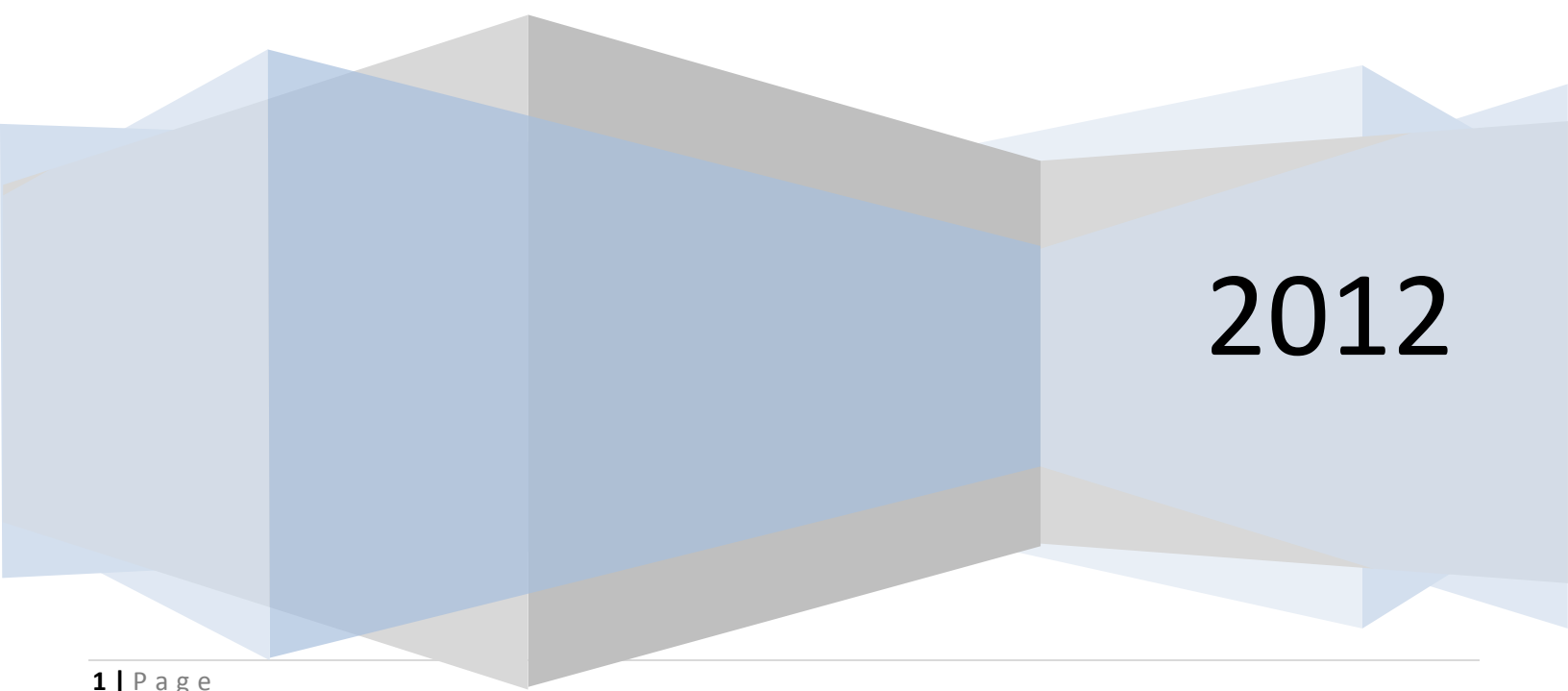


ERE Screen Shots

For OMB Clearance 0960-0753



2012


Login Screen

ERE Login Screen

Social Security Online
www.socialsecurity.gov

Social Security Administration

HomeQuestions?How to Contact UsSearch

**Electronic Records Express Login**

OMB No. 0960-0753
Expires 09/30/2012

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 User ID.
- 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 User ID.

By entering your User ID, Password and clicking on the "Login" button, you certify that you have read, understand and agree to the above statements.

User ID
Password

Note: -Password is case sensitive
-System will time-out after a half-hour of inactivity

If you need assistance with the Electronic Records Express Website, please contact us via email at EEAccountInfo@ssa.gov or you can call us at 1-866-691-3061.



Information about Social Security's Online Policies

The privacy of our customers has always been of utmost importance to the Social Security Administration. Our first regulation, published in 1937, was written and published to ensure your privacy. Our concern for your privacy is no different in the electronic age.

- [Details of Social Security's Online Privacy Policy](#)
- [Details of Social Security's Online Security Policy](#)
- [The Privacy Act and The Freedom of Information Act](#)

Paperwork Reduction Act

This information collection meets the clearance 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 control number. The OMB control number for Electronic Records Express is 0960-0753; expiration date 09/30/2012. We estimate that it will take about 5 minutes to read the instructions, gather the necessary facts, and answer the questions. You may send comments to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. **Send only comments on our time estimate to this address.**

 [Privacy Policy](#) | [Accessibility Policy](#) | [Linking Policy](#) | [Site Map](#) | [Help](#) 

ERE Homepage

Administrator's homepage view

Social Security Online

www.socialsecurity.gov

Electronic Records Express

Frequently Asked Questions

User Instructions



Electronic Records Express Home
Welcome to Electronic Records Express

Evidence Submission Services
[Send Response for Individual Case](#)
[Send Grouped Files](#)

Consultative Examination (CE) Services
[Review/Submit Prepared Requests](#)
[Pickup Provider's Transcription Reports](#)
[Prepare CE Report for Provider](#)
[Send CE Report](#)
[Send CE Report\(s\) with Scanned Signature](#)
[Send CE No Show Response](#)

Document Exchange Services
[Access Electronic Requests](#)
[Access Provider's Electronic Requests](#)
[Send Transcription Report To Provider](#)
[Pickup Transcription Reports](#)
[Teacher Questionnaire](#)
[Track Status of Submissions](#)
[Submission Inquiry](#)

Payment Request Services
[Prepare Payment Request](#)
[Review / Submit Payment Requests](#)
[Submit Payment Request](#)
[Access Provider's Electronic Payment Requests](#)

Communication Services
Secure Messaging: [Inbox](#)
Communication Utility: [Send E-Mail](#)

Bulletin Board
Updated 01/15/2012
[What's New?](#)
 [Get important information about Electronic Records Express availability.](#)

Judy
dss
[Email for more information](#) or call toll free:
1-866-691-3061

Test Test
Mohammad.Qamar@ssa.gov
1111111111
[Log Out](#)

[FAQ's](#)
[User Instructions](#)
From here you can also:
[Modify your account information](#)
[Change your password](#)
[Account Maintenance](#)

For your security, please log out and close all Internet windows when you are finished.

Account Maintenance Screens

Create an Individual End-User Account

Social Security Online


www.socialsecurity.gov

Home

Questions?

How to Contact Us

Search



Electronic Records Express

Create an Individual End-User Account

An asterisk (*) indicates a mandatory field.

☐ Demo Account

* User Id:

Check User Id

* First Name:

Middle Name:

* Last Name:

* Organization Type:

[Select Type]

* Organization Name:

Department:

Position:

* Office Phone:

Ext:

Cell Phone:

Ext:

Fax 1:

Ext:

Fax 2:

Ext:

* Primary Email:

Alternate Email:

* Address Line 1:

Address Line 2:

Address Line 3:

* Country:

[Not Applicable]

* City:

* State/Territory:

[Not Applicable]

* Zip Code:

* Primary Site:

[Select Site]

* Primary Site Contact:

[Select Contact]

* Select the functions that apply to the user:

Consultative Examination Services:

☐ Consultative Exam (CE)

☐ Prepare CE Report for Provider (CEAP)

☐ Review/Submit CE Reports (CEAS)

☐ Consultative Exam with Scanned Signatures (CESS)

Evidence Submission Services:

☐ Send Individual Case (MER)

☐ Grouped Files (Grouped MER)

Communication Services:

☐ Communications Utility (CU)

☐ Secure Messaging (SM)

Document Exchange Services:

☐ Send Transcription Report to Provider

☐ Receive Transcription Reports

Payment Services:

CE Payment Request

[Not Applicable]

MER Payment Request

[Not Applicable]

Provider

Billing Clerk

Web Services:

☐ ERE Web Services

Add Comments:

Create

Cancel

Provide Feedback

Let us know how we did

Thank you!

USA.gov

Privacy Policy | Accessibility Policy | Linking Policy | Site Map | Contact Us

Benefits.gov

Manage End-User Relationships

Social Security Online
www.socialsecurity.gov

Home

Questions?

How to Contact Us

Search

Electronic Records Express



Electronic Records Express Relationship Management

User ID: DATTA003

Organization:

State/Province:

First Name: VikasAdmin

Last Name: Datta

Function: CE Payment Request Billing Clerk
Prepare CE Report for Provider (CEAP)
Send Individual Case (MER)

Electronic Records Express
Home

Account Maintenance

Change Password

Logout

New/Current Relationships

Delete Selected

	User ID	Last Name	First Name	Organization	Org Type	State/Province	User Type
<input type="checkbox"/>	DMERPR02	Datta	DMERPROTWO		SSA Internal		CE Medical
<input type="checkbox"/>	DATTA002	Datta	DATTAOOTWO	none	Attorneys Office	MD	CE Billing

Delete Selected

Available Users

Search by:

User ID: Last Name: First Name:

Organization: Organization Type: State/Province:

User Type(s): ☐ CE Medical ☐ CE Billing ☐ MER Billing Clerk

Search

Add Selected

	User ID	Last Name	First Name	Organization	Org Type	State/Province	User Type
<input type="checkbox"/>	DATTA002	Datta	DATTAOOTWO	none	Attorneys Office	MD	CE Medical

Add Selected

Return to Account Summary screen



[Privacy Policy](#) | [Accessibility Policy](#) | [Linking Policy](#) | [Site Map](#) | [Contact Us](#)



Create Individual End-User Account Summary

Social Security Online


www.socialsecurity.gov

Home

Questions?

How to Contact Us

Search



Electronic Records Express
Account Summary

User Id: CEBILCL1

SSA Id: P5JW68YT43

Role: Individual End-User

Status: Active

First Name: CEBillingClerk

Middle Name:

Last Name: CEBillingClerk

Organization Type: SSA Department

Organization Name: LM Validation

Department: Validation

Position: Position

Office Phone: 4433481865 Ext: 1865

Cell Phone:

Fax 1:

Fax 2:

Primary Email: ravi-kiran.karnati@ssa.gov

Alternate Email:

Address Line 1: addressSreet1

Address Line 2:

Address Line 3:

City: Columbia

State/Territory: MD

Zip Code: 21045

Country: US

Primary Site: AL - Birmingham DDS [S01]

Primary Site Contact: Karnati, Hari (RADKAR12)

Function(s) selected:
Consultative Exam with Scanned Signatures (CESS)
CE Payment Request: Billing Clerk
Prepare CE Report for Provider (CEAP)

Relationships:

User ID	Last Name	First Name	Organization	Org Type	State/Province	CE Medical	CE Billing
CEPROBA1	Billing Admin	CE ProviderWith	LM Testing AUAS Migration	CE Provider	MD	X	X

Added Comments: CE Billing Clerk by Ravi

[View Log History](#)

Modify

Suspend

Reset Password

Delete

Cancel



[Privacy Policy](#) | [Accessibility Policy](#) | [Linking Policy](#) | [Site Map](#) | [Contact Us](#)



Evidence Submission Services

Send Response for Individual Case

Destination and Request Information

Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home User Instructions	
John Doe Log Out Help Desk: 1-866-691-3061 Enter 3 character site code or select state and destination: Enter the following information from the request letter or barcode:	 Send Response for Individual Case Destination and Request Information (Step 1 of 3)		
	Site code: <input type="text"/>	OR	State: <input type="text" value="[Select]"/>
	Destination: <input type="text" value="[Select Destination]"/>		
	SSN: <input type="text"/>		
	RQID (Request ID): <input type="text"/>		
	RF (Routing Field): <input type="radio"/> P <input type="radio"/> D or blank <input type="radio"/> No RF or No Barcode		
	DR: <input type="radio"/> F <input type="radio"/> S <input type="radio"/> No DR or No Barcode		
	CS: <input type="text"/> <small>(enter only if applicable)</small>		
	Cancel	Continue	

Submit Records

Social Security Online

[www.socialsecurity.gov](#)

John Doe

Log Out

Help Desk: 1-866-691-3061

Destination and request summary:


Attach and upload files to this response:

Additional Comments:
You can type up to three letter size pages (approximately 16,000 characters) of comments.

