

Social Security Administration

2017


ERE Screen Shots

For OMB Clearance 0960-0753

Login Screen

ERE Login Screen

Text Size ▾ | Accessibility Help



Social Security
Official Website of the U.S. Social Security Administration

Electronic Records Express (ERE)

OMB No. 0000-0000
[Paperwork Reduction Act](#)

Sign In

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 Username.
- 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 Username.

By entering your Username, Password and clicking on the "Sign In" button, you certify that you have read, understand and agree to the above statements.

Username:

Password:

Sign In

Cancel

Help & Support

If you need assistance with the Electronic Records Express Website, please contact us.

Email:
EETechSupport@SSA.gov

Call Us (toll free):
1-866-691-3061

Your privacy is important.

For details about our use of your information, we encourage you to read our [Privacy Act Statement](#).



Social Security

The Official Website of the U.S. Social Security Administration

OMB No. 0960-0753

Paperwork Reduction Act

Electronic Records Express (ERE)

Privacy Act Statement, Privacy Act Statement - Internet Explorer

Privacy Act Statement

Collection and Use of Personal Information

Sections 205 [42 U.S.C. 405] of the Social Security Act, as amended, the Government Paperwork Elimination Act [44 U.S.C. 3504], and the Federal Information Security Management Act of 2002 [Title III] of the E-Government Act of 2002 [P.L. 107-347] authorize us to collect this information to allow you access to our Business Services Online (BSO).

We will use the information you provide to register you, your company or authorized employees(s) to use our online services. We will verify the personally identifiable information (such as name, Social Security number, and date of birth) you provide against our records for user registration. Providing this information is voluntary. However, failing to provide us the requested information will prevent you or your company from using our online services.

We rarely use the information you provide for any purpose other than registration and granting access to our online services. We may disclose the information in accordance with approved routine uses compliant with the Privacy Act [5 U.S.C. § 552a(b)] which include but are not limited to the following:

1. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of our BSO; and
2. To comply with Federal laws requiring the release of information from our records (e.g., to the Office General Services Administration and National Archives Records Administration).

A complete list of routine uses for this information is available in our Privacy Act Systems of Records Notice entitled, *Master Files of Social Security Number (SSN) Holders and SSN Applications* (60-0058) and the *Central Repository of Electronic Authentication Data Master File* (60-0373). These notices, additional information about this collection of information, and other information regarding our systems and programs, are available on-line at www.socialsecurity.gov or at your local Social Security office.

Close

& Support

Need assistance with the Electronic Records Express? Please contact us.

Support@ssa.gov

(toll free):
1-800-791-3061

Privacy is important.

Details about our use of your information, we encourage you to read our [Privacy Act Statement](#).

ERE Homepage

Administrator's Homepage view



Social Security

The Official Website of the U.S. Social Security Administration

Electronic Records Express (ERE)

OMB No. 0960-0753
Paperwork Reduction Act

System Notices(0) - System Notice Updated:
02/28/2017

[Sign Up for Email ERE System Notifications](#)

What's New? - What's New Updated: 05/16/2015

Help & Support

Email:
EETechSupport@SSA.gov

Call Us (toll free):
1-866-691-3061

[? User Resources](#)

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

Evidence Functions [? Help](#)

- [Access Electronic Requests](#)
- [Access Provider's Electronic Requests](#)
- [Send Individual Response](#)
- [Send Grouped Response](#)
- [Send CE with Scanned Signature](#)
- [Send CE Report](#)
- [Send CE No Show Response](#)
- [Prepare Report for Provider](#)
- [Review / Submit Prepared Requests](#)
- [Track Status of Submissions](#)
- [Submission Inquiry](#)
- [Teacher Questionnaire \(PDF\)](#)

Account Functions [? Help](#)

- [Create Account](#)
- [Search Accounts](#)
- [Modify Your Account](#)
- [Change Your Password](#)
- [Manage Your Email Notifications](#)

Messaging Functions [? Help](#)

- [Secure Messaging](#)
- [Contact ODAR Office](#)


Payment Functions [? Help](#)


- [Submit Payment Request](#)
- [Access Provider's Electronic Payment Requests](#)

Account Maintenance Screens

Create an Individual End-User Account

Marianne Jones | [Sign Out](#)

Text Size  | [Accessibility Help](#)



Social Security
Official Website of the U.S. Social Security Administration

ERE: Create an Account

1 Provide Account Information

2 Review

3 Confirmation

Account Type & Username

What type of account would you like to create?

☐ Administrator Account

☐ Regional Administrator Account

☐ Sponsor Account

☒ Individual End-User Account

☐ Demo Account

Username:

Username must contain:

- Exactly 8 characters
- At least one numeral
- At least one letter
- No special characters

[? User Resources](#)

User Information

Name:

First	Middle	Last

Primary Phone Number:

☐ U.S. ☐ International

10-digit Number	Ext.

Alternate Phone Number (optional):

☐ U.S. ☐ International

10-digit Number	Ext.

FAX Number (optional):

☒ U.S. ☐ International

10-digit Number	Ext.

Primary Email Address:

Confirm Primary Email Address:

Alternate Email Address (optional):

Confirm Alternate Email Address (Optional):

Organization Information

Organization Type:

Organization Name:

Department (optional):

Position (optional):

Address:

Country:

Street Address:

Street Line 1:

Street Line 2: [+ Add Line](#)

City/Town:

State/Territory:

ZIP Code:

Primary Site:

Primary Site Contact:

Account Functions

Select the functions that apply to the user. You must select at least one option.

- ☐ Send Individual Case
- ☐ Send Grouped Files
- ☐ Consultative Exam
- ☐ Prepare Consultative Exam Report for Provider
- ☐ Review/Submit CE Reports
- ☐ Consultative Exam with Scanned Signatures
- ☐ Secure Messaging
- ☐ Contact ODAR Office
- ☐ CE Payment Request: Provider
- ☐ CE Payment Request: Billing Clerk
- ☐ MER Payment Request: Provider
- ☐ MER Payment Request: Billing Clerk

Additional Information

Comments (optional):

(254 characters maximum)


Characters remaining: 254


[Next](#)

[Cancel](#)

Manage End-User Relationships

Marianne Jones | [Sign Out](#)

Text Size  | [Accessibility Help](#)



Social Security
Official Website of the U.S. Social Security Administration

ERE: Create Relationship

Username: **SJONES01**

First Name: **Susan**

Last Name: **Jones**

Organization: **Angulara Services**

State/Territory: **MD**

Function: **CE Admin Staff**

[? User Resources](#)


Search for Available Users By:

Username:

Organization Name:


Last Name:

Organization Type:

--

First Name:

State/Territory:

--

User Type(s):

☐ CE Medical

☐ MER Billing

☐ CE Billing

[Search](#)

[Cancel](#)

Manage End-User Relationships – Search Results



Social Security
The Official Website of the U.S. Social Security Administration

ERE: Create Relationship

Username: 03GV5496
First Name: Individual
Last Name: Automated-Sanity

Organization:
State/Territory:
Function: Prepare Consultative Exam Report for
Provider, Send Individual Response

[? User Resources](#)

Search Results

Select the user(s) that you would like to create a relationship with.

<input type="checkbox"/>	Username: ▼	Last Name:	First Name:	Organization Name:	Organization Type:	State/Territory:	User Type:
<input type="checkbox"/>	CHINA024	a	a	aaa	Other	AL	CE Medical

Create Relationship

Edit Search

Cancel

Create Individual End-User Account Summary



Social Security

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ERE: Account Summary

✓ You successfully created the relationship(s).

