PRIVACY ACT AND PAPER REDUCTION ACT NOTICE

~~Privacy Act Statement~~ ~~Collection and Use of Personal Information~~

See Revised
Privacy Act
Statement

~~Section 1860D-14A 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 us from evaluating the denial of your Medicare Part D subsidy request.~~

~~We will use the information to make a determination of eligibility or continued eligibility for benefits. We may also share your information for the following purposes, called routine uses:~~

- ~~1. To the Centers for Medicare & Medicare Services, for the purpose of administering Medicare Part D enrollment and premium collection and Medicare Advantage Part C premium collections, as well as Medicare Part B income-related monthly adjustment amounts; and~~
- ~~2. To Federal and State agencies administering Medicare Part D and Part D subsidy under the Medicare Prescription Drug Improvement and Modernization Act of 2003.~~

~~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) 60-0321, entitled Medicare Database File. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.~~

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. *Send **only** comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.*

Privacy Act Statement
Collection and Use of Personal Information

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We will use the information to make a determination of eligibility or continued eligibility for benefits. We may also share your information for the following purposes, called routine uses:

1. To the Centers for Medicare & Medicaid Services, for the purpose of administering Medicare Part D enrollment and premium collection and Medicare Advantage Part C premium collections, as well as Medicare Part B income-related monthly adjustment amounts; and
2. To Federal and State agencies administering Medicare Part D and Part D subsidy under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

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A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0321, entitled Medicare Database File (MDB File), as published in the Federal Register (FR) on July 25, 2006 at 71 FR 42159. Additional information and a full listing of all of our SORNs is available on our website at www.ssa.gov/privacy.