



UNITED STATES OF AMERICA  
**RAILROAD RETIREMENT BOARD**

Form Approved  
OMB No. 3220-0038

<OFFICE NAME>  
<OFFICE ADDRESS>  
<CITY, STATE, ZIP CODE>  
E-MAIL: <Office Email Address>

**CURRENT**

**OFFICE HOURS: 9:00 AM TO 3:30 PM**  
**MONDAY THROUGH FRIDAY EXCEPT FEDERAL HOLIDAYS**

**TOLL-FREE NUMBER: 1-877-772-5772**  
**FACSIMILE NUMBER: 1-216-522-2320**

**ATTENTION: MEDICAL RECORDS DEPT.**

In reply refer to  
Name:  
RRB Claim No.:

The above-named patient or former patient of your hospital has applied for or is receiving disability benefits under the Railroad Retirement Act. To assist us in determining whether such benefits are payable, please furnish this office copies of any admission and discharge summaries with diagnoses, emergency room records, clinical findings, and laboratory and X-ray reports. **DO NOT SEND DAILY CHART NOTES UNLESS OTHERWISE INDICATED.**

**Since the Railroad Retirement Board is an agency of the United States Government, the information should generally be furnished without charge as it is needed to establish entitlement to benefits under a federal law. If you are unable to provide the records without charge, please contact <RRB Representative> before billing.**

Your cooperation in furnishing the required information as soon as possible will be appreciated. Please include the above RRB claim number in your reply. Authorization to release medical information is enclosed.

Enclosure: Form G-197

**IDENTIFYING PATIENT INFORMATION**

NAME AND ADDRESS AT TIME OF ADMISSION OR TREATMENT		PATIENT'S SSN		<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient
		DATE OF BIRTH		
ADMISSION/TREATMENT STARTING DATE	DISCHARGE/TREATMENT ENDING DATE	CLINIC/PATIENT NO.	ATTENDING PHYSICIAN	
NATURE OF DISABILITY		OTHER PATIENT INFORMATION (BLDG., CLINIC, DEPT., ETC.)		

**PAPERWORK REDUCTION ACT NOTICE**

We estimate this form takes an average of 10 minutes per response to complete, including the time for reviewing the instructions, getting the needed data, and reviewing the completed form. Federal agencies may not conduct or sponsor, and respondents are not required to respond to, a collection of information unless it displays a valid OMB number. If you wish, send comments regarding the accuracy of our estimate or any other aspect of this form, including suggestions for reducing completion time to: Chief of Information Resources Management, Railroad Retirement Board, 844 North Rush St., Chicago, IL 60611-2092.