Action

- ▶ [Modify Account Info](#)
- ▶ [Reset Password](#)
- ▶ [Suspend Account](#)
- ▶ [Delete Account](#)
- ▶ [View Log History](#)

🔗 [User Resources](#)

Account Information

Username: 03GV5496
SSA ID: X4ZDB1C5VY
Demo Account: No
Account Type: Individual End-UserAccount
Account Status: ACTIVE

Name: Individual Automated-Sanity
Primary Phone Number: 123 456 7890
Alternate Phone Number: 0009999999
FAX Number: 0009999999
Primary Email Address: tia.l.white@ssa.gov
Alternate Email Address: tia_white1@yahoo.com

Organization Type: Other
Organization Name:
Department:
Position: position 123abc
Address: , ,
Primary Site: CA - Roseville DDS [S62]
Primary Site Contact: Region DDS-Sites

Account Functions: Send Individual Response, Send Grouped Response, Prepare Consultative Exam Report for Provider, Secure Messaging, Contact ODAR Office

Comments: executing AUAS automated Sanity!

Current Relationships

Username	Last Name	First Name	Organization Name	Organization Type	State	User Type	Action
CHINA024	a	a	aaa	Other	AL	CE Medical	Delete
PRWAKCE1	khalid	aftab	org	Other	MD	CE Medical	Delete


[Create New Relationship](#)


[ERE Home](#)

[Back To Search Results](#)

Search Accounts

Marianne Jones | [Sign Out](#)

Text Size  | [Accessibility Help](#)



Social Security
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ERE: Search Accounts

Search for Accounts By:

Last Name:

SSA ID:

First Name:

Phone Number:

Username:

Email Address:

Primary Site:

--

Match:

☒ ALL Information Entered

☐ ANY Information Entered

☐ Include Demo Accounts

☒ Exclude Deleted Accounts

 [Hide functions to include in search](#)

Functions:

☐ Send Individual Case

☐ Send Grouped Files

☐ Consultative Exam

☐ Prepare Consultative Exam Report for Provider

☐ Review/Submit CE Reports

☐ Consultative Exam with Scanned Signature

☐ Secure Messaging

☐ Contact ODAR Office

☐ ERE Web Services

☐ CE Payment Request: Provider

☐ CE Payment Request: Billing Clerk

☐ MER Payment Request: Provider

☐ MER Payment Request: Billing Clerk

[? User Resources](#)

Search

[ERE Home](#)

Search Results



Social Security

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ERE: Search Accounts

Search Results

[? User Resources](#)

Showing 26-27 of 27

[<< First](#) [< Prev](#) [1](#) [2](#) [Next >](#) [Last >>](#)

<u>Username</u> ▼	<u>Account Type</u>	<u>Last Name</u>	<u>First Name</u>	<u>Account Status</u>	<u>Organization</u>	<u>Phone</u>	<u>Email</u>	<u>Site</u>
SMUS3737	Individual End-User Account	Pun	R	ACTIVE		(111) 111-1111	vikas.datta@ssa.gov	V40
SMUS3738	Individual End-User Account	Putcon	Cig	ACTIVE		(111) 111-1111	vikas.datta@ssa.gov	V40

Showing 26-27 of 27

[<< First](#) [< Prev](#) [1](#) [2](#) [Next >](#) [Last >>](#)


[Edit Search](#)

[New Search](#)

[ERE Home](#)

Delete Account

Marianne Jones | [Sign Out](#)
Text Size ▼ | [Accessibility Help](#)




Social Security
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ERE: Delete Account

Username: **TAMIRAJ**
First Name: **Tamira**
Last Name: **Jameson**

Organization: **St. Mary's**
State/Territory: **MD**

[? User Resources](#)


The account selected is associated with a number of other users. Please select another Primary Site Contact to reassign the associated accounts.


New Primary Site Contact
Public, Joe (JPUBLIC1) ▼

Delete Account

Cancel


Delete Account - Account Summary


Marianne Jones | [Sign Out](#)
Text Size ▼ | [Accessibility Help](#)



Social Security
Official Website of the U.S. Social Security Administration

ERE: Account Summary


You successfully deleted account TAMIRAJ.
Users associated with this account has been reassigned to Public, Joe (JPUBLIC1).


[Print this Page](#)

Actions
[View Log History](#)

[? User Resources](#)

Account Information

Username: **TAMIRAJ**
SSA ID: **AYXK067AP**
Demo Account: **No**
Account Type: **Sponsor Account**
Account Status: **Deleted**

Name: **Tamira Jameson**
Phone: **800-792-6288**

Primary Phone Number: **(410) 333-1111**

Alternate Phone Number:

FAX Number:

Primary Email Address: **tamira.jameson@stmarys.org**

Alternate Email Address:

Organization Type: **SSA State DDS Site**

Department:

Position:

Primary Site: **MD - Baltimore ODAR [T21]**

Primary Site Contact: **Public, Tracey (TPUBLIC1)**

Account Functions: **Send Individual Response, Send Grouped Response**

Comments:

[ERE Home](#)

Change Your Password

Marianne Jones | [Sign Out](#)

Text Size  | [Accessibility Help](#)



Social Security
Official Website of the U.S. Social Security Administration

ERE: Change Your Password

Enter Password Information

Current Password:

New Password:

Password Strength

Must be 8-20 characters and contain at least:

- at least one uppercase letter (A-Z)
- at least one lowercase letter (a-z)
- at least one number (0-9)
- at least one symbol (! @ # \$ % ^ & *)

Re-enter New Password:


Submit


Cancel

[? User Resources](#)

Change Your Password Confirmation


Marianne Jones | [Sign Out](#)

Text Size  | [Accessibility Help](#)



Social Security
Official Website of the U.S. Social Security Administration

ERE: Change Your Password


 You successfully changed your password and a confirmation email has been sent to you.

[? User Resources](#)

ERE Home

Modify Account

Marianne Jones | [Sign Out](#) Text Size Accessibility Help

 **Social Security**
Official Website of the U.S. Social Security Administration

ERE: Modify Account Information

Account Type & Username

Username: **ANGU123**
SSA ID: **GZXK067AP**
Account Type: **Individual End-User Account**
Account Status: **Active**

☐ Demo Account

[User Resources](#)

User Information

Name:

First Middle Last

Primary Phone Number:
☐ U.S. ☐ International

10-digit Number Ext.

Alternate Phone Number (optional):
☐ U.S. ☐ International

10-digit Number Ext.

FAX Number (optional):
☒ U.S. ☐ International

10-digit Number Ext.

Primary Email Address:

Confirm Primary Email Address:

Alternate Email Address (optional):

Confirm Alternate Email Address:

Organization Information

Organization Type:

CE Provider

Organization Name:

Angulara Services

Department (optional):**Position (optional):****Address:****Country:**

United States or U.S. Territory

Street Address:

Street Line 1: 123 Main St

Street Line 2: [+ Add Line](#)

City/Town:

Baltimore

State/Territory:

Maryland

ZIP Code:

21208

Primary Site:

MD - Timonium DDS [S23]

Primary Site Contact:

Public - John / IP1IRI (C1)

1. Name, email (or phone)

Account Functions

Select the functions that apply to the user. You must select at least one option.

- ☐ Send Individual Case
- ☒ Send Grouped Files
- ☐ Consultative Exam
- ☐ Prepare Consultative Exam Report for Provider
- ☐ Review/Submit CE Reports
- ☐ Consultative Exam with Scanned Signatures
- ☐ Secure Messaging
- ☐ Contact ODAR Office
- ☐ CE Payment Request: Provider
- ☐ CE Payment Request: Billing Clerk
- ☐ MER Payment Request: Provider
- ☐ MER Payment Request: Billing Clerk

Additional Information

Comments (optional):
(254 characters maximum)

Characters remaining: 254

Save

Cancel

Modify Account Confirmation



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ERE: Account Summary



You successfully saved the account changes and a confirmation email has been sent to the account holder.

