

DDS MI Lansing
State of Michigan - Physical
Department of Health and Human Services
DISABILITY DETERMINATION SERVICE
PO Box 8911
LANSING, MI 48909-7511

DCPS WILFRED KOELPIN
36515 STANLEY STREET
WELLS MI 49894

TEST ENVIRONMENT

This correspondence was formatted for mailing in an envelope with the pages folded once.

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State of Michigan Line 1
Health and Human Services Line 2
PO Box 8911 Line 3
Line 4 Corr TEST
London, KY 40742-9749

Date: December 22, 2025
Case ID: 167813

DCPS WILFRED KOELPIN
36515 STANLEY STREET
WELLS MI 49894

APPOINTMENT NOTICE

This is a very important letter from Social Security. Please read it carefully. If you cannot read English, please take this letter to someone who can read it to you right away, or contact Social Security for free help.

We are the office that makes disability decisions for the Social Security Administration. We are working on your claim for disability benefits. We made one or more appointments for you because we need more information about your condition. A parent/guardian must accompany the child to each appointment. We will pay for the appointment(s) and may also reimburse some travel expenses to the exam or test site, if you qualify for travel payment.

Appointment Information

Provider Information	Date and Time	Type of Appointment*
zDCPS MI TEST VENDOR (MAIL) 513 TEST ST TEST CITY, MI 53110 (123) 456-7890	Friday January 9th, 2026 09:00 AM Central Standard Time	Pediatric

*The provider may decide not to do some of the tests we ordered or that other tests are needed.

Please do not call the provider's office to confirm or reschedule your appointment(s).

Please arrive at the appointment 15 minutes early. If you are late, the provider may choose not to see you.

Please do not bring children to the appointment, unless the appointment is for the child.

If This Is An In-Person Appointment

You must follow state, local, or medical provider rules when a face covering is required to attend an in-person exam. If rules require a face covering, and you refuse to wear a face covering for non-medical reasons and it prevents the provider from conducting the examination, we will make a decision based on the evidence in the file, which may result in a finding that you are not disabled.

If This Is a Telehealth Appointment

If you decide that you want to attend an in-person examination instead of a telehealth consultative examination, please call us before your examination so that we can reschedule. If you are scheduled for a telehealth consultative examination, see <https://www.ssa.gov/pubs/> and type "Tip Sheet" in "Filter by Number or Title" for details on how to prepare for your telehealth consultative examination.

What You Should Bring to The Appointment

Bring this letter and a photo ID. Bring any medications that you take in their original containers. Also, bring your hearing aids, eyeglasses, contact lenses, canes, or other medical aids if you use them.

What You Should Do Next

Confirm that you will attend your appointment(s). Please complete the enclosed response form and mail it in the pre-addressed envelope provided. You should respond to our office by January 1, 2026. You may also fax your response form to (800) 888-0001.

Please call our office immediately if you cannot attend your appointment(s) as scheduled for any reason. If you cannot attend your scheduled appointment(s), and you would like us to reschedule, you must give us a good reason.

If you have moved from the above address please contact us before the date of the examination(s). We may need to reschedule the appointment(s) closer to where you live.

If You Need An Interpreter

We provide a free interpreter to conduct your Social Security business. However, if you prefer to have your own interpreter you may do so, but with the understanding that our interpreter may be present. It is important that you let us know prior to the appointment(s) if you require an interpreter or if you are bringing your own.

If You Want A Copy Of The Report(s) Sent To A Healthcare Provider

If you want a copy of the report(s) from the evaluation(s) sent to your healthcare provider, please complete the enclosed authorization form and mail it in the pre-addressed envelope provided. You may also fax your form to (800) 888-0001.

If You Miss A Scheduled Appointment

If you fail to keep an appointment without notifying us, we may make a decision based on the evidence we already have in file. We may find that you are not eligible, or are no longer eligible, for disability benefits.

If You Have Any Questions

If you have any questions about this letter, need to contact us about the appointment(s), or have feedback to share after the appointment(s), please call us at the number shown between 7:00 am and 5:00 pm. When you call or leave a message, please provide the Case ID: 167813, your name, and a call back number.

Thank you for your cooperation.

T. User1/A. Ireland
(301) 555-1212
(800) 888-0001 (FAX)

Enclosure(s):

Appointment Confirmation Letter
Authorization to Release Consultative Examination Report
Privacy Act and Paperwork Reduction Act Statement
SSA Publication No. 05-10087 (A Special Examination Is Needed for Your Disability Claim)
Return Envelope

Privacy Act Statement Collection and Use of Personal Information

Sections 205(a), 223(d), 1614(a) and 1631(d) of the Social Security Act, as amended, allow us to collect your information or the information you are submitting on behalf of another, which we will use to determine benefits eligibility. Providing the information is voluntary, but not providing all or part of the information may prevent an accurate and timely decision on any claim filed. As law permits, we may use and share the information you submit, including with other Federal agencies, private medical and vocational consultants, contractors, and others, as outlined in the routine uses within System of Records Notices (SORN) 60-0044, 60-0046, 60-0089, and 60-0320; available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs to establish or verify eligibility for Federal benefit programs and to recoup debts under these programs.

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 regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***

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