Electronic Records Express Home

Send Response for Individual Case

Attach and Upload Files (Step 2 of 3)



Destination: **MO - St Louis South DDS [S81]** SSN: **242-34-2342**
RQID: **456355234234234234** RF: **D**
DR: **F** CS:

Edit Summary

A maximum of 8 files can be added and all files must total less than 50MB.
File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .mdi, .txt, .rtf, .xls, .xlsx, .pdf, .tiff, .tif.
Please do not upload password-protected files because they cannot be processed.

File 1:

Browse...

Clear File 1

Add Another File

Comments:

Characters remaining: 16000

Cancel

Prior Page

Submit

Tracking Page (Site does not do fiscal)

Social Security Online

[www.socialsecurity.gov](#)

John Doe


Log Out

Help Desk: 1-866-691-3061

Electronic Records Express Home

Send Response for Individual Case

Tracking Information (Step 3 of 3)



Thank you for your submission.
Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.

Response Information:
Tracking Number: **13148130C7858FC6**
Date and Timestamp: **07/20/2011 at 11:03 AM EDT**

Destination: **AK Anchorage ODAR [T1G]** SSN: **234-23-4234**
RQID: **5467354534345345345** RF: **D or blank**
DR: **F** CS:

File Name	Document Type	File Size
Test.doc	Medical Evidence of Record (MER)	26.0 KB
Total file size:		26.0 KB


ERE Print

Send Another Response

ERE Home


8 | Page

Tracking Page (for site that does fiscal)


Social Security Online		Electronic Records Express							
www.socialsecurity.gov		Electronic Records Express Home	User Instructions						
Hoi Wong Log Out Help Desk: 1-866-691-3061		 Send Response for Individual Case Tracking Information (Step 3 of 3)							
		Thank you for your submission.							
		Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.							
Response Information:		Tracking Number: 1312F2E2B8A541AB							
		Date and Timestamp: 07/15/2011 at 03:03 PM EDT							
		Destination: MO - St Louis South DDS [S81] SSN: 342-34-2242							
		RQID: 3452342324 RF: D or blank							
		DR: F CS:							
		<table><thead><tr><th>File Name</th><th>File Size</th></tr></thead><tbody><tr><td>ere_test_file.txt</td><td>1.0 KB</td></tr><tr><td colspan="2">Total file size: 1.0 KB</td></tr></tbody></table>		File Name	File Size	ere_test_file.txt	1.0 KB	Total file size: 1.0 KB	
File Name	File Size								
ere_test_file.txt	1.0 KB								
Total file size: 1.0 KB									
		ERE Print Request Payment Send Another Response ERE Home							

Request Medical Evidence of Record Payment (non-eOR)

Destination and Request Information

Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home	User Instructions
Hoi Wong Log Out Help Desk: 1-866-691-3061		 Request Medical Evidence of Record Payment Attach and Upload Invoices	
Destination and request summary:		Destination: MO - St Louis South DDS [S81] SSN: 222-22-2222	
		RQID: adfadf RF: P	
		DR: F CS:	
Invoice Types:		Select the type of invoice(s) you want to upload. <input type="radio"/> Invoice from DDS <input type="radio"/> Invoice from Provider <input type="radio"/> Both	
Upload Invoice(s): You must upload at least one invoice.		<p>A maximum of 4 invoices can be added and all invoices must total less than 20MB. File types accepted: .wpd, .doc, .jpg, .bmp, .mdi, .txt, .rtf, .xls, .pdf, .tiff, .tif, .docx, .xlsx Please do not upload password-protected invoices because they cannot be processed.</p> <p>Invoice 1: <input type="text"/> Browse... Clear Invoice 1</p> <p>Add Another Invoice</p>	
Additional Comments: You can type up to three letter size pages (approximately 16,000 characters) of comments.		<p>Comments:</p> <div></div> <p>Characters remaining:16000</p> <p>Cancel Submit</p>	


Tracking page

Social Security Online		Electronic Records Express		User Instructions									
www.socialsecurity.gov		Electronic Records Express Home											
Hoi Wong Log Out Help Desk: 1-866-691-3061		 Request Medical Evidence of Record Payment Response and Payment Tracking Information											
		<p>Warning: The ERE website account you are using is a demo account. Submissions will not be sent to the final destination.</p> <p>Thank you for your submission.</p> <p>Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.</p>											
		Destination: MO - St Louis South DDS [S81] SSN: 222-22-2222											
		RQID: adfadf RF: P											
		DR: F CS:											
Response Information:		Tracking Number: 1353A940717A6545											
		Date and Timestamp: 02/01/2012 at 03:21 PM EST											
		<table><thead><tr><th>File Name</th><th>File Size</th></tr></thead><tbody><tr><td>Test.doc</td><td>26.0 KB</td></tr><tr><td colspan="2">Total file size:</td></tr><tr><td colspan="2">26.0 KB</td></tr></tbody></table>				File Name	File Size	Test.doc	26.0 KB	Total file size:		26.0 KB	
File Name	File Size												
Test.doc	26.0 KB												
Total file size:													
26.0 KB													
		Additional comments were entered during this submission.											
Payment Request Information:		Tracking Number: 1353A959C018E133											
		Date and Timestamp: 02/01/2012 at 03:22 PM EST											
		<table><thead><tr><th>Invoice File Name</th><th>Invoice File Size</th></tr></thead><tbody><tr><td>Test.doc</td><td>26.0 KB</td></tr><tr><td colspan="2">Total file size:</td></tr><tr><td colspan="2">26.0 KB</td></tr></tbody></table>				Invoice File Name	Invoice File Size	Test.doc	26.0 KB	Total file size:		26.0 KB	
Invoice File Name	Invoice File Size												
Test.doc	26.0 KB												
Total file size:													
26.0 KB													
		Invoice Types: Invoice from DDS											
		ERE Print Send Another Request ERE Home											

No Records

Social Security Online		Electronic Records Express		
www.socialsecurity.gov		Electronic Records Express Home		User Instructions
Hoi Wong Log Out Help Desk: 1-866-691-3061		 Send Response for Individual Case Provide Reason for not transmitting files (Step 2 of 3)		
Destination and request summary:		Destination: MO - St Louis South DDS [S81] SSN: 222-22-2222		
		RQID: 1111111111 RF: P		
		DR: F CS:		
		Edit Summary		
Specify the reason for not adding files:		Reason: <input type="text" value="[Select Reason]"/>		
		Based on the reason you select, comments may be required. Otherwise, comments are always optional.		
Additional Comments: You can type up to three letter size pages (approximately 16,000 characters) of comments.		Comments: <div></div>		
		Characters remaining: 16000		
		Cancel Prior Page Submit		

Tracking page


Social Security Online		Electronic Records Express		
www.socialsecurity.gov		Electronic Records Express Home		User Instructions
Hoi Wong Log Out Help Desk: 1-866-691-3061		 Send Response for Individual Case Tracking Information (Step 3 of 3)		
		Warning: The ERE website account you are using is a demo account. Submissions will not be sent to the final destination.		
		Thank you for your submission.		
		Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.		
Response Information:		Tracking Number: 1353A9CC3307970C		
		Date and Timestamp: 02/01/2012 at 03:30 PM EST		
		Destination: MO - St Louis South DDS [S81] SSN: 222-22-2222		
		RQID: 1111111111 RF: P		
		DR: F CS:		
		No files were uploaded during this submission.		
		The specified reason was: No records found for requested timeframe		
		Additional Comments were entered during this submission.		
		ERE Print Send Another Response ERE Home		

Destination and Documentation Information

Attach and Upload Files


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Tracking Page


Social Security Online		Electronic Records Express							
www.socialsecurity.gov		Electronic Records Express Home							
User Instructions									
Hoi Wong Log Out Help Desk: 1-866-691-3061		 Send Grouped Files Tracking Information (Step 3 of 3)							
		<p>Warning: The ERE website account you are using is a demo account. Submissions will not be sent to the final destination.</p> <p>Thank you for your submission.</p> <p>Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.</p>							
Response Information:		Tracking Number: 1353AA05239560A7							
		Date and Timestamp: 02/01/2012 at 03:34 PM EST							
		Barcode Present: YES							
		Destination: MO - St Louis South DDS [S81]							
		<table><tr><th>File Name</th><th>File Size</th></tr><tr><td>ERMSG13.zip</td><td>65.0 KB</td></tr><tr><td colspan="2">Total file size: 65.0 KB</td></tr></table>		File Name	File Size	ERMSG13.zip	65.0 KB	Total file size: 65.0 KB	
File Name	File Size								
ERMSG13.zip	65.0 KB								
Total file size: 65.0 KB									
		ERE Print Send More Files ERE Home							

Consultative Examination (CE) Services


Review/Submit Prepared Requests

Social Security Online		Electronic Records Express						
www.socialsecurity.gov		Electronic Records Express Home						
User Instructions								
John Public Log Out Help Desk: 1-866-691-3061		 Review/Submit Prepared Requests Review Prepared Requests						
		<p>This page shows everything that has been prepared for you by your staff. None of these items have been or will be submitted to the requesting office until you review and explicitly submit each one. Select the Review link next to each prepared request to review the report's details and take action upon it.</p> <p>You may select the heading of each column to sort the displayed information by that column in ascending and descending order.</p> <p>These items will be removed from this list once you have successfully submitted it or 30 days from the date of preparation, regardless of whether you have taken action on it.</p>						
Name	Last 4 of SSN	DOB	▼Date/Time Prepared	Prepared By	Response Status	Response Request	Payment Status	Payment Request
Doe, Jay	5555	11/11/1950	09/03/2010 12:44 PM	Grace Suk	NEW	Review Response		
LastName, FirstName	8002	01/02/1979	09/03/2010 12:44 PM	Grace Suk	NEW	Review Response		