Actions

- [Modify Account Info](#)
- [Reset Password](#)
- [Suspend Account](#)
- [Delete Account](#)
- [View Log History](#)

[? User Resources](#)

Account Information

Username: **ANGU123**
SSA ID: **GZXK067AP**
Demo Account: **No**
Account Type: **Individual End-User Account**
Account Status: **Active**

Name: **Sam Angulara**
Primary Phone Number: **(410) 555-1212**
Alternate Phone Number: **(410) 555-1211**
FAX Number:
Primary Email Address: **sam.angulara@angularaservices.org**
Alternate Email Address:

Organization Type: **CE Provider**
Organization Name: **Angulara Services**
Department:
Position:
Address: **567 Main St, Baltimore, MD, 21208**

Primary Site: **MD - Timonium DDS [S23]**
Primary Site Contact: **Public, John (JPUBLIC2)**

Account Functions: **Consultative Exam**

Comments:

Current Relationships


<input type="checkbox"/>	Username	Last Name	First Name	Organization Name	Organization Type	State	User Type
User has no relationships							

[Create New Relationship](#)

[ERE Home](#)

Manage Email Notification

Sarah Jones | [Sign Out](#) Text Size ▾ [Accessibility Help](#)

 **Social Security**
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ERE: Manage Your Email Notifications

Email Notifications
ERE automatically sends email notifications indicating that you have new requests.


[? User Resources](#)

Manage Email Notifications:
Update notifications for "New Electronic Requests" sent to me at sara.jones@angularaservices.org
☒ On
☐ Off (You will continue to receive emails about errors and system notifications)
[▶ Update your email address](#)


[Submit](#) [ERE Home](#)

Manage Email - Confirmation

Sarah Jones | [Sign Out](#) Text Size ▾ [Accessibility Help](#)

 **Social Security**
Official Website of the U.S. Social Security Administration

ERE: Manage Your Email Notifications

 **You successfully turned OFF email notifications.**

[? User Resources](#)


[ERE Home](#)

Evidence Services

Send Individual Response

Destination and Request Information

Top Ramen | [Sign Out](#) Text Size ▾ | [Accessibility Help](#)

 **Social Security**
Official Website of the U.S. Social Security Administration

ERE: Send Individual Response

1 Destination Information

2 Review & Add Information

3 Confirmation

Destination and Request Information
Please refer to your request letter or barcode to complete this information.

[? User Resources](#)

Select destination by: [? More Info](#)
☒ Site code ☐ State

Site Code:
T21

State: MD - Maryland

Destination: MD - Baltimore ODAR [T21]

[Edit](#)

Social Security Number (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 (only if applicable):

[Next](#) [Cancel](#)

Review & Add Information

**Social Security**
The Official Website of the U.S. Social Security Administration

ERE: Send Individual Response

1 ✓ Destination Information

2 Review & Add Information

3 Confirmation

Review

Edit

Destination and Request Information

Destination: DC - Washington ODAR [X73]

RF: P

SSN: 123-45-6789

DR: F

RQID: u90hn42e

CS:

User Resources

Attach and Upload Files

- A maximum of 10 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, .tiff, .tif.
- Please do not upload password-protected files because they cannot be processed.

File 1:

Browse...

Document Type:

--

Notes:

Remove File

Add Another File


Submit


Previous

Cancel


21


Tracking Page


Susan Kim | [Sign Out](#) Text Size  | [Accessibility Help](#)


 **Social Security**
Official Website of the U.S. Social Security Administration

ERE: Send Individual Response

1  Destination Information

2  Review & Add Information

3  Confirmation

 **Thank you for your submission.**
Individual Response Submission - Tracking Information.

Tracking Number: **12E5G203C4AFEDG6**
Submitted on: **09/29/2013 at 04:16 PM ET**

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

[? User Resources](#)

[Print this Page](#)

Submission Summary
Tracking Information

Destination and Request Information

Destination: **MD - Baltimore ODAR [T21]**
SSN: **000-00-0701**
RQID: **00000024156125**
RF: **P**
DR: **F**
CS: **01**

Uploaded File(s)

File Information	File Size
File: MarySim-NeuroReport.doc	100 KB
Document Type: Medical Evidence of Record (MER)	
Treatment Source: Sam Angulara	
Date: 09/05/2013 to 09/06/2013	
Notes: No notes added	
Total File Size:	100 KB


[Send Another Response](#)


[ERE Home](#)

Submit MER Payment (non-eOR)

Destination and Request Information

Sarah Jones | [Sign Out](#)

Text Size  | [Accessibility Help](#)



Social Security
Official Website of the U.S. Social Security Administration

ERE: Submit Payment Request

1 Destination Information

2 Review & Add Information

3 Confirmation

Destination and Request Information

Please refer to your request letter or barcode to complete this information.

Select destination by: [? More Info](#)

☒ Site code ☐ State

Site Code:
S23

State: MD - Maryland

Destination: MD - Timonium DDS [S23]

[Edit](#)

Social Security Number (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


Is this payment request for a Consultative Exam?
☐ Yes ☐ No

[? User Resources](#)

[Next](#)

[Cancel](#)

Add Invoices

**Social Security**
The Official Website of the U.S. Social Security Administration

ERE: Submit Medical Evidence Payment Request

1 ✓ Destination Information

2 Review & Add Information

3 Confirmation

Review

Edit

Destination and Request Information

Destination: MD - Timonium DDS [822] RF: P
SSN: 123-45-6789 DR: F
RQID: 664e6gf CG:
Is this payment request for a Consultative Exam?
No

Invoice Type

Select the types of invoice(s) you want to upload.
☐ Invoice from DDS
☐ Invoice from Provider
☐ Both

Upload Invoice(s)

- A maximum of 4 files can be added and all files must total less than 20MB.
- File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .mdl, .txt, .rtf, .xls, .xlsx, .pdf, .tif, .tiff.
- Please do not upload password-protected files because they cannot be processed.

File 1:

Browse...

Remove File

Add Another File

Additional Comments:

(16,000 characters maximum)

Characters remaining: 16000

Payment Request Agreement

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 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 with the above" checkbox below, I am certifying that I electronically sign the invoice contained within.


☐ I have read and agree with the above.

Submit

Previous

Cancel

Tracking page



Social Security
The Official Website of the U.S. Social Security Administration

ERE: Submit Medical Evidence Payment Request

1 ✓ Destination Information

2 ✓ Review & Add Information

3 Confirmation


✓ Thank you for your submission.

Payment Request Submission - Tracking Information.

Tracking Number: **15A8627685BCEF39N**

Submitted on: 02/28/2017 at 02:16 PM EST

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

 [Print this page](#)

[User Resources](#)

Submission Summary

Tracking Information

Destination and Request Information

Destination: MD - Timonium DDS [S23]
SSN: 123-45-6789
RQID: 654e6gf
RF: P
DR: F
CS:
Is this payment request for a Consultative Exam? No
Invoice Type: Invoice from DDS

Uploaded Invoice(s)

Invoice Name	Invoice Size
Invoice Name: LCR - Help Desk Tab.docx	89 KB
Total Invoice Size	89 KB


Comments: No comments added

Your payment was electronically signed.


[Send Another Response](#)

[ERE Home](#)

MER No Records (eOR)

**Social Security**
The Official Website of the U.S. Social Security Administration

ERE: View / Submit Evidence Request

 **Priority Request**
Immediate response needed.

User Resources

Patient Name: Matthew Mandya
Patient DOB: 01/18/1970
Request Type: Evidence Request
Request ID: 2016100300000001 - 4667D
Requesting Office: DE - Delaware DD 8 [808]

Patient SSN: XXX-XX-4667
Provider Name: RaviKarnati MERProvider
Request Date: 08/28/2016
Disability Examiner: testExaminerMER

Request Details

Special Instructions:
This is VAL Test for ERE MER fiscal

Documentation:

File Name	Date Added
Request Letter	10/21/2016
Supporting Documentation	10/21/2016

Request Response

Do you have records to submit for this case?

