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~~Office of Quality Review~~  
**Risk and Quality  
Request for Information**

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**(Address of Office)**

**(Address)**

Date:

Beneficiary:

SSN:

The Social Security Administration is conducting a quality review on this account. The following information is needed for our review for the above-named individual. We have included a signed authorization for release of the information and a self-addressed stamped envelope for your convenience.

**(fill-in)**

We appreciate your assistance with our review. If you have any questions, you may phone us at our office between 8:00 a.m. and 4:00 p.m., Monday through Friday.  
Our toll-free telephone number is 1-800-\_\_\_\_\_.

Sincerely,

Social Insurance Specialist

Enclosures: Postage-paid envelope  
Signed Authorization for Release of Information

## Privacy Act Statement Collection and Use of Personal Information

See Revised Privacy Act Statement attached.

~~Section 1860D-14(a) 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 result in SSA's inability to schedule an interview.~~

~~We will use the information to document your availability for an interview. 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.~~

~~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 (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](http://www.ssa.gov/privacy).~~

## 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 15 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.**