Attach and Upload Files


Social Security Online		Electronic Records Express		User Instructions	
www.socialsecurity.gov		Electronic Records Express Home			
John Public Log Out		 Review/Submit CE Reports Attach and Upload Files			
Help Desk: 1-866-691-3061 CE Report Information:		Prepared By: John Public Date Prepared: 09/03/2010			
Patient Information:		Patient Name: JohnInitial Ditto SSN: XXX-XX-0001 DOB: 10/20/2006			
Request Information:		Provider Name: John Public Request Type: Consultative Exam Request Date: 07/17/2009 Requesting Office: AZ - Phoenix DDS [S03] Request ID: 20100721DREW_003 D Disability Examiner: CE Appointment Date and Time: 07/25/2010 Service Item 1:			
Special Instructions:					
Files already loaded by your preparer: Selecting the "Review" link for a file will open a "File Download" box so that you can open the file. If you want to revise a file, save it to your local computer and make your revisions. Delete the old version of the file. Then upload the saved file using the "Browse" button. To delete a file from the patient's information, select the checkbox next to the file to be deleted."		Select file(s) to be deleted from this patient's information.			
		<input type="checkbox"/> conf_num.rtf Review			
		<input type="checkbox"/> Tiff conversion status in prod.rtf Review			
Attach and upload files to this response:		A maximum of 8 files can be submitted and all files must total less than 50MB. File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .mdi, .txt, .xls, .xlsx, .pdf, .rtf, .tiff, .tif Please do not upload password-protected files because they cannot be processed.			
		File 1: <input type="text"/> Browse... Clear File 1			
		Add Another File			
Additional Comments: Comments already here were entered by your preparer.		Comments: <input type="text" value="test"/> Characters remaining:15996			
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 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.			
		<input type="checkbox"/> I have read and agree to the above.			
		Cancel Delete		Prior Page Submit	

Tracking Information

Social Security Online		Electronic Records Express							
www.socialsecurity.gov		Electronic Records Express Home							
CEPRO ONLY		User Instructions							
Log Out									
Help Desk: 1-866-691-3061		Review/Submit Prepared Requests Tracking Information							
Response Information:		Thank you for your submission.							
		Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.							
		Tracking Number: 1229876911578168							
		Date and Timestamp: 07/20/2009 at 10:00 AM EDT							
		Name: Theresa McGehee							
		DOB: 07/01/1970							
		Destination: ME - Winthrop DDS [S22]							
		SSN: XXX-XX-1234							
		RQID: 123456789							
		RF: P							
		DR: F							
		CS:							
		<table><thead><tr><th>File Name</th><th>File Size</th></tr></thead><tbody><tr><td>Demo File.doc</td><td>24.0 KB</td></tr><tr><td colspan="2">Total file size: 24.0 KB</td></tr></tbody></table>		File Name	File Size	Demo File.doc	24.0 KB	Total file size: 24.0 KB	
File Name	File Size								
Demo File.doc	24.0 KB								
Total file size: 24.0 KB									
		Files already loaded by your preparer:							
		RESPONSEFILE1.doc							
		Your report was electronically signed.							
		ERE Print Review Another Request ERE Home							

Pickup Provider's Transcription Reports

Select Provider's Inbox


Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home	
Doctor Staff		User Instructions	
Log Out			
Help Desk: 1-866-691-3061		Pickup Provider's Transcription Reports Select Provider's Inbox	
Select Provider:		Select the Provider whose Transcription Report inbox you wish to view, and select "View Mailbox".	
		[Select Provider] View Mailbox	
		Cancel	

Inbox Folder


Social Security Online			Electronic Records Express							
www.socialsecurity.gov		Electronic Records Express Home		User Instructions						
Doctor Staff Log Out		 Pickup Provider's Transcription Reports Inbox Folder - MD, Doc								
Help Desk: 1-866-691-3061 View Folders: Inbox (0) Trash (0) Select Another Provider's Mailbox Prepare CE Report		<p>Files will be retained for 45 days from the date of receipt. All files older than 45 days are automatically deleted regardless of whether they have been downloaded or read.</p> <table><thead><tr><th>File Name</th><th>Date and Time</th><th></th></tr></thead><tbody><tr><td><input type="checkbox"/> Sample Docs 4 demo.doc</td><td>08/13/2009 09:16:25 AM</td><td>Open</td></tr></tbody></table> <p>Items 1 - 1 of 1 Items per page: 5 10 25 50 100 All</p> <p>Send Checked Item(s) to Trash</p>			File Name	Date and Time		<input type="checkbox"/> Sample Docs 4 demo.doc	08/13/2009 09:16:25 AM	Open
File Name	Date and Time									
<input type="checkbox"/> Sample Docs 4 demo.doc	08/13/2009 09:16:25 AM	Open								

Prepare CE Report for Provider


Preparation

Social Security Online		Electronic Records Express		
www.socialsecurity.gov		Electronic Records Express Home		User Instructions
CE Admin Shah Log Out		 Prepare CE Report for Provider Preparation (Step 1 of 3)		
Help Desk: 1-866-691-3061		Provider: <input type="text" value="[Select Provider]"/>		
Provider Information: Select the provider for whom this CE Report is being prepared.		First Name: <input type="text"/>		
Patient Information: Enter the Patient's Information.		Middle Name: <input type="text"/>		
		Last Name: <input type="text"/>		
		DOB: (mm/dd/yyyy) <input type="text"/>		
Enter 3 character site code or select state and destination:		Site code: <input type="text"/> OR State: <input type="text" value="[Select]"/>		
		Destination: <input type="text" value="[Select Destination]"/>		
Enter the following information from the request letter or barcode:		SSN: <input type="text"/>		
		RQID (Request ID): <input type="text"/>		
		RF (Routing Field): <input type="radio"/> P <input type="radio"/> D or blank <input type="radio"/> No RF or No Barcode		
		DR: <input type="radio"/> F <input type="radio"/> S <input type="radio"/> No DR or No Barcode		
		CS: <input type="text"/> <small>(enter only if applicable)</small>		
		Cancel Continue		

Attach and Upload Files

Social Security Online		Electronic Records Express																	
www.socialsecurity.gov		Electronic Records Express Home																	
User Instructions																			
CE Admin Shah Log Out																			
Help Desk: 1-866-691-3061		Prepare CE Report for Provider Attach and Upload Files (Step 2 of 3)																	
Reviewing Provider:		Shah, CM ProABilling																	
Destination and request summary:		<table><tr><td>Patient Name:</td><td>Jane Doe</td><td>DOB:</td><td>01/01/1980</td></tr><tr><td>Destination:</td><td>MD - Timonium DDS [S23]</td><td>SSN:</td><td>222-22-2222</td></tr><tr><td>RQID:</td><td>1234</td><td>RF:</td><td>D</td></tr><tr><td>DR:</td><td>S</td><td>CS:</td><td></td></tr></table> Edit Summary		Patient Name:	Jane Doe	DOB:	01/01/1980	Destination:	MD - Timonium DDS [S23]	SSN:	222-22-2222	RQID:	1234	RF:	D	DR:	S	CS:	
Patient Name:	Jane Doe	DOB:	01/01/1980																
Destination:	MD - Timonium DDS [S23]	SSN:	222-22-2222																
RQID:	1234	RF:	D																
DR:	S	CS:																	
Attach and upload files:		<p>A maximum of 8 files can be added and all files must total less than 50MB. File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .mdi, .btt, .rtf, .xls, .xlsx, .pdf, .tiff, .tif. Please do not upload password-protected files because they cannot be processed.</p> <p>File 1: <input type="text"/> Browse... Clear File 1</p> <p>Add Another File</p>																	
Additional Comments: You can type up to three letter size pages (approximately 16,000 characters) of comments.		<p>Comments:</p> <div></div> <p>Characters remaining: 16000</p> <p>Verify the above information before sending this CE Report to the provider.</p> <p>Cancel Prior Page Send to Provider</p>																	

Tracking Information

Social Security Online		Electronic Records Express																														
www.socialsecurity.gov		Electronic Records Express Home																														
User Instructions																																
CE Admin Shah Log Out																																
Help Desk: 1-866-691-3061		Prepare CE Report for Provider Tracking Information (Step 3 of 3)																														
		<p>Thank you for your submission.</p> <p>Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.</p>																														
Response Information:		<table><tr><td>Tracking Number:</td><td>1314DBF3D5BD5415</td></tr><tr><td>Date and Timestamp:</td><td>07/21/2011 at 01:30 PM EDT</td></tr><tr><td>Reviewing Provider:</td><td>Shah, CM ProABilling</td></tr></table> <table><tr><td>Patient Name:</td><td>Jane Doe</td><td>DOB:</td><td>01/01/1980</td></tr><tr><td>Destination:</td><td>MD - Timonium DDS [S23]</td><td>SSN:</td><td>222-22-2222</td></tr><tr><td>RQID:</td><td>1234</td><td>RF:</td><td>D</td></tr><tr><td>DR:</td><td>S</td><td>CS:</td><td></td></tr></table> <table><thead><tr><th>File Name</th><th>File Size</th></tr></thead><tbody><tr><td>Test.doc</td><td>26.0 KB</td></tr><tr><td colspan="2">Total file size:</td><td>26.0 KB</td></tr></tbody></table> <p>Additional comments were entered during this submission.</p> <p>ERE Print Prepare Another CE ERE Home</p>		Tracking Number:	1314DBF3D5BD5415	Date and Timestamp:	07/21/2011 at 01:30 PM EDT	Reviewing Provider:	Shah, CM ProABilling	Patient Name:	Jane Doe	DOB:	01/01/1980	Destination:	MD - Timonium DDS [S23]	SSN:	222-22-2222	RQID:	1234	RF:	D	DR:	S	CS:		File Name	File Size	Test.doc	26.0 KB	Total file size:		26.0 KB
Tracking Number:	1314DBF3D5BD5415																															
Date and Timestamp:	07/21/2011 at 01:30 PM EDT																															
Reviewing Provider:	Shah, CM ProABilling																															
Patient Name:	Jane Doe	DOB:	01/01/1980																													
Destination:	MD - Timonium DDS [S23]	SSN:	222-22-2222																													
RQID:	1234	RF:	D																													
DR:	S	CS:																														
File Name	File Size																															
Test.doc	26.0 KB																															
Total file size:		26.0 KB																														

Send CE Report

Destination and Request Information

Social Security Online

www.socialsecurity.gov

John Doe

Log Out

Help Desk: 1-866-691-3061

Enter 3 character site code or select state and destination:


Enter the following information from the request letter or barcode:

Electronic Records Express Home

User Instructions

Send Consultative Exam Report

Destination and Request Information (Step 1 of 3)



Site code: OR State:

Destination:

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:

(enter only if applicable)

Cancel

Continue

Attach and Upload Files

Social Security Online

www.socialsecurity.gov

John Doe

Log Out

Help Desk: 1-866-691-3061

Destination and request summary:

Attach and upload files to this report:

Additional Comments:
You can type up to three letter size pages (16,000 characters) of comments.


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 signature and submit your response.

Electronic Records Express Home

User Instructions

Send Consultative Exam Report

Attach and Upload Files (Step 2 of 3)



Destination: MO - St Louis South DDS [S81]

RQID: 567345345345

DR: F

SSN: 345-34-3453

RF: D

CS:

Edit Summary

A maximum of 8 files can be added and all files must total less than 50MB.
File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .mdi, .txt, .rtf, .xls, .xlsx, .pdf, .tiff, .tif

Please do not upload password-protected files because they cannot be processed.

File 1: Browse...