☐ Yes ☒ No

Add Reason

Reason for No Records to Submit:

☐ More information needed (comments required)
☐ More time needed (indicate a new date in the comments area provided)
☐ No records found for requested timeframe
☐ Person is not my patient
☐ Release Form 827 is incomplete or missing (comments required)
☐ Other (comments required)

Comments:
(16,000 characters maximum)


Characters remaining: 16000

Submit


Previous

Cancel

MER No Records (eOR) - Tracking page


**Social Security**
The Official Website of the U.S. Social Security Administration


ERE: View / Submit Evidence Request

 **Thank you for your submission.**
Individual Response Submission - Tracking Information

Tracking Number: **15A865F0341D2379N**
Submitted on: 02/28/2017 at 03:17 PM EST

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

 [User Resources](#)

 [Print this page](#)

Submission Summary
Tracking Information

Patient Information

Patient Name: **Matthew Mandya**
Patient SSN: **XXX-XX-4567**
Patient DOB: **01/16/1970**
Request Type: **Evidence Request**
Request Date: **09/28/2016**
Requesting Office: **DE - Delaware DDS [S09]**
Request ID: **2016100300000001 4567D**
Disability Examiner: **testExaminerMER**

Request Response

Reason: **No records found for requested timeframe**
Comments: **No comments added**


[Review Another Request](#)

[Submit Payment Request](#)

[ERE Home](#)

Send Grouped Response

Destination Information

**Social Security**
The Official Website of the U.S. Social Security Administration

ERE: Send Grouped Response

1 Destination Information

2 Review & Add Information

3 Confirmation

Destination and Request Information

Select destination by: [? More Info](#)

☒ Site Code ☐ State

Site Code: s23

State: MD-Maryland

Destination: MD - Timonium DDS [S23]

[Edit](#)


Does the first page of all the documents contain an enhanced 2-D barcode? [? More Info](#)

☐ Yes ☐ No

[? User Resources](#)


[Next](#) [Cancel](#)


Review & Add Information




Social Security
The Official Website of the U.S. Social Security Administration

ERE: Send Grouped Response

1  Destination Information

2  Review & Add Information

3  Confirmation

Review

Edit

Destination Information

Destination: **MD - Timonium DDS [S23]**
Barcode Present? **Yes**

Attach and Upload Files

- A maximum of 10 files can be added and all files must total less than 50MB.
- ONLY zipped files can be uploaded.
- Those zipped files must only contain .tif, .tiff, .jpg, .bmp, .mdi or .pdf files.
- You may not upload a zip within a zipped file.
- Please do not upload password-protected files because they cannot be processed.

File 1:

Browse...


Remove File

Add Another File


Submit

Previous

Cancel

 User Resources

Confirmation

**Social Security**
The Official Website of the U.S. Social Security Administration

ERE: Send Grouped Response

1 ✓ Destination Information

2 ✓ Review & Add Information

3 Confirmation

✓ Thank you for your submission.

Grouped Response Submission - Tracking Information

Tracking Number: **15A8679E8DA83C40N**

Submitted on: **02/28/2017 at 03:47 PM EST**

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

[Print this page](#)

[User Resources](#)

Submission Summary

Tracking Information

Destination Information

Destination: **MD - Timonium DDS [S23]**

Barcode Present? **Yes**

Uploaded File(s)


File Name	File Size
OITEBS.zip	379 KB
Total File Size:	379 KB


[Send Another Response](#)

[ERE Home](#)

Review/Submit Prepared Requests

John Jones | [Sign Out](#)

Text Size  | [Accessibility Help](#)



Social Security
Official Website of the U.S. Social Security Administration

ERE: Review / Submit Prepared Requests

This page shows everything that has been prepared by you or your staff. None of these items have been or will be submitted to the requesting office until you review and submit each one.

[? User Resources](#)


Items will be removed from this list once you have successfully submitted them **or 30 days from the date of preparation**, regardless of whether you have taken action on them.


Patient Name ▲	SSN (Last 4)	DOB	Prepared Date	Prepared Time (ET)	Prepared By	Response Status
Public, Jane	0002	10/19/1978	03/04/2010	02:30PM	Susan Jones	Viewed
Quanta, Peter	0225	01/06/2010	03/25/2010	03:45PM	Susan Jones	New
Slander, Nic	0005	12/06/1942	03/27/2010	03:15PM	Susan Jones	New
Walter, Lip	7354	11/06/1945	03/22/2010	11:00AM	Susan Jones	Pending
Walter, Lip	7354	11/06/1945	03/22/2010	04:30PM	Susan Jones	New
Walter, Lip	7354	11/06/1945	03/22/2010	11:00AM	Susan Jones	New
Xander, Moose	1235	11/08/1972	03/17/2010	04:30PM	Susan Jones	New

[ERE Home](#)

View Prepared Request and Upload Files - eOR

Sam Angulara | [Sign Out](#)

Text Size  | [Accessibility Help](#)



Social Security
Official Website of the U.S. Social Security Administration

ERE: Review / Submit Prepared Request

Patient Name: **Peter Quanta**

Patient DOB: **01/10/1970**

Date Prepared: **09/02/2013**

Request Type: **Consultative Exam**

Request ID: **000000241156125**

Requesting Office: **MD - Timonium DDS [S23]**

Location: **1314 Lombard, Baltimore, MD 21224**

Patient SSN: **XXX-XX-0001**

Prepared By: **Susan Jones**

Provider Name: **Sam Angulara**

Request Date: **09/17/2013**

Disability Examiner: **Mark Evans**

CE Appt Date & Time: **09/20/2013 09:00 AM ET**

[? User Resources](#)

Service Items

Service Item 1:
Item Description: **Check Up**
Item Code: **102**

Request Details

Special Instructions:
Peter is scared of needles. Be gentle.

Lollipops are recommended.

Files Loaded by Preparer:

File Name	File Size	Action
Quanta.tif	900 KB	Delete

To revise a file:

1. Click on the file name to open
2. Save the file to your computer
3. Edit and save the file
4. Attach the new file (below)
5. Delete the original file loaded by your preparer

Attach and Upload New Files

- A maximum of 10 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](#)

[Delete](#)

[Add A File](#)

Additional Information

Comments (optional):

(16,000 characters maximum)

Characters remaining: 16,000

Consultative Examination Authorization Agreement

Please read this statement and indicate your agreement. When you select "Submit," you will generate an electronic signature for 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" 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 with the Agreement above.

Submit

Cancel

Confirmation

Sam Angulara | [Sign Out](#)

Text Size  | [Accessibility Help](#)



Social Security

Official Website of the U.S. Social Security Administration

ERE: Review / Submit Prepared Requests



Thank you for your submission.

Prepared Request Submission - Tracking Information.

Tracking Number: **GZXKR067AP**

Submitted on: **09/29/2013 at 04:16 PM ET**

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



[Print this Page](#)



[User Resources](#)

Submission Summary

Tracking Information

Patient & Appointment Information

Patient Name: **Peter Quanta**

Patient SSN: **XXX-XX-0001**

Patient DOB: **01/10/1970**

Provider Name: **Sam Angulara**

Request Type: **Consultative Exam**

Request Date: **09/02/2013**

Requesting Office: **MD - Timonium DDS [S23]**

Request ID: **20100304DPE2_100003 D**

Disability Examiner: **Mark Evans**

CE Appt Date & Time: **09/20/2013 09:00 AM ET**

Location: **1314 Lombard, Baltimore, MD 21224**

Uploaded File(s)

Files Loaded By Preparer

File Name	File Size
Quanta.tif	900 KB
Total File Size:	900 KB

New Files

File Name	File Size
medicalrecords_Quanta.doc	100 KB
Total File Size:	100 KB

Additional Information


Comments: **Comments were entered**

Your response was electronically signed.

[Review Another Request](#)

[ERE Home](#)

View Prepared Request and Upload Files (Non-eOR)

**Social Security**
The Official Website of the U.S. Social Security Administration

ERE: Review/Submit Prepared Request

1 Destination Information

2 Review & Add Information

3 Confirmation

Prepared By: RaviKarnati
CEAdmin

Date Prepared: 02/28/2017

Reviewing Provider: RaviKarnata
CEProvider

[User Resources](#)

Patient Information

Patient Name:

Matt

Eden

First

Middle

Last

Patient Date of Birth:

12/11/2000

Destination and Request Information

State:

AK-Alaska

Destination:

AK - Alaska DDS [S02]

Social Security Number (SSN):

347634673

RQID (Request ID):

347347

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)

Next

Cancel

Review & Add Information



Social Security
The Official Website of the U.S. Social Security Administration

ERE: Review/Submit Prepared Request

1 Destination Information

2 Review & Add Information

3 Confirmation

Review

Edit

Destination and Request Information

Patient Name: **Matt Eden**

Destination: **AK - Alaska DD 8 [802]**

BBN: **347884878**

RQID: **347847**

Patient DOB: **12/11/2000**

RP: **D or Blank**

DR: **F**

CR:

User Resources

File(s) Loaded By Preparer

Document Type:
Consultative Examination Report (CE) - 0002

File Name	File Size	Action
BMP1.bmp	2,304 KB	<div>Delete</div>
Desert.jpg	826 KB	<div>Delete</div>

To revise a file:

- Click on the file name to open
- Save the file to your computer
- Edit and save the file
- Attach the new file (below)
- Delete the original file loaded by your preparer

Attach and Upload Files

- A maximum of 10 files can be added and all files must total less than 50MB.
- File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .mdl, .txt, .xls, .xlsx, .pdf, .rtf, .tiff, .tif.
- Please do not upload password-protected files because they cannot be processed.

File 1:

Browse...

Remove File

Add Another File

Additional Information

Comments (optional):
(16,000 characters Maximum)

u54745745

Characters remaining: 15591

Consultative Examination Authorization Agreement

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 for 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" 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 with the Agreement above.

Submit

Previous

Cancel

Confirmation

**Social Security**
The Official Website of the U.S. Social Security Administration

ERE: Review/Submit Prepared Requests

1 ✓ Destination Information

2 ✓ Review & Add Information

3 Confirmation


✓ Thank you for your submission

Prepared Request Submission - Tracking Information

Tracking Number: **15A86C9123D2D70DN**

Submitted on: 02/28/2017 at 05:13 PM EST

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

 [Print this page](#)

[User Resources](#)

Submission Summary

Tracking Information

Patient Information

Patient Name: **Matt Eden**
Patient DOB: **12/11/2000**
Destination: **AK - Alaska DDS [S02]**
SSN: **XXX-XX-4673**
RQID: **347347**
DR: **F**
RF: **D or Blank**
CS:
Document Type: **Consultative Examination Report (CE) - 0002**

Uploaded File(s)

Files Loaded By Your Preparer


File Name	File Size
BMP1.bmp	2,304 KB
Desert.jpg	826 KB
Total File Size	3130 KB

Comments: Comments were added
You have electronically signed.

[Review Another Request](#) [ERE Home](#)

Prepare Report for Provider Destination Information

Sarah Jones | Sign Out Text Size Accessibility Help

**Social Security**
Official Website of the U.S. Social Security Administration

ERE: Prepare Report for Provider

1 Destination Information

2 Review & Add Information

3 Confirmation

Enter Provider Information

Select the provider for who this CE Report is being prepared.

Reviewing Provider:
--

User Resources

Enter Patient Information

Patient Name:

First Middle Last

Patient Date of Birth:
10/20/1980

Destination and Request Information

Please refer to your request letter or barcode to complete this information.

Select destination by: [More Info](#)
☒ Site code ☐ State

Site Code:
S23

State: MD - Maryland

Destination: MD - Timonium DDS [S23]

Edit

Social Security Number (SSN):
123-45-6789

RQID (Request ID):
201003042_10003 D

RF (Routing Field):
☐ P
☒ D or Blank
☐ No RF or No Barcode

DR:
☒ F
☐ S
☐ No DR or No Barcode


CS (only if applicable):

Document Type:
Consultative Examination Report

Next

Cancel

Review & Add Information

**Social Security**
The Official Website of the U.S. Social Security Administration

ERE: Prepare Report for Provider

1 Destination Information

2 Review & Add Information

3 Confirmation

Review

Edit

Destination Information

Reviewing Provider: CEProvider, RaviKarnata

RF: D or Blank

Patient Name: Tony Synapson

DR: F

Patient DOB: 01/02/1976

CS:

Destination: MD - Timonium DD5 (\$23)

Document Type: Consultative Examination Report (CE) - 0002

SSN: 123-45-6789

RQID: 67r67fgh4

Attach and Upload Files

- A maximum of 10 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:

C:\Users\760029\Desktop\ERE

Browse...

Remove File

Add Another File

Additional Comments:

(16,000 characters maximum)

Characters remaining: 16000

Send to Provider


Previous

Cancel

User Resources

39

Confirmation

**Social Security**
The Official Website of the U.S. Social Security Administration

ERE: Prepare Report for Provider

1 ✓ Destination Information

2 ✓ Review & Add Information

3 Confirmation


✓ Thank you for your submission.

Prepared Submission - Tracking Information

Tracking Number: **15A86E242F0E082FN**

Submitted on: 02/28/2017 at 05:40 PM EST

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

 [Print this page](#)

[User Resources](#)

Submission Summary
Tracking Information

Reviewing Provider Information
Reviewing Provider: **CEProvider, RaviKarnata**

Patient Information
Patient Name: **Tony Synapson**
Patient DOB: **01/02/1976**

Destination and Request Information
Destination: **MD - Timonium DDS [S23]**
SSN: **123-45-6789**
RQID: **67r67fgh4**
RF: **D or Blank**
DR: **F**
CS:
Document Type: **Consultative Examination Report (CE) - 0002**

Uploaded File(s)

File Name	File Size
LCR - CE Attestation - 11-5-15.docx	40 KB
Total File Size	40 KB

Comments: **No comments added**


[Prepare Another CE Report](#)


[ERE Home](#)

Send CE Report

Destination and Request Information

Sam Angulara | [Sign Out](#)

Text Size  | [Accessibility Help](#)



Social Security
Official Website of the U.S. Social Security Administration

ERE: Send CE Report

1 Destination Information

2 Review & Add Information

3 Confirmation

Destination and Request Information
Please refer to your request letter or barcode to complete this information.

Select destination by: [? More Info](#)
☒ Site code ☐ State
Site Code:
S23
State: MD - Maryland
Destination: MD - Timonium DDS [S23]
[Edit](#)

Social Security Number (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 (only if applicable):

Document Type:


Consultative Examination Report

[? User Resources](#)

[Next](#)

[Cancel](#)

Review & Add Information

**Social Security**
The Official Website of the U.S. Social Security Administration

ERE: Send CE Report

1 ✓ Destination Information

2 Review & Add Information

3 Confirmation

Review

User Resources

Edit

Destination and Request Information

Destination: MD - Timonium DD 8 [823]

RF: P

SBN: 123-45-8788

DR: F

RQID: 3456789

CS:

Document Type: Consultative Examination Report (CE) - 0002

Attach and Upload Files

- A maximum of 10 files can be added and all files must total less than 50MB.
- File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .mdl, .brt, .xls, .xlsx, .pot, .rtf, .tiff, .tif.
- Please do not upload password-protected files because they cannot be processed.

File 1:

Browse...

Remove File

Add Another File

Additional Comments:

(16,000 characters maximum)

Characters remaining: 16000

Consultative Examination Authorization Agreement

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.

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.

☐ I have read and agree with the Agreement above.


Submit


Previous

Cancel

Confirmation (no fiscal)


Sam Angulara | [Sign Out](#)


Text Size  | [Accessibility Help](#)





Social Security
Official Website of the U.S. Social Security Administration

ERE: Send CE Report

1  Destination Information

2  Review & Add Information

3  Confirmation

 **Thank you for your submission.**
CE Report Submission - Tracking Information.

Tracking Number: **12B5F233B4AFEDB6**
Submitted on: **09/29/2013 at 04:16 PM ET**

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

[? User Resources](#)

[Print this Page](#)

Submission Summary

Tracking Information

Destination and Request Information

Destination: **MD - Timonium DDS [S23]**
SSN: **000-00-0701**
RQID: **00000024156125**
RF: **P**
DR: **F**
CS: **01**
Document Type: **0002**

Uploaded File(s)

File Name	File Size
CE_Synapson.doc	100 KB
Total File Size:	100 KB

Your response was electronically signed.