Clear File 1

Add Another File

Comments:

Characters remaining: 16000

I am certifying, under penalty of perjury, that I have been authorized or contracted by the Disability Determination Services to examine the claimant named in the attached, and produced a consultative examination report for that claimant. The report is accurate. By checking the "I have read and agree with 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 to the above.

Cancel

Prior Page


Submit

Tracking Information (for site that does fiscal)


Social Security Online		Electronic Records Express							
www.socialsecurity.gov		Electronic Records Express Home							
User Instructions									
Hoi Wong Log Out Help Desk: 1-866-691-3061		 Send Consultative Exam Report Tracking Information (Step 3 of 3)							
		<p>Warning: The ERE website account you are using is a demo account. Submissions will not be sent to the final destination.</p> <p>Thank you for your submission.</p> <p>Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.</p>							
Response Information:		Tracking Number: 1353AB31217B104F Date and Timestamp: 02/01/2012 at 03:55 PM EST							
		Destination: MO - St Louis South DDS [S81] SSN: 222-22-2222 RQID: sgafada3434 RF: P DR: F CS: 							
		<table><thead><tr><th>File Name</th><th>File Size</th></tr></thead><tbody><tr><td>Test.doc</td><td>26.0 KB</td></tr><tr><td colspan="2">Total file size: 26.0 KB</td></tr></tbody></table>		File Name	File Size	Test.doc	26.0 KB	Total file size: 26.0 KB	
File Name	File Size								
Test.doc	26.0 KB								
Total file size: 26.0 KB									
		Additional comments were entered during this submission.							
		Your report was electronically signed.							
		ERE Print Request Payment Send Another Report ERE Home							

Request Consultative Exam (CE) Payment

Attach and Upload Invoices



Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home	
User Instructions			
Hoi Wong Log Out Help Desk: 1-866-691-3061		 Request Consultative Exam (CE) Payment Attach and Upload Invoices	
Destination and request summary:		Destination: MO - St Louis South DDS [S81] SSN: 222-22-2222 RQID: sgafada3434 RF: P DR: F CS: 	
Invoice Types:		Select the type of invoice(s) you want to upload. <input type="radio"/> Invoice from DDS <input type="radio"/> Invoice from Provider <input type="radio"/> Both	
Upload Invoice(s): You must upload at least one invoice.		<p>A maximum of 4 invoices can be added and all invoices must total less than 20MB. File types accepted: .wpd, .doc, .jpg, .bmp, .mdi, .txt, .rtf, .xls, .pdf, .tiff, .tif, .docx, .xlsx Please do not upload password-protected invoices because they cannot be processed.</p> <p>Invoice 1: <input type="text"/> Browse... Clear Invoice 1</p> <p>Add Another Invoice</p>	
Additional Comments: You can type up to three letter size pages (approximately 16,000 characters) of comments.		<p>Comments:</p> <div></div> <p>Characters remaining: 16000</p> <p>Cancel Submit</p>	

Tracking page


Social Security Online		Electronic Records Express												
www.socialsecurity.gov		Electronic Records Express Home												
User Instructions														
Hoi Wong Log Out		 Request Consultative Exam (CE) Payment Response and Payment Tracking Information												
Help Desk: 1-866-691-3061		<p>Warning: The ERE website account you are using is a demo account. Submissions will not be sent to the final destination.</p> <p>Thank you for your submission.</p> <p>Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.</p>												
		Destination:	MO - St Louis South DDS [S81]											
		RQID:	sgafada3434											
		DR:	F											
		SSN:	222-22-2222											
		RF:	P											
		CS:												
Response Information:		Tracking Number:	1353AB31217B104F											
		Date and Timestamp:	02/01/2012 at 03:55 PM EST											
		<table><thead><tr><th>File Name</th><th>File Size</th></tr></thead><tbody><tr><td>freeFormText.txt</td><td>1.0 KB</td></tr><tr><td>Test.doc</td><td>26.0 KB</td></tr><tr><td>eSignature.txt</td><td>1.0 KB</td></tr><tr><td colspan="2">Total file size:</td><td>28.0 KB</td></tr></tbody></table>		File Name	File Size	freeFormText.txt	1.0 KB	Test.doc	26.0 KB	eSignature.txt	1.0 KB	Total file size:		28.0 KB
File Name	File Size													
freeFormText.txt	1.0 KB													
Test.doc	26.0 KB													
eSignature.txt	1.0 KB													
Total file size:		28.0 KB												
		<p>Additional comments were entered during this submission.</p> <p>Your response was electronically signed.</p>												
Payment Request Information:		Tracking Number:	1353AB522D33E08A											
		Date and Timestamp:	02/01/2012 at 03:57 PM EST											
		<table><thead><tr><th>Invoice File Name</th><th>Invoice File Size</th></tr></thead><tbody><tr><td>Test.doc</td><td>26.0 KB</td></tr><tr><td colspan="2">Total file size:</td><td>26.0 KB</td></tr></tbody></table>		Invoice File Name	Invoice File Size	Test.doc	26.0 KB	Total file size:		26.0 KB				
Invoice File Name	Invoice File Size													
Test.doc	26.0 KB													
Total file size:		26.0 KB												
		<p>Invoice Types: Invoice from DDS</p> <p>Additional comments were entered during the payment request submission.</p>												
		ERE Print Send Another Request ERE Home												

Send CE Report(s) with Scanned Signature


Destination and Documentation Information

Social Security Online			Electronic Records Express		
www.socialsecurity.gov		Electronic Records Express Home		User Instructions	
Hoi Wong Log Out		 Send CE Report(s) with Scanned Signature Destination and Documentation Information (Step 1 of 3)			
Help Desk: 1-866-691-3061					
Enter 3 character site code or select state and destination:		Site code: <input type="text"/> OR State: <input type="text"/>			
		Destination: <input type="text"/>			
Select one of the following for ALL documents in this upload:		<input type="radio"/> The first page of all the documents has an enhanced 2-D barcode like the following example (ignore all other barcode types):			
					
		RQID: 20051204273664 SITE: S99 DR: F SSN: 000000000 DOCTYPE: 0001 RF: D CS: fedc			
		<input type="radio"/> The first page of all documents does NOT contain a 2-D barcode.			
		Cancel		Continue	

Attach and Upload Files


Social Security Online			Electronic Records Express		
www.socialsecurity.gov		Electronic Records Express Home		User Instructions	
Hoi Wong Log Out		 Send CE Report(s) with Scanned Signature Attach and Upload Files (Step 2 of 3)			
Help Desk: 1-866-691-3061					
Destination and request summary:		Destination: MO - St Louis South DDS [S81] These grouped files are being submitted WITH a 2-D barcode.			
		Edit Summary			
Attach and upload files:		You must upload at least one file. A maximum of 8 files can be added and all files must total less than 50MB. Uploaded files must be .tif, .tiff, .jpg, .bmp, .mdi, .pdf or .zip types. Zipped files can only contain any of the above types. Please do not upload password-protected files because they cannot be processed.			
		File 1: <input type="text"/> Browse... Clear File 1			
		Add Another File			
		Cancel		Prior Page Submit	

Tracking Information

Social Security Online		Electronic Records Express							
www.socialsecurity.gov		Electronic Records Express Home							
User Instructions									
Hoi Wong Log Out Help Desk: 1-866-691-3061		 Send CE Report(s) with Scanned Signature Tracking Information (Step 3 of 3)							
		<p>Warning: The ERE website account you are using is a demo account. Submissions will not be sent to the final destination.</p> <p>Thank you for your submission.</p> <p>Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.</p>							
Response Information:		Tracking Number: 1353AB9CC134B5BF							
		Date and Timestamp: 02/01/2012 at 04:02 PM EST							
		Barcode Present: YES							
		Destination: MO - St Louis South DDS [S81]							
		<table border="1"><thead><tr><th>File Name</th><th>File Size</th></tr></thead><tbody><tr><td>ERMSG13.zip</td><td>65.0 KB</td></tr><tr><td colspan="2">Total file size: 65.0 KB</td></tr></tbody></table>		File Name	File Size	ERMSG13.zip	65.0 KB	Total file size: 65.0 KB	
File Name	File Size								
ERMSG13.zip	65.0 KB								
Total file size: 65.0 KB									
		ERE Print Send Another Report ERE Home							

Send CE No Show Response


Destination and Request Information

Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home	
User Instructions			
Hoi Wong Log Out Help Desk: 1-866-691-3061		 Send CE No Show Response Report Destination and Request Information (Step 1 of 3)	
Enter 3 character site code or select state and destination:		Site code: <input type="text"/> OR State: <input type="text"/>	
		Destination: <input type="text"/>	
Enter the following information from the request letter or barcode:		SSN: <input type="text"/>	
		RQID (Request ID): <input type="text"/>	
		RF (Routing Field): <input type="radio"/> P <input type="radio"/> D or blank <input type="radio"/> No RF or No Barcode	
		DR: <input type="radio"/> F <input type="radio"/> S <input type="radio"/> No DR or No Barcode	
		CS: <input type="text"/> <small>(enter only if applicable)</small>	
		Cancel Continue	

Complete Reason


Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home User Instructions	
Hoi Wong Log Out Help Desk: 1-866-691-3061		 Send CE No Show Response Report Complete Reason (Step 2 of 3)	
Destination and request summary:		Destination: CT - Hartford DDS [S08] SSN: 111-11-1111 RQID: 22222 RF: P DR: F CS: Edit Summary	
Select a reason and provide comments about why the exam was not performed:		Reason: <input type="text" value="Patient showed up for the appointment but could not be evaluated(Please explain)"/> Based on the reason you select, comments may be required. Otherwise, comments are always optional.	
Additional Comments: You can type up to three letter size pages (approximately 16,000 characters) of comments.		Comments: <div></div> Characters remaining: 16000	
		Cancel Prior Page Submit	

Tracking Information


Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home User Instructions	
Hoi Wong Log Out Help Desk: 1-866-691-3061		 Send CE No Show Response Report Tracking Information (Step 3 of 3)	
		Warning: The ERE website account you are using is a demo account. Submissions will not be sent to the final destination. Thank you for your submission. Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.	
Response Information:		Tracking Number: 1353ABE3F4AD8E10 Date and Timestamp: 02/01/2012 at 04:07 PM EST	
		Destination: CT - Hartford DDS [S08] SSN: 111-11-1111 RQID: 22222 RF: P DR: F CS: The specified reason was: Patient showed up for the appointment but could not be evaluated(Please explain) Additional comments were entered during this submission.	
		ERE Print Request Payment Send Another Response ERE Home	

Request Payment for CE No Show Response

Attach and Upload Invoices

Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home User Instructions	
Hoi Wong Log Out Help Desk: 1-866-691-3061		 Request Payment for CE No Show Response Attach and Upload Invoices	
Destination and request summary:		Destination: CT - Hartford DDS [S08] SSN: 111-11-1111 RQID: 22222 RF: P DR: F CS:	
Invoice Types:		Select the type of invoice(s) you want to upload. <input type="radio"/> Invoice from DDS <input type="radio"/> Invoice from Provider <input type="radio"/> Both	
Upload Invoice(s): You must upload at least one invoice.		<p>A maximum of 4 invoices can be added and all invoices must total less than 20MB. File types accepted: .wpd, .doc, .jpg, .bmp, .mdi, .txt, .rtf, .xls, .pdf, .tiff, .tif, .docx, .xlsx Please do not upload password-protected invoices because they cannot be processed.</p> <div><p>Invoice 1: <input type="text"/> Browse...</p><p>Clear Invoice 1</p><p>Add Another Invoice</p></div>	
Additional Comments: You can type up to three letter size pages (approximately 16,000 characters) of comments.		<p>Comments:</p> <div><div></div></div> <p>Characters remaining:16000</p>	
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.		<p>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.</p> <p>By checking the "I have read and agree with the above" checkbox below, I am certifying that I electronically sign the invoice contained within.</p> <p><input type="checkbox"/> I have read and agree to the above.</p>	
		<div>Cancel Submit</div>	