[Send Another Response](#)

[ERE Home](#)

Confirmation (with fiscal)

Sam Angulara | [Sign Out](#)

Text Size | [Accessibility Help](#)



Social Security
Official Website of the U.S. Social Security Administration

ERE: Send CE Report

1 Destination Information

2 Review & Add Information

3 Confirmation

Thank you for your submission.
CE Report Submission - Tracking Information.

Tracking Number: **12B5F233B4AFEDB6**
Submitted on: **09/29/2013 at 04:16 PM ET**

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

[? User Resources](#)

[Print this Page](#)

Submission Summary
Tracking Information

Destination and Request Information

Destination: **MD - Timonium DDS [S23]**
SSN: **000-00-0701**
RQID: **00000024156125**
RF: **P**
DR: **F**
CS: **01**
Document Type: **0002**

Uploaded File(s)

File Name	File Size
CE_Synapson.doc	100 KB
Total File Size:	100 KB

Your response was electronically signed.


[Send Another Response](#)

[Submit Payment Request](#)

[ERE Home](#)

Send Report(s) with Scanned Signature

Destination Information

**Social Security**
The Official Website of the U.S. Social Security Administration

ERE: Send CE with Scanned Signature

1 Destination Information

2 Review & Add Information

3 Confirmation

Destination and Request Information

Select destination by: [More Info](#)

☐ Site Code ☒ State

State: MD-Maryland

Destination: MD - Timonium DDS [S23]

[Edit](#)

Does the first page of all the documents contain an enhanced 2-D barcode? [More Info](#)


☐ Yes ☐ No

[User Resources](#)

Next

Cancel

Review & Add Information

**Social Security**
The Official Website of the U.S. Social Security Administration

ERE: Send CE with Scanned Signature

1 Destination Information

2 Review & Add Information

3 Confirmation

Review

Edit

Destination Information

Destination: **MD - Timonium DDS [S23]**
Barcode Present? **Yes**

User Resources

Attach and Upload Files

- A maximum of 10 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 .tif, .tiff, .jpg, .bmp, .mdi, .pdf.
- You may not upload a zip within a zipped file.
- Please do not upload password-protected files because they cannot be processed.

File 1:

Browse...

Remove File

Add Another File

Submit

Previous

Cancel

Confirmation



Social Security

The Official Website of the U.S. Social Security Administration

ERE: Send CE with Scanned Signature

1 ✓ Destination Information 2 ✓ Review & Add Information 3 Confirmation

✓ **Thank you for your submission.**

CE Scanned Signature Submission - Tracking Information

Tracking Number: **15A870D160311252N**

Submitted on: **02/28/2017 at 06:27 PM EST**

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

[Print this page](#)

[? User Resources](#)

Submission Summary

Tracking Information

Destination Information

Destination: **MD - Timonium DDS [S23]**

Barcode Present? **Yes**

Uploaded File(s)

File Name	File Size
OITEBS.zip	379 KB
Total File Size:	379 KB


[Send Another Response](#)


[ERE Home](#)

Send CE No Show Response

Destination and Request Information

Sarah Jones | [Sign Out](#)

Text Size  | [Accessibility Help](#)



Social Security
Official Website of the U.S. Social Security Administration

ERE: Send No Show Response

1 Destination Information

2 Review & Add Information

3 Confirmation

Destination and Request Information
Please refer to your request letter or barcode to complete this information.

[? User Resources](#)

Select destination by: [? More Info](#)
☒ Site code ☐ State

Site Code:
S23
State: MD - Maryland
Destination: MD - Timonium DDS [S23]
[Edit](#)

Social Security Number (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

Next

Cancel

Complete Reason

**Social Security**
The Official Website of the U.S. Social Security Administration

ERE: Send No Show Response

1 Destination Information

2 Review & Add Information

3 Confirmation

Review

User Resources

Edit

Destination and Request Information

Destination: MD - Timonium DDS [S23]

RF: P

SSN: 123-45-6789

DR: F

RQID: 6tregsd

CS:

Add No Show Reason and Comments

Select a reason and provide comments about why the exam was not performed.

Reason for No Show Response

☐ No Show/No Contact with Patient

☐ Patient cancelled appointment (provide reason if known)

☐ Patient showed up for appointment but could not be evaluated (comments required)

☐ Other (comments required)

Comments:

(16,000 characters maximum)

Characters remaining: 16000


Submit

Previous

Cancel

Confirmation

Sarah Jones | [Sign Out](#) Text Size ▾ [Accessibility Help](#)


 **Social Security**
Official Website of the U.S. Social Security Administration

ERE: Send No Show Response

1 ✓ Destination Information

2 ✓ Review & Add Information

3 Confirmation

 **Thank you for your submission.**
No Show Submission - Tracking Information.

Tracking Number: **GZXKR067AP**
Date and Timestamp: **09/29/2013 at 04:16 PM ET**

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

[? User Resources](#)

[Print this Page](#)

Submission Summary

Tracking Information

Destination and Request Information

Destination: **MD - Timonium DDS [S23]**
SSN: **000-00-0701**
RQID: **00000024156125**
RF: **P**
DR: **F**
CS: **01**

No Show Reason and Comments

Reason: **No Show/No Contact with Patient**
Comments: **Comments were added**

[Send Another Response](#)

[ERE Home](#)

Access Electronic Requests

Open Requests Page

**Social Security**
The Official Website of the U.S. Social Security Administration

ERE: Access Electronic Requests

Request Type:

Open Requests

Show

[? User Resources](#)


Priority ▼	Patient Name	SSN (Last 4)	Request Date	Appt Date	Appt Time	Location	Request Status	Payment Status	Payment Request
	Berger, Winnie	5643	06/18/2014	01/01/2015	03:30 PM	CSC	NEW	NEW	Need Report
	Bunt, Jay	3456	06/18/2014	01/01/2015	03:30 PM	CSC	NEW	NEW	Need Report

ERE Home

CE Request Details/Upload

Sam Angulara | [Sign Out](#)

Text Size Accessibility Help



Social Security
Official Website of the U.S. Social Security Administration

ERE: View / Submit CE Request

Immediate Response Needed

[User Resources](#)

Patient Name: Janice Goodwin

Patient DOB: 01/20/2010

Request Type: Consultative Exam

Request ID: 000000241156125

Requesting Office: MD - Timonium DDS [523]

Location: 1314 Lombard, Baltimore, MD 21224

Patient SSN: XXX-XX-0001

Provider Name: Sam Angulara

Request Date: 09/17/2013

Disability Examiner: Mark Evans

CE Appt Date & Time: 09/20/2013 09:00 AM ET

Service Items

Service Item 1:
Item Description: Psychological Exam, Child
Item Code: 104

Request Details

What's Changed:
Appointment Date

Special Instructions:
Sam, you've been authorized to perform a Bayley Scales of Infant Development

Let me know if you have questions
- Mark

Documentation:

File Name	Date Added
Goodwin1.doc	03/06/2011
Goodwin_2010.doc	03/06/2011
Goodwin_Med.pdf	03/06/2011
Supporting Documentation	03/06/2011

Request Response

Was a Consultative Exam performed?
☒ Yes ☐ No

Attach and Upload Files

- A maximum of 10 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, tiff, tif
- Please do not upload password-protected files because they cannot be processed.

File 1:

Delete

Browse

Add A File

Additional Information

Comments (optional):
(16,000 characters maximum)

Characters remaining: 16,000

Consultative Examination Authorization Agreement

Please read this statement and indicate your agreement. 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" 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 with the Agreement above.