Tracking Information

Social Security Online		Electronic Records Express							
www.socialsecurity.gov		Electronic Records Express Home User Instructions							
Hoi Wong Log Out Help Desk: 1-866-691-3061		 Request Payment for CE No Show Response Response and Payment Tracking Information Warning: The ERE website account you are using is a demo account. Submissions will not be sent to the final destination. Thank you for your submission. Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.							
		Destination: CT - Hartford DDS [S08] SSN: 111-11-1111 RQID: 22222 RF: P DR: F CS:							
Response Information:		Tracking Number: 1353AC0EE37CDD1D Date and Timestamp: 02/01/2012 at 04:10 PM EST The specified reason was: Patient cancelled appointment (Provide reason if known) Additional comments were entered during this submission.							
Payment Request Information:		Tracking Number: 1353AC12862FE1F2 Date and Timestamp: 02/01/2012 at 04:10 PM EST <table><thead><tr><th>Invoice File Name</th><th>Invoice File Size</th></tr></thead><tbody><tr><td>Test.doc</td><td>26.0 KB</td></tr><tr><td colspan="2">Total file size: 26.0 KB</td></tr></tbody></table> Invoice Types: Invoice from DDS Additional comments were entered during the payment request submission. Your payment request was electronically signed.		Invoice File Name	Invoice File Size	Test.doc	26.0 KB	Total file size: 26.0 KB	
Invoice File Name	Invoice File Size								
Test.doc	26.0 KB								
Total file size: 26.0 KB									
		ERE Print Send Another Request ERE Home							

Document Exchange Services

Access Electronic Requests

Open Requests Page

Social Security Online


[www.socialsecurity.gov](#)

DATA00TWO Datta

Log Out

Help Desk: 1-866-691-3061

Electronic Records Express Home



Access Electronic Requests
View Electronic Requests - Open Requests

User Instructions

This page shows your open electronic requests, if any, sent to you from a Disability Service Center. Select the "View Request" or "View Payment" link next to each request to review the latest details and respond or take other action on it.

You may select a column header to sort the displayed information by that column in ascending or descending order.

▲ Patient Name	Last 4 of SSN	DOB	Request Date	Appt Date and Time	Location	Follow-Up	Request Status	Response Request	Payment Status	Payment Request
DOE, TESTCASE2001	2001	10/20/1980	06/27/2010	06/27/2010			NEW	View Request		
DOE, TESTCASE2005	2005	10/20/1986	06/27/2010				PENDING	View Request		
DOE, TESTCASE2005	2005	11/20/1979	03/30/2010				NEW	View Request		
DOE, TESTCASE2006	2006	11/20/1979	03/30/2010				PENDING	View Request		
DOE, TESTCASE2008	2008	10/20/1986	06/30/2010				PENDING	View Request	NEW	Need Report

Closed Requests

Submitted Requests

Open Over 90 Days


Open Payments

ERE Home


CE Request Details/Upload

Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home	
DATTAAOTWO Datta		Access Electronic Requests	
Log Out		Send CE Report	
Help Desk: 1-866-691-3061		*** Immediate Response Needed ***	
What's Changed:			
Patient Information:		Patient Name: TESTCASE2001 DOE SSN: XXX-XX-2001 DOB: 10/20/1979	
Request Information:		Provider Name: DATTAAOTWO Datta Request Type: Consultative Exam Request Date: 06/30/2010 Requesting Office: WI - Wisconsin DDS [S56] Request ID: REQUESTRX20111222_162327D Disability Examiner: testExaminer CE Appointment Date and Time: 07/25/2010 11:24 AM Location: Test 1506 Woodlawn Drive test maryfield Ellicott MD 21045 - 1121 Service Item 1: 200 test104 Service Item 2: 201 test105 Service Item 3: 202 test106	
Special Instructions:		VAL CE Report Test for ERE Release	
Request Documentation:		Request Letter (Added on 12/22/2011) Authorization To Disclose Information (Added on 12/22/2011) Background MER (Added on 12/22/2011) Supporting Documentation (Added on 12/22/2011)	
Attach and upload files to this response:		A maximum of 8 files can be added and all files must total less than 50MB. File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .mdi, .txt, .xls, .xlsx, .pdf, .rtf, .tif, .tif Please do not upload password-protected files because they cannot be processed. File 1: <input type="text"/> Browse... Clear File 1 Add Another File	
Additional Comments:		Comments: <div></div> Characters remaining: 16000	
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 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. <input type="checkbox"/> I have read and agree to the above.	
		Cancel Prior Page Submit	

Tracking Information (Site does not do fiscal)


Social Security Online		Electronic Records Express			
www.socialsecurity.gov		Electronic Records Express Home			
User Instructions					
DATTAOOTWO Datta					
Log Out		Send CE Report			
Help Desk: 1-866-691-3061		Tracking Information			
Thank you for your submission.					
Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.					
Response Information:					
Tracking Number:		13516BB6C604E043			
Date and Timestamp:		01/25/2012 at 04:17 PM EST			
Patient Name:		TESTCASE2001 DOE			
SSN:		XXX-XX-2001			
DOB:		10/20/1979			
Provider Name:		DATTAOOTWO Datta			
Request Type:		Consultative Exam			
Request Date:		06/30/2010			
Requesting Office:		WI - Wisconsin DDS [S56]			
Request ID:		REQUESTRX20111222_162327D			
Disability Examiner:		testExaminer			
CE Appointment Date and Time:		07/25/2010 11:24 AM			
Location:		Test			
		1506			
		Woodlawn Drive			
		test			
		maryfield			
		Ellicott, MD 21045-1121			
File Name		File Size			
508.doc		26.0 KB			
Total file size:		26.0 KB			
Your response was electronically signed.					
ERE Print Review Another Request ERE Home					

Tracking Information (Site does fiscal)


Social Security Online		Electronic Records Express								
www.socialsecurity.gov		Electronic Records Express Home								
User Instructions										
Srihari Padala										
Log Out		Send CE Report								
Help Desk: 1-866-691-3061		Tracking Information								
Thank you for your submission.										
Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.										
<hr/>										
Response Information:		Tracking Number: 131AAD2C4D2970D1								
		Date and Timestamp: 08/08/2011 at 03:16 PM EDT								
		<hr/>								
		Patient Name: Kal Penn								
		SSN: XXX-XX-4231								
		DOB: 10/20/1982								
		Provider Name: Srihari Padala								
		Request Type: Consultative Exam								
		Request Date: 03/28/2010								
		Requesting Office: XX - DEMO/TESTDDS REL12 [V76]								
		Request ID: 201103091000701001 D								
		Disability Examiner: testExaminerfiscal								
		CE Appointment Date and Time: 07/05/2010 07:24 PM								
		Location: TestOne								
		13 Woods								
		Apt 15								
		Columbia								
		Maryfield								
		Ellicott, MD 21045-1121								
		<hr/>								
		<table><tr><th>File Name</th><th>File Size</th></tr><tr><td>Test.doc</td><td>26.0 KB</td></tr><tr><td colspan="2">Total file size:</td><td>26.0 KB</td></tr></table>		File Name	File Size	Test.doc	26.0 KB	Total file size:		26.0 KB
File Name	File Size									
Test.doc	26.0 KB									
Total file size:		26.0 KB								
<hr/>										
Your response was electronically signed.										
<hr/>										
ERE Print Request Payment Review Another Request ERE Home										

Request Consultative Exam (CE) Payment (eOR)


Payment Information

Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home	
DATA00TWO Datta		User Instructions	
Log Out			
Help Desk: 1-866-691-3061		Request Consultative Exam (CE) Payment Payment Information	
		* Denotes Required Field	
Patient Information:	Patient Name: TESTCASE2004 DOE		
	SSN: XXX-XX-2004		
	DOB: 10/20/1985		
Request Information:	Request ID: REQUESTRX20111219_093348D		
Special Instructions:	Payment SP		
Disability Determination Services (DDS) Billing Office Information:	DDS Address: DDS Street Add1 156722		
	DDS Street Add20006722		
	DDS Street Add30000022		
	DDS Street Add30000022		
	DDS City, MD, 21041-1111		
	Phone Number: (444) 333 - 2222 Ext: 11111		
	Fax Number:		
DDS Invoice / Voucher Information:	DDS Invoice/Voucher Number: 12345678900014		
	Legacy System Vendor Code: A1001001A07E08B32122J0025		
	Legacy Case Number: 6771807		
	Other DDS Number: A1001001A07E08B32122J04473123456123038		
Provider Information:	First Name : <input type="text" value="FNMprvdr"/>		
	Middle Name: <input type="text" value="MNMprvdr"/>		
	Last Name: <input type="text" value="LNMMprvdr"/> Suffix <input type="text" value="PRVD"/>		
	Title: <input type="text" value="Provider title"/>		
	Organization Name: <input type="text" value="Provider organization"/>		
	* Taxpayer ID: <input type="text" value="1000000000013"/>		
	* Payee Taxpayer ID: <input type="text" value="1234567891213"/>		
	* Payee Legal Entity Name: <input type="text" value="Payee check"/>		
	Invoice Number: <input type="text"/>		
	* State Vendor Code: <input type="text" value="333333"/>		
	Remit Address: <input checked="" type="radio"/> Domestic <input type="radio"/> Foreign		
	* Street Address 1: <input type="text" value="Prvdr RemitAdd1 15722"/>		
	Street Address 2: <input type="text" value="Prvdr RemitAdd2 15722"/>		
	Street Address 3: <input type="text" value="Prvdr RemitAdd3 15722"/>		
	Street Address 4: <input type="text" value="Prvdr RemitAdd4 15722"/>		
	* City: <input type="text" value="Prvdr Remit City"/>		
	* State: <input type="text" value="MD - Maryland"/>		
	* Zip: <input type="text" value="21043"/> - <input type="text" value="3333"/>		
	Phone Number: <input type="text" value="(111)222-3333"/> Ext <input type="text" value="44444"/>		
	Fax Number: <input type="text"/>		
	* Has the Provider Information changed? <input checked="" type="radio"/> Yes <input type="radio"/> No		
Comments:	<div><div></div></div> <div>Characters remaining: 255</div>		
		<div><div>Cancel</div><div>Prior Page</div><div>Continue</div></div>	

CE Services Performed

Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home	
DATTAO0TWO Datta		User Instructions	
Log Out			
Help Desk: 1-866-691-3061		Request Consultative Exam (CE) Payment	
		Services Performed	
		* Denotes Required Field	
Patient Information:	Patient Name: TESTCASE2004 DOE		
	SSN: XXX-XX-2004		
	DOB: 10/20/1985		
Services Information:	Authorization Date: 03/18/2010		
	* Date of Service: <input type="text"/>		
	Service Item 1		
	Item Description: service item 1		
	Item Code: 201		
	* Item performed?: <input type="radio"/> Yes <input type="radio"/> No		
	Authorized Amount: \$99.99		
	* Requested Amount: \$ <input type="text"/>		
	Service Item 2		
	Item Description: service item 2		
	Item Code: 202		
	* Item performed?: <input type="radio"/> Yes <input type="radio"/> No		
	Authorized Amount: \$125.00		
	* Requested Amount: \$ <input type="text"/>		
	Service Item 3		
	Item Description: service item 3		
	Item Code: 203		
	* Item performed?: <input type="radio"/> Yes <input type="radio"/> No		
	Authorized Amount: \$0.22		
	* Requested Amount: \$ <input type="text"/>		
	Total Authorized: \$225.21 Total Requested: \$0.00		
	* Were additional service items performed? <input type="radio"/> Yes <input type="radio"/> No		
Cancel		Prior Page Continue	


Additional Services

Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home	
DATTAOOTWO Datta		User Instructions	
Log Out			
Help Desk: 1-866-691-3061		Request Consultative Exam (CE) Payment	
		Additional Services	
		* Denotes Required Field	
Patient Information:		Patient Name: TESTCASE2004 DOE	
		SSN: XXX-XX-2004	
		DOB: 10/20/1985	
Additional Services Information:		A maximum of 5 additional service items can be added.	
		Additional Service Item 1	
		* Item Description: <input type="text"/>	
		Characters remaining: 255	
		Item Code: <input type="text"/>	
		* Requested Amount: \$ <input type="text"/>	
		* Authorized By: <input type="text"/>	
		* When Authorized <input type="text"/> (30 char max):	
		Clear Additional Service Item 1	
		Add Another Service Item	
		Additional Requested Total: \$0.00	
		Services Performed Total: \$666.00	
		Total Payment Requested: \$666.00	
		Cancel	
		Prior Page Continue	


Payment Information Summary

Social Security Online		Electronic Records Express		User Instructions	
www.socialsecurity.gov		Electronic Records Express Home			
DATTAAOOTWO Datta		Request Consultative Exam (CE) Payment			
Log Out		Payment Information Summary			
Help Desk: 1-866-691-3061		Before final submission please carefully review the information below. To make changes to any sections of information, select the "Edit" button.			
Patient Information:		<div><div>Patient Name:</div>TESTCASE2004 DOE</div> <div><div>SSN:</div>XXX-XX-2004</div> <div><div>DOB:</div>10/20/1985</div>			
Provider Information:		<div><div>Name:</div>FNMprvdr MNMprvdr LNMprvdr PRVD</div> <div><div>Title:</div>Provider title</div> <div><div>Organization Name:</div>Provider organization</div> <div><div>Invoice Number:</div></div> <div><div>Taxpayer ID:</div>1000000000013</div> <div><div>Payee Taxpayer ID:</div>1234567891213</div> <div><div>Payee Legal Entity Name:</div>Payee check</div> <div><div>State Vendor Code:</div>333333</div> <div><div>Remit Address:</div>Prvdr Remit Add1 15722 Prvdr Remit Add2 15722 Prvdr Remit Add3 15722 Prvdr Remit Add4 15722</div> <div><div>City, State, Zip:</div>Prvdr Remit City, MD 21043-3333</div> <div><div>Phone Number:</div>(111) 222 - 3333</div> <div><div>Comments:</div></div> <div><div>Has the Provider Information changed?</div>No</div> <div><div>Ext:</div>44444</div> <div><div>Edit Provider Information</div></div>			
Service Information:		<div><div>Authorization Date:</div>03/18/2010</div> <div><div>Date of Service:</div>11/11/2011</div> <div><div>Service Item 1:</div></div> <div><div>Item Description:</div>service item 1</div> <div><div>Item Code:</div>201</div> <div><div>Was This Item Performed?</div>Yes</div> <div><div>Authorized Amount:</div>\$99.99</div> <div><div>Requested Amount:</div>\$111.00</div> <div><div>Service Item 2:</div></div> <div><div>Item Description:</div>service item 2</div> <div><div>Item Code:</div>202</div> <div><div>Was This Item Performed?</div>Yes</div> <div><div>Authorized Amount:</div>\$125.00</div> <div><div>Requested Amount:</div>\$222.00</div> <div><div>Service Item 3:</div></div> <div><div>Item Description:</div>service item 3</div> <div><div>Item Code:</div>203</div> <div><div>Was This Item Performed?</div>Yes</div> <div><div>Authorized Amount:</div>\$.22</div> <div><div>Requested Amount:</div>\$333.00</div> <div><div>Edit Service Information</div></div>			
Additional Services:		<div><div>Additional Service Item 1:</div></div> <div><div>Item Description:</div>cvxv</div> <div><div>Item Code:</div></div> <div><div>Requested Amount:</div>\$1.00</div> <div><div>Authorized By:</div>me</div> <div><div>When Authorized:</div>today</div> <div><div>Edit Additional Services</div></div>			
Totals:		<div><div>Authorized:</div>\$225.21</div> <div><div>Requested:</div>\$667.00</div> <div><div>Cancel</div></div> <div><div>Continue</div></div>			

Attach and Upload Invoices


Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home	
User Instructions			
DATTAOOTWO Datta			
Log Out		Request Consultative Exam (CE) Payment	
Help Desk: 1-866-691-3061		Attach and Upload Invoices	
Patient Information:		Patient Name: TESTCASE2004 DOE	
		SSN: XXX-XX-2004	
		DOB: 10/20/1985	
Invoice Types:		Select the type of invoice(s) you want to upload.	
		<input type="radio"/> Invoice from DDS	
		<input type="radio"/> Invoice from Provider	
		<input type="radio"/> 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, .mdi, .bdt, .xls, .xlsx, .pdf, .rtf, .tiff, .tif Please do not upload password-protected invoices because they cannot be processed.	
		Invoice 1: <input type="text"/> Browse...	
		Clear Invoice 1	
		Add Another Invoice	
Please read this statement and indicate your agreement by checking the "I have read..." box. When you select "Submit", an electronic signature will be generated for 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 to the above" checkbox below, I am certifying that I electronically sign the invoice contained within.	
		<input type="checkbox"/> I have read and agree to the above.	
		Cancel	Prior Page Submit

CE Response/Payment Request Tracking Information


Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home	
DATTAAOOTWO Datta		User Instructions	
Log Out			
Help Desk: 1-866-691-3061			
			
Request Consultative Exam (CE) Payment			
Payment Request Tracking Information			
Thank you for your submission.			
Please retain your tracking number(s) in case there are errors or problems that prevent us from processing your submission.			
Payment Request Information:	Tracking Number:		1351143079A352C9
	Date and Timestamp:		01/24/2012 at 02:48 PM EST
	Patient Name:		TESTCASE2004 NONAME DOE
	SSN:		XXX-XX-2004
	DOB:		10/20/1985
	Provider Name:		FNMprvdr MNMprvdr LNMMprvdr PRVD
	Request Type:		Consultative Exam
	Request Date:		03/18/2010
	Requesting Office:		CO - Colorado DDS [S07]
	Request ID:		20111221131644_205420
	Disability Examiner:		disability CE Examiner
	CE Appointment Date:		07/10/2010 12:59 PM
	Location:		Shortlocationofappointmnt
	DDS Invoice/Voucher Number:		12345678900014
	Legacy System Vendor Code:		A1001001A07E08B32122J0025
Legacy Case Number:		6771807	
Other DDS Number:		A1001001A07E08B32122J04473123456123038	
Title:		Provider title	
Organization Name:		Provider organization	
Invoice Number:			
Taxpayer ID:		10000000000013	
Payee Taxpayer ID:		1234567891213	
Payee Legal Entity Name:		Payee check	
State Vendor Code:		333333	
Remit Address:		Prvdr Remit Add1 15722	
		Prvdr Remit Add2 15722	
		Prvdr Remit Add3 15722	
		Prvdr Remit Add4 15722	
		Prvdr Remit City, MD 21043-3333	
Phone Number:		(111) 222 - 3333	Ext: 44444
Has the Provider Information changed?		No	
Authorization Date:		03/18/2010	Date of Service: 11/11/2011
Service Item 1:			
Item Description:		service item 1	
Item Code:		201	
Was This Item Performed?		Yes	
Authorized Amount:		\$99.99	
Requested Amount:		\$111.00	
Service Item 2:			
Item Description:		service item 2	
Item Code:		202	
Was This Item Performed?		Yes	
Authorized Amount:		\$125.00	
Requested Amount:		\$222.00	
Service Item 3:			
Item Description:		service item 3	
Item Code:		203	
Was This Item Performed?		Yes	
Authorized Amount:		\$.22	
Requested Amount:		\$333.00	
Additional Service Item 1:			
Item Description:		cvxv	
Item Code:		Requested Amount: \$1.00	
Authorized By:		me	
When Authorized:		today	
Invoice File Name		Invoice File Size	
508.doc		26.0 KB	
		Total file size: 26.0 KB	
Invoice Types: Invoice from DDS			
Your payment request was electronically signed.			
ERE Print Request Another Payment ERE Home			

Request Medical Evidence of Record Payment (eOR)


Payment Information

Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home	
DATTAAOOTWO Datta		User Instructions	
Log Out			
Help Desk: 1-866-691-3061		Request Medical Evidence of Record Payment Payment Information	
		* Denotes Required Field	
Patient Information:		Patient Name: TESTCASE2008 DOE	
		SSN: XXX-XX-2008	
		DOB: 10/20/1986	
Request Information:		Request ID: REQUESTRX20111222_162253D	
		Date of Request: 06/30/2010	
Special Instructions:		Payment MER test	
Disability Determination Services (DDS) Billing Office Information:		DDS Address: 1506	
		Woodlawn drive	
		test Apt	
		baltimore	
		Baltimore, MD, 21044-1210	
		Phone Number: (443) 348 - 1735 Ext: 348	
		Fax Number: (443) 496 - 1735	
DDS Invoice / Voucher Information:		DDS Invoice/Voucher Number: 1326	
		Legacy System Vendor Code: A12346	
		Legacy Case Number: 677182	
		Other DDS Number: DDS9803	
Provider Information:		First Name : <input type="text" value="ERETest"/>	
		Middle Name: <input type="text" value="test"/>	
		Last Name: <input type="text" value="test"/> Suffix <input type="text" value="ERE"/>	
		Title: <input type="text" value="Mr"/>	
		Organization Name: <input type="text" value="TestOrg"/>	
		* Taxpayer ID: <input type="text" value="113457"/>	
		* Payee Taxpayer ID: <input type="text" value="123456"/>	
		* Payee Legal Entity Name: <input type="text" value="ERE0231Test2"/>	
		Invoice Number: <input type="text"/>	
		* State Vendor Code: <input type="text" value="123456"/>	
		Remit Address: <input checked="" type="radio"/> Domestic <input type="radio"/> Foreign	
		* Street Address 1: <input type="text" value="1506 Woodlawn Dr"/>	
		Street Address 2: <input type="text" value="testing"/>	
		Street Address 3: <input type="text" value="test area"/>	
		Street Address 4: <input type="text" value="test4"/>	
		* City: <input type="text" value="Baltimore"/>	
		* State: <input type="text" value="MD - Maryland"/>	
		* Zip: <input type="text" value="21044"/> - <input type="text" value="1211"/>	
		Phone Number: <input type="text" value="(443)497-1735"/> Ext <input type="text" value="348"/>	
		* Has the Provider Information changed? <input type="radio"/> Yes <input type="radio"/> No	
Payment Information:		* Payment Requested \$ <input type="text"/> Page Count: <input type="text"/>	
		Amount: <input type="text"/>	
		* Were records photocopied? <input type="radio"/> Yes <input type="radio"/> No	
Comments:		<input type="text"/>	
		Characters remaining: 255	
		<input type="button" value="Cancel"/> <input type="button" value="Continue"/>	