Submit


Cancel

Local intranet | Protected Mode: Off

Tracking Information (Site does not do fiscal)


Sam Angulara | [Sign Out](#)

Text Size | [Accessibility Help](#)



Social Security
Official Website of the U.S. Social Security Administration


ERE: View / Submit CE Request

**Thank you for your submission.**
CE Report Submission - Tracking Information.

Tracking Number: **1276D6802B1230B5**
Submitted on: **09/29/2013 at 04:16 PM ET**

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

[? User Resources](#)

 [Print this Page](#)

Submission Summary
Tracking Information

Patient & Appointment Information

Patient Name: **Janice Goodwin**
Patient SSN: **XXX-XX-0001**
Patient DOB: **01/20/2010**
Provider Name: **Sam Angulara**
Request Type: **Consultative Exam**
Request Date: **03/04/2010**
Requesting Office: **MD - Timonium DDS [S23]**
Request ID: **000000241156125**
Disability Examiner: **Mark Evans**
CE Appt Date & Time: **09/20/2013 09:00 AM ET**
Location: **1314 Lombard, Baltimore, MD 21224**



Uploaded File(s)

File Name	File Size
GoodwinCE..doc	56 KB
Total File Size:	56 KB

Additional Information
Comments: **No comments added**
You have electronically signed.


[Review Another Request](#)


[ERE Home](#)

Local intranet | Protected Mode: Off   100%

Tracking Information (Site does fiscal)


Sam Angulara | [Sign Out](#)

Text Size  | [Accessibility Help](#)



Social Security
Official Website of the U.S. Social Security Administration


ERE: View / Submit CE Request

 **Thank you for your submission.**
CE Report Submission - Tracking Information.

Tracking Number: **1276D6802B1230B5**
Submitted on: **09/29/2013 at 04:16 PM ET**

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

[? User Resources](#)

 [Print this Page](#)

Submission Summary
Tracking Information

Patient & Appointment Information

Patient Name: **Janice Goodwin**
Patient SSN: **XXX-XX-0001**
Patient DOB: **01/20/2010**
Provider Name: **Sam Angulara**
Request Type: **Consultative Exam**
Request Date: **03/04/2010**
Requesting Office: **MD - Timonium DDS [S23]**
Request ID: **000000241156125**
Disability Examiner: **Mark Evans**
CE Appt Date & Time: **09/20/2013 09:00 AM ET**
Location: **1314 Lombard, Baltimore, MD 21224**

Uploaded File(s)


File Name	File Size
GoodwinCE.doc	56 KB
Total File Size:	56 KB

Additional Information
Comments: **No comments added**
You have electronically signed.

[Review Another Request](#)

[Submit Payment Request](#)


[ERE Home](#)

Local intranet | Protected Mode: Off  100%

Request Consultative Exam (CE) Payment (eOR)

Patient Information

Sam Angulara | [Sign Out](#) Text Size Accessibility Help

 **Social Security**
Official Website of the U.S. Social Security Administration

ERE: Request CE Payment

1 Patient Information

2 Enter Services

3 Review

4 Confirmation

Patient Name: Janice Goodwin

Patient DOB: 01/20/2013

DDS Address: Suite A 123 Street, City, DC, 10001

Fax Number: (405) 496-9625

Legacy System Vendor Code: A12346

Other DDS Number: DDS9803

Patient SSN: XXX-XX-0001

Request ID: 20100928SHAH_0004 D

Phone Number: (404) 348-1735 Ext. 451

DDS Invoice/Voucher Number: 1326

Legacy Case Number: 677182

[? User Resources](#)

Payment Information

Special Instructions

N/A

Provider Information

Provider's Name (optional):

--

Title First Middle Last Suffix

Organization Name (optional):

Angulara Services

Taxpayer ID:

113457

Payee Taxpayer ID:

123456

Payee Legal Entity Name:

SSA

Invoice Number (optional):

State Vendor Code:**Remit Address:****Country:****Street Address:**Street Line 1: Street Line 2: [+ Add Line](#)**City/Town:****State/Territory:****ZIP Code:****Primary Phone Number (optional):**☒ U.S. ☐ International

10-digit Number

Ext.

Fax Number (optional):☒ U.S. ☐ International

10-digit Number

Has the Provider Information Changed?☐ Yes ☐ No**Payment Information****Did you perform a review of records?**☐ Yes ☐ No**Comments:**


(255 characters maximum)


Characters remaining: 255

[Next](#)[Previous](#)[Cancel](#)

CE Services Performed


Sam Angulara | [Sign Out](#)


Text Size  | [Accessibility Help](#)





Social Security
Official Website of the U.S. Social Security Administration

ERE: Request CE Payment

1  Patient Information

2  Enter Services

3  Review

4  Confirmation

Patient Name: **Janice Goodwin**


Patient SSN: **XXX-XX-0001**

Patient DOB: **01/20/2013**

[? User Resources](#)

Services Performed

Authorization Date: **08/25/2013**

Date of Service:

mm/dd/yyyy

Service Item 1
Item Description: **Psychological Exam, Child**
Item Code: **437**
Authorized Amount: **\$230.00**
Item Performed?
☒ Yes ☐ No
Requested Amount:
\$

[Add Additional Service Item](#)

Total Authorized: **\$0**

Total Payment Requested: **\$0**


[Next](#)


[Previous](#)

[Cancel](#)

Additional Services


Sam Angulara | [Sign Out](#)


Text Size  | [Accessibility Help](#)





Social Security
Official Website of the U.S. Social Security Administration

ERE: Request CE Payment

1  Patient Information

2  Enter Services

3  Review


4  Confirmation

Patient Name: **Janice Goodwin** Patient SSN: **XXX-XX-0001** Patient DOB: **01/20/2013**

[? User Resources](#)

Services Performed

Authorization Date: **08/25/2013**

Date of Service:

mm/dd/yyyy

Service Item 1

Item Description: **Psychological Exam, Child**

Item Code: **437**

Authorized Amount: **\$230.00**

Item Performed?
☐ Yes ☐ No

Additional Service Item 1

Delete

Item Description:

(255 characters maximum)

Characters remaining: 255

Item Code (optional):

Requested Amount:

\$

Authorized By:

When Authorized:

If the exact date is unknown, please provide your best estimate.

Add Additional Service Item

Additional Requested Total: **\$0.00**

Services Performed Total: **\$230.00**

Total Payment Requested: \$230.00


Next


Previous

Cancel

Payment Information Summary


Sam Angulara | [Sign Out](#)


Text Size  | [Accessibility Help](#)





Social Security
Official Website of the U.S. Social Security Administration

ERE: Request CE Payment

1  Patient Information

2  Enter Services

3  Review

4  Confirmation

Patient Name: **Janice Goodwin** Patient SSN: **XXX-XX-0001** Patient DOB: **01/20/2013**

[? User Resources](#)

Payment Information Summary
Before final submission please carefully review the information below. To make changes to any sections of information, select the "Edit" button.

Edit

Provider Information

Name: **Sam Angulara**

Organization Name: **Angulara Services**

Invoice Number: **1009XC25**

Taxpayer ID: **113457**

Payee Taxpayer ID: **123456**

Payee Legal Entity Name: **SSA**

State Vendor Code: **1111**

Remit Address: **456 Main Street, Baltimore, MD 21208**

Phone Number: **(410) 555 - 1212**

Fax Number: **(410) 555 -1213**

Comments: **Comments were not entered**

Provider Information changed: **No**

Edit

Service Information

Edit Service Information

Authorization Date: **09/25/2013**

Date of Service: **09/22/2013**

Service Item 1:

Item Description: **Psychological Exam, Child**

Item Code: **104**

Was This Item Performed: **Yes**

Authorized Amount: **\$230.00**

Requested Amount: **\$230.00**

Additional Service Item 1:

Item Description: **Bayley Scales of Infant Development**

Item Code: **143**

Requested Amount: **\$130.00**

Authorized By: **Mark Evans**

When Authorized: **September 29st, 2013**

Totals:

Additional Requested Total: **\$130.00**

Services Performed Total: **\$230.00**

Total Payment Requested: **\$360.00**

Upload Invoices

Do you have invoices to upload?