Attach and Upload Invoice

Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home	User Instructions
DATTAO0TWO Datta Log Out Help Desk: 1-866-691-3061		 Request Medical Evidence of Record Payment Attach and Upload Invoices	
Patient Information:		Patient Name: TESTCASE2008 DOE SSN: XXX-XX-2008 DOB: 10/20/1986	
Invoice Types:		Select the type of invoice(s) you want to upload. <input type="radio"/> Invoice from DDS <input type="radio"/> Invoice from Provider <input type="radio"/> Both	
Upload Invoice(s):		<small>A maximum of 4 invoices can be submitted and all files must total less than 20MB. File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .mdi, .txt, .xls, .xlsx, .pdf, .rtf, .tiff, .tif Please do not upload password-protected invoices because they cannot be processed.</small> <div>Invoice 1: <input type="text"/> Browse... Clear Invoice 1</div> <div>Add Another Invoice</div>	
Please read this statement and indicate your agreement by checking the "I have read..." box. When you select "Submit", an electronic signature will be generated for 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 to the above" checkbox below, I am certifying that I electronically sign the invoice contained within. <input type="checkbox"/> I have read and agree to the above.	
		Cancel	Prior Page Submit

Payment Information Summary

Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home	
DATTAOOTW0 Datta		User Instructions	
Log Out			
Help Desk: 1-866-691-3061		Request Medical Evidence of Record Payment Payment Information Summary	
Before final submission please carefully review the information below. To make changes to any sections of information, select the "Edit" button.			
Patient Information:		Patient Name: TESTCASE2008 DOE SSN: XXX-XX-2008 DOB: 10/20/1986	
Provider Information:		Name: ERETest test test ERE Title: Mr Organization Name: TestOrg Invoice Number: Taxpayer ID: 113457 Payee Taxpayer ID: 123456 Payee Legal Entity Name: ERE0231Test2 State Vendor Code: 123456 Remit Address: 1506 Woodlawn Dr testing test area test4 City, State, Zip: Baltimore, MD 21044-1211 Phone Number: (443) 497 - 1735 Ext: 348 Comments: Has the Provider Information changed? No	
		Edit Provider Information	
Payment Information:		Payment Requested Amount: \$1.00 Page Count: Were records photocopied? No	
		Edit Payment Information	
		Cancel Continue	

Response and Payment Tracking Information

Social Security Online		Electronic Records Express		User Instructions	
www.socialsecurity.gov		Electronic Records Express Home			
DATTAAOOTWO Datta				Request Medical Evidence of Record Payment	
Log Out				Response and Payment Request Tracking Information	
Help Desk: 1-866-691-3061					
Thank you for your submission.					
Please retain your tracking number(s) in case there are errors or problems that prevent us from processing your submission.					
Patient Name:		TESTCASE2008 DOE			
SSN:		XXX-XX-2008			
DOB:		10/20/1986			
Provider Name:		ERETest test test ERE			
Request Type:		Evidence Request			
Request Date:		06/30/2010			
Requesting Office:		WI - Wisconsin DDS [S56]			
Request ID:		20111222162311_205668			
Disability Examiner:		testExaminer			
Location:					
Response Information:					
Tracking Number:		13511894A061D092			
Date and Timestamp:		01/24/2012 at 04:05 PM EST			
		File Name		File Size	
508.doc				26.0 KB	
		Total file size:		26.0 KB	
Your response was electronically signed.					
Payment Request Information:					
Tracking Number:		135118BFF41003D4			
Date and Timestamp:		01/24/2012 at 04:08 PM EST			
DDS Invoice/Voucher Number:		1326			
Legacy System Vendor Code:		A12346			
Legacy Case Number:		677182			
Other DDS Number:		DDS9803			
Title:		Mr			
Organization Name:		TestOrg			
Invoice Number:					
Taxpayer ID:		113457			
Payee Taxpayer ID:		123456			
Payee Legal Entity Name:		ERE0231 Test2			
State Vendor Code:		123456			
Remit Address:		1506 Woodlawn Dr testing test area test4 Baltimore, MD 21044-1211			
Phone Number:		(443) 497 - 1735		Ext: 348	
Has the Provider Information changed?		No			
Payment Requested Amount:		\$1.00			
Page Count:		Were records photocopied?		No	
		Invoice File Name		Invoice File Size	
508.doc				26.0 KB	
		Total file size:		26.0 KB	
Invoice Types: Invoice from DDS					
Your payment request was electronically signed.					
		ERE Print		Request Another Payment	
		ERE Home			

Access Provider's Electronic Payment Requests

View Provider's Electronic Requests – Open Requests

Social Security Online

www.socialsecurity.gov

Rachel Public

Log Out


Help Desk: 1-866-691-3061

Select Provider:

Electronic Records Express

Electronic Records Express Home

User Instructions

 **Access Provider's Electronic Requests**
View Provider's Electronic Requests - Open Requests

Provider: Doe, John

This page shows your open electronic requests, if any, sent to you from a Disability Service Center to the provider you selected above. Select the "View Request" or "View Payment" link next to each request to review the latest details and respond or take other action on it.

You may select a column header to sort the displayed information by that column in ascending or descending order.

▲ Patient Name	Last 4 of SSN	DOB	Request Date	Appt Date and Time	Location	Follow-Up	Request Status	Response Request	Payment Status	Payment Request
Public, Janet	0001	10/20/1986	05/04/2010				NEW		NEW	Need Report
Public, Janet	0001	10/20/1986	05/04/2010				NEW		NEW	Need Report
Public, Janet	0001	10/20/1986	05/04/2010				NEW		NEW	Need Report
Public, Janet	0001	10/20/1986	05/04/2010				NEW		NEW	Need Report
Public, David	0001	10/20/1986	05/04/2010				NEW		NEW	Need Report
Public, Jane	0001	10/20/1986	05/04/2010				NEW		NEW	Need Report
Public, Jane	0001	10/20/1986	05/04/2010				NEW		NEW	Need Report
Public, David	0001	10/20/1986	05/04/2010				NEW		NEW	Need Report
Public, Jane	0001	10/20/1986	05/04/2010				NEW		NEW	Need Report
Public, Janet	0001	10/20/1986	05/04/2010				NEW		NEW	Need Report

View Provider's Electronic Requests – Submitted Requests

Social Security Online

www.socialsecurity.gov

Srihari Padala

Log Out

Help Desk: 1-866-691-3061

Select Provider:

Electronic Records Express

Electronic Records Express Home

User Instructions

 **Access Provider's Electronic Requests**
View Provider's Electronic Requests - Submitted Requests

Provider: Padala, Srihari

This page shows your submitted electronic requests, if any, sent to you from a Disability Service Center to the provider you selected above. Select the "View Request" or "View Payment" link next to each request to review the latest details and respond or take other action on it.


You may select a column header to sort the displayed information by that column in ascending or descending order.

▲ Patient Name	Last 4 of SSN	DOB	Request Date	Appt Date and Time	Location	Follow-Up	Request Status	Response Request	Payment Status	Payment Request
Penn, Kal	4231	10/20/1982	03/28/2010	07/05/2010 07:24 PM	TestingPlace		RESPONDED	View Request		


Electronic Request Details

Social Security Online		Electronic Records Express			
www.socialsecurity.gov		Electronic Records Express Home			
Srihari Padala		Access Provider's Electronic Requests			
Log Out		Electronic Request Details			
Help Desk: 1-866-691-3061		*** Immediate Response Needed ***			
What's Changed:					
Patient Information:	Patient Name: Kal Penn				
	SSN: XXX-XX-4231				
	DOB: 10/20/1982				
Request Information:	Provider Name: Srihari Padala				
	Request Type: Consultative Exam				
	Request Date: 03/28/2010				
	Requesting Office: XX - DEMO/TESTDDS REL12 [V76]				
	Request ID: 201103091000701001 D				
	Disability Examiner: testExaminerfiscal				
	CE Appointment Date and Time: 07/05/2010 07:24 PM				
	Location: TestOne				
	13 Woods				
	Apt 15				
	Columbia				
	Maryfield				
	Ellicott MD 21045 - 1121				
	Service Item 1: 437 Report				
Special Instructions:	This is CE Test for ERE Payment				
Request Documentation:	Request Letter (Added on 06/24/2011)				
	Authorization To Disclose Information (Added on 06/24/2011)				
	Supporting Documentation (Added on 06/24/2011)				
	Cancel	Prior Page	No Show Response Prepare CE Report for Provider		

Prepare CE Report for Provider (eOR)

Social Security Online			Electronic Records Express		
www.socialsecurity.gov			Electronic Records Express Home		
CE Admin and MER Billing Admin			User Instructions		
Log Out					
Help Desk: 1-866-691-3061			Access Provider's Electronic Requests		
			Prepare CE Report for Provider		
			*** Immediate Response Needed ***		
What's Changed:					
CE Report Information:			Reviewing Provider: Pro with BC, MERCE		
Patient Information:			Name: John Ditto		
			SSN: XXX-XX-0001		
			DOB: 10/20/2006		
Request Information:			Provider Name: Pro with BC, MERCE		
			Request Type: Consultative Exam		
			Request Date: 05/01/2009		
			Requesting Office: NE - Lincoln DDS [S30]		
			Request ID: 20090615DREW_018 D		
			Disability Examiner:		
			CE Appointment Date and Time:		
			Location:		
Special Instructions:					
Request Documentation:			Request Letter (Added on 06/15/2009)		
			Authorization To Disclose Information (Added on 06/15/2009)		
			Supporting Documentation (Added on 06/15/2009)		
			Supporting Documentation (Added on 06/15/2009)		
Attach and upload files to this response:			A maximum of 8 files can be added and all files must total less than 50MB. File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .mli, .b4, .rtf, .xls, .xlsx, .pdf, .tiff, .tif		
			Please do not upload password-protected files because they cannot be processed.		
			File 1: <input type="text"/> Browse...		
			Clear File 1		
			Add Another File		
Additional Comments: You can type up to three letter size pages (approximately 16,000 characters) of comments.			Comments: <input type="text"/>		
			Characters remaining: 16000		
			Verify the above information before sending this CE Report to the provider.		
			Cancel Prior Page Send to Provider		