☒ Yes

☐ No

Next


Previous

Cancel

Attach and Upload Invoices

Sam Angularara | Sign Out

Text Size Accessibility Help



Social Security
Official Website of the U.S. Social Security Administration

ERE: Request CE Payment

1 Patient Information

2 Enter Services

3 Review

4 Add Invoices

5 Confirmation

Patient Name: **Janice Goodwin** Patient SSN: **XXX-XX-0001** Patient DOB: **01/20/2013**

[User Resources](#)

Invoice Types

Select the types of invoice(s) you want to upload.
☐ Invoice from DDS
☐ Invoice from Provider
☐ Both

Upload Invoice(s)

- A maximum of 4 files can be added 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 files because they cannot be processed.

File 1:

Browse

Delete

Add A File

Payment Request Agreement

Please read this statement and indicate your agreement. When you select "Submit," you will generate an electronic signature and submit your response.

I am certifying under penalty of perjury, that the information 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 with the above" checkbox below, I am certifying that I electronically sign the invoice contained within.

☐ I have read and agree with the above.

Submit


Previous


Cancel

Local intranet | Protected Mode: Off 100%

Tracking page


Sam Angulara | [Sign Out](#)


Text Size  | [Accessibility Help](#)





Social Security
Official Website of the U.S. Social Security Administration


ERE: Request CE Payment


1  Patient Information

2  Enter Services

3  Review

4  Add Invoices

5  Confirmation

 **Thank you for your submission.**

Consultative Exam Payment Request submission - Tracking Information.
Tracking Number: **12B5F233B4AFEDB6**
Date and Timestamp: **09/29/2013 at 04:16 PM ET**

Consultative Exam Request submission - Tracking Information.
Tracking Number: **1276D6802B1230B5**
Date and Timestamp: **09/29/2013 at 04:04 PM ET**

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

[User Resources](#)

[Print this Page](#)

Submission Summary
Tracking Information

Patient and Appointment Information

Patient Name: **Janice Goodwin**
Patient SSN: **XXX-XX-0001**
Patient DOB: **01/20/2013**
Provider Name: **Sam Angulara**
Request Type: **Consultative Exam**
Request Date: **09/17/2013**
Requesting Office: **MD - Timonium DDS [S23]**
Request ID: **20100928SHAH_0004 D**
Disability Examiner: **Mark Evans**
CE Appointment Date and Time: **09/20/2010 09:00 AM**
Location: **1314 Lombard, Baltimore, MD, 21224**

Response Information

File Name	File Size
Goodwin_PsychInvoice.doc	996 KB
Total File Size	996 KB

Comments were added
Your response was electronically signed.

Payment Request Information

DDS Invoice/Voucher Number: **1326**
Legacy System Vendor Code: **A12346**
Legacy Case Number: **677182**
Other DDS Number: **DDS9803**
Provider Name: **Sam Angulara**
Organization Name: **Angulara Services**
Invoice Number: **1009XC25**
Taxpayer ID: **113457**
Payee Taxpayer ID: **123456**
Payee Legal Entity Name: **SSA**
State Vendor Code: **1111**
Remit Address: **456 Main Street, Baltimore, MD 21208**
Phone Number: **(410) 555 - 1212**
Fax Number: **(410) 555 - 1213**
Comments: **Comments were not entered**
Provider Information changed: **No**

Authorization Date: **09/25/2013**
Date of Service: **09/22/2013**

Service Item 1:

Item Description: **Psychological Exam, Child**
Item Code: **104**
Was This Item Performed: **Yes**
Authorized Amount: **\$230.00**
Requested Amount: **\$230.00**

Additional Service Item 1:

Item Description: **Bayley Scales of Infant Development**
Item Code: **143**
Requested Amount: **\$130.00**
Authorized By: **Mark Evans**
When Authorized: **September 29st, 2013**

Totals:

Additional Requested Total: **\$130.00**
Services Performed Total: **\$230.00**
Total Payment Requested: **\$360.00**

File Name	File Size
Goodwin-BayleyInvoice.doc	56 KB
Total File Size	56 KB

Invoice Type: **Invoice From DDS**

Comments: **Additional comments were entered during the payment request submission.**
Your payment request was electronically signed.

[ERE Home](#)

[Request Another Payment](#)

Access Provider's Electronic Requests

Access Provider's Electronic Requests – Open Requests

**Social Security**
The Official Website of the U.S. Social Security Administration

ERE: Access Provider's Electronic Requests

Provider:
CEProvider, RaviKarnata

Request Type:
Open Requests


[User Resources](#)

Show

Priority	Patient Name	SSN (Last 4)	Request Date	Appt Date	Appt Time	Location	Request Status	Payment Status	Payment Request
	Bunt, Jay	3456	06/18/2014	01/01/2015	03:30 PM	CSC	NEW	NEW	Need Report

ERE Home

View/Submit Consultative Examination (CE) Request – Prepare Report for Provider (eOR)

**Social Security**
The Official Website of the U.S. Social Security Administration

ERE: View / Submit CE Request

Patient Name: Jay Bunt
Patient DOB: 01/01/1982
Request Type: Consultative Exam
Request ID: 2015063123102001CE 3456D
Requesting Office: TN - Nashville DDS [S48]
Location: TestOne, Street One, Twenty Six Ellicott, MD 23026

Patient SSN: XXX-XX-3456
Provider Name: RaviKarnata CEProvider
Request Date: 06/18/2014
Disability Examiner: Kiran
CE App't Date & Time: 01/01/2015 03:30 PM

User Resources

Service Items

Service Item 1:
Item Description: aaaa
Item Code: 111

Request Details

What's Changed:

Special Instructions:
This is CE Test for ERE Payment

Documentation:

File Name	Date Added
Request Letter	02/28/2017
Authorization To Disclose Information	02/28/2017
Supporting Documentation	02/28/2017
Supporting Documentation	02/28/2017
Supporting Documentation	02/28/2017

Request Response

Select a response:
☒ Prepare Report for Provider
☐ Send No Show Response

Attach and Upload Files

- A maximum of 10 files can be added and all files must total less than 50MB
- File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .mdi, .bt, .xls, .xlsx, .pdf, .rtf, .tiff, .tif
- Please do not upload password-protected files because they cannot be processed.

Document Type:
Consultative Examination Report (CE) - 0002

File 1: C:\Users\789029\Desktop\ERE Browse...
Remove File
Add Another File

Additional Information

Comments (Optional):
(16,000 characters maximum)

Characters remaining: 16000


Send to Provider


Previous

Cancel

Tracking Information


Sarah Jones | [Sign Out](#)

Text Size  | [Accessibility Help](#)



Social Security
Official Website of the U.S. Social Security Administration


ERE: View / Submit CE Request

 **Thank you for your submission.**
Prepared CE Report Submission - Tracking Information.

Tracking Number: **13E5G203C4BBC5P6**
Date and Timestamp: **09/29/2013 at 04:16 PM ET**

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

[? User Resources](#)

 [Print this Page](#)

Submission Summary
Tracking Information

Reviewing Provider Information

Reviewing Provider: **Sam Angulara**

Patient and Appointment Information


Patient Name: **Janice Goodwin**
Patient SSN: **XXX-XX-0001**
Patient DOB: **01/20/2013**
Provider Name: **Dr. Sam Angulara**
Request Type: **Consultative Exam**
Request Date: **09/17/2013**
Requesting Office: **MD - Timonium DDS [S23]**
Request ID: **20100928SHAH_0004 D**
Disability Examiner: **Mark Evans**
CE Appt Date & Time: **09/20/2013 09:00 AM ET**
Location: **1314 Lombard, Baltimore, MD, 21224**

Uploaded File(s)

File Name	File Size
CE_Synapson.doc	1523 KB
Total File Size	1523 KB

[Prepare Another CE Report](#)


[ERE Home](#)

Local intranet | Protected Mode: Off  100%

Communication Services

Messaging Services

Secure Messaging - Inbox



Social Security
The