Tracking Information

Social Security Online		Electronic Records Express								
www.socialsecurity.gov		Electronic Records Express Home								
ilavazhagan ramachandran		User Instructions								
Log Out										
Help Desk: 1-866-691-3061		Prepare CE Report for Provider Tracking Information								
		Thank you for your submission.								
		Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.								
Response Information:		Tracking Number: 131B3908185EB041								
		Date and Timestamp: 08/10/2011 at 08:00 AM EDT								
		Reviewing Provider: ramachandran, ilavazhagan								
		Patient Name: Bob CEFiscal								
		SSN: XXX-XX-6066								
		DOB: 10/20/1982								
		Provider Name: ilavazhagan ramachandran								
		Request Type: Consultative Exam								
		Request Date: 02/17/2011								
		Requesting Office: CA - San Diego DDS [S59]								
		Request ID: 2010061110000000CE D								
		Disability Examiner: testExaminerfiscal								
		CE Appointment Date and Time: 02/17/2011 07:24 PM								
		Location: TestOne								
		13 Woods								
		Apt 15								
		Columbia								
		Maryfield								
		Ellicott, MD 21045-1121								
		<table><thead><tr><th>File Name</th><th>File Size</th></tr></thead><tbody><tr><td>test.doc</td><td>26.0 KB</td></tr><tr><td colspan="2">Total file size:</td><td>26.0 KB</td></tr></tbody></table>		File Name	File Size	test.doc	26.0 KB	Total file size:		26.0 KB
File Name	File Size									
test.doc	26.0 KB									
Total file size:		26.0 KB								
		ERE Print Review Another Request ERE Home								

Send Transcription Report to Doctor

Destination and File Attachment

Social Security Online

www.socialsecurity.gov

Jane Public

Log Out

Help Desk: 1-866-691-3061


Select a Provider and DDS Destination:

Attach and upload files:

Electronic Records Express

Electronic Records Express Home

User Instructions

 **Send Transcription Report To Provider**
Destination and File Attachment

Provider:
[Select Provider]

State: [Select State]

Destination: [Select Destination]

You can submit up to 8 files and a maximum of 50MB in a single upload.
File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .mdl, .rtf, .txt, .xls, .xlsx, .pdf, .tiff, .tif

File 1:

Tracking Information

Social Security Online

www.socialsecurity.gov

Jane Public


Log Out

Help Desk: 1-866-691-3061

Electronic Records Express

Electronic Records Express Home

User Instructions

 **Send Transcription Report To Provider**
Tracking Information

Thank you for your submission.

Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.

Tracking Number: 1314E59DA8019AB7

Date and Timestamp: 07/21/2011 at 04:18 EDT

Provider: Doe, John

Destination: XX - DEMO/TESTDDS REL12 [V76]

File Name	File Size
Test.doc	26.0 KB
Total file size: 26.0 KB	

Pickup Transcription Report

Inbox Folder

Social Security Online

[www.socialsecurity.gov](#)

Amanda Hebert

Log Out

Help Desk: 1-866-691-3061

View Folders:

[Inbox](#) (5)

[Trash](#) (0)

Electronic Records Express Home

User Instructions



Pickup Transcription Reports

Inbox Folder

Files will be retained for 45 days from the date of receipt. All files older than 45 days are automatically deleted regardless of whether they have been downloaded or read.

File Name	Date and Time	
<input type="checkbox"/> TranscribedMedicalReport.doc	7/5/07 11:42:32 AM	Open
<input type="checkbox"/> TranscribedMedicalReport.doc	7/5/07 11:42:32 AM	Open
<input type="checkbox"/> TranscribedMedicalReport.doc	7/5/07 11:42:32 AM	Open
<input type="checkbox"/> TranscribedMedicalReport.doc	7/5/07 11:42:31 AM	Open
<input type="checkbox"/> TranscribedMedicalReport.doc	7/5/07 11:37:39 AM	Open

Items 1 - 5 of 5

Items per page: [5](#) [10](#) [25](#) [50](#) [100](#)

Send Checked Item(s) to Trash

Trash Folder

Social Security Online

[www.socialsecurity.gov](#)

Amanda Hebert

Log Out

Help Desk: 1-866-691-3061


View Folders:

[Inbox](#) (3)

[Trash](#) (2)

Electronic Records Express Home

User Instructions



Pickup Transcription Reports

Trash Folder

Files will be retained for 45 days from the date of receipt. All files older than 45 days are automatically deleted regardless of whether they have been downloaded or read.

File Name	Date and Time	
<input type="checkbox"/> TranscribedMedicalReport.doc	7/5/07 11:42:32 AM	Open
<input type="checkbox"/> TranscribedMedicalReport.doc	7/5/07 11:42:32 AM	Open

Items 1 - 2 of 2

Items per page: [5](#) [10](#) [25](#) [50](#) [100](#)


Delete Checked Item(s)

Restore Checked Item(s)


Payment Request Services

Submit Payment Request


Evidence/CE Request Information

Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home User Instructions	
DATTAOOTWO Datta Log Out Help Desk: 1-866-691-3061		 Submit Payment Request Destination and Request Information	
Is this payment request for a Consultative Exam?		<input type="radio"/> Yes <input type="radio"/> No	
Enter 3 character site code or select state and destination:		Site code: <input type="text"/> OR State: <input type="text" value="[Select]"/> Can't find your site? Destination: <input type="text" value="[Select Destination]"/>	
Enter the following information from the request letter or barcode:		SSN: <input type="text"/> RQID (Request ID): <input type="text"/> RF (Routing Field): <input type="radio"/> P <input type="radio"/> D or blank <input type="radio"/> No RF or No Barcode DR: <input type="radio"/> F <input type="radio"/> S <input type="radio"/> No DR or No Barcode CS: <input type="text"/> <small>(enter only if applicable)</small>	
		Cancel Continue	

Attach and Upload Invoice

Social Security Online		Electronic Records Express	
www.socialsecurity.gov		Electronic Records Express Home	
User Instructions			
DATTAAOOTWO Datta Log Out Help Desk: 1-866-691-3061		 Submit Payment Request Attach and Upload Invoices	
Destination and request summary:		Destination: AK - Alaska DDS [S02] SSN: 111-11-1111 RQID: 22222222222222 RF: P DR: F CS: Edit Summary	
Invoice Types:		Select the type of invoice(s) you want to upload. <input type="radio"/> Invoice from DDS <input type="radio"/> Invoice from Provider <input type="radio"/> Both	
Upload Invoice(s): You must upload at least one invoice.		A maximum of 4 invoices can be added and all invoices must total less than 20MB. File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .mdi, .txt, .rtf, .xls, .xlsx, .pdf, .tiff, .tif Please do not upload password-protected invoices because they cannot be processed. Invoice 1: <input type="text"/> Browse... Clear Invoice 1 Add Another Invoice	
Additional Comments: You can type up to three letter size pages (approximately 16,000 characters) of comments.		Comments: <div></div> Characters remaining:16000 Cancel Prior Page Submit	

Payment Request Tracking Information

Social Security Online		Electronic Records Express							
www.socialsecurity.gov		Electronic Records Express Home							
User Instructions									
DATTAAOOTWO Datta Log Out Help Desk: 1-866-691-3061		 Submit Payment Request Payment Request Tracking Information							
		Thank you for your submission. Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.							
Payment Information:		Tracking Number: 1351158A03478539 Date and Timestamp: 01/24/2012 at 03:11 PM EST Destination: AK - Alaska DDS [S02] SSN: 111-11-1111 RQID: 22222222222222222222222222222222 RF: P DR: F CS:							
		<table><thead><tr><th>Invoice File Name</th><th>Invoice File Size</th></tr></thead><tbody><tr><td>508.doc</td><td>26.0 KB</td></tr><tr><td colspan="2">Total file size: 26.0 KB</td></tr></tbody></table> Invoice Types: Invoice from DDS		Invoice File Name	Invoice File Size	508.doc	26.0 KB	Total file size: 26.0 KB	
Invoice File Name	Invoice File Size								
508.doc	26.0 KB								
Total file size: 26.0 KB									
		ERE Print Submit Another Request ERE Home							

Evidence Submission Failure Screen

If the files the provider is trying to submit do not pass our front end checks, they will be presented with a failure message page. The title of this page has been changed from “Rejection” to “Submission Failure”.

Note: This Submission Failure screen will be presented any time a user tries to submits files that do not pass our front end chekcs for for any function .

Social Security Online

[www.socialsecurity.gov](#)


DATTAOOTWO Datta

Log Out

Help Desk: 1-866-691-3061

Electronic Records Express Home

Send Response for Individual Case

 **Submission Failure**

Your submission was **NOT** successfully transmitted. **NO** files were sent.

The following problem(s) occurred with the file submission:

- zerobyte.txt is an empty file.

Patient Name: TESTCASE2005 DOE

SSN: XXX-XX-2005

DOB: 10/20/1986

Request Type: Evidence Request

Requesting Office: RI - Rhode Island DDS [S44]

Provider Name: DATTAOOTWO Datta

Request Date: 06/27/2010

Request ID: REQUESTRX20111222_161714D

File Name	File Size
zerobyte.txt	0.0 KB
Total file size: 0.0 KB	

Try Again


Review Another Request

ERE Home

Social Security Online
www.socialsecurity.gov

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Search GO




BSO Security Policy

Details of SSA's Security Policy

The Internet is an open system and there is no absolute guarantee that the personal information you enter to request verification will not be intercepted by others and decrypted. Although this possibility is remote, it does exist. We have included the safeguards described below to reduce the risks:

- SSA is taking all reasonable and appropriate measures, including encryption, to ensure that personal information is disclosed only to you.
- So your Internet communications can remain confidential, you must use a Web browser which supports the Secure Sockets Layer (SSL) security protocol. Your Web browser probably already supports SSL.
- Social Security will not give, sell or transfer any personal information to a third party.

If you are not comfortable with these risks, please call **1-888-772-2970** to speak to a specially trained technician about your concerns. For TDD/TTY call 1-800-325-0778.



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Last reviewed or modified Wednesday Feb 09, 2011

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The Privacy Act And The Freedom Of Information Act

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The Privacy Act

The Privacy Act of 1974, as amended at 5 U.S.C. 552a, protects records that can be retrieved from a system of records by personal identifiers such as a name, social security number, or other identifying number or symbol. (A system of records is any grouping of information about an individual under the control of a Federal agency from which information is retrievable by personal identifiers).

An individual is entitled to access to his or her records and to request correction of these records by stating the reasons for such actions with supporting justification showing how the record is untimely, incomplete, inaccurate or irrelevant. The Privacy Act prohibits disclosure of these records without written individual consent unless one of the twelve disclosure exceptions enumerated in the Act applies. These records are held in Privacy Act systems of records. A notice of any such system is published in the Federal Register. These notices identify the legal authority for collecting and storing the records, individuals about whom records will be collected, what kinds of information will be collected, and how the records will be used (See <http://www.socialsecurity.gov/foia/bluebook/toc.htm>).

The Privacy Act binds only Federal Executive Branch agencies, and covers only a system of records in the possession and control of Federal agencies. Inquiries concerning the Privacy Act should be directed to (410) 965-1727.



The Freedom Of Information Act

The Freedom of Information Act (FOIA), as amended at 5 U.S.C.552, is a disclosure statute that requires Federal Executive Branch agencies to make records available to the public.

The intent of the FOIA is to prevent agencies from having "secret law" and to make the government accountable to the public for its actions. FOIA requires agencies to publish in the Federal Register statements of its organizations, functions, rules, procedures, general policy, and any changes, and how to get information. In addition, agencies must index and make available for public inspection and copying statements of policy, manuals and instructions, and final opinions and orders in cases, as well as the indexes.

FOIA applies to all records created or received by the agency and in its possession or under its control. Agencies must make records available to the public on request, unless they fall within one of the nine statutory exemptions. (See http://www.socialsecurity.gov/foia/html/foia_guide.htm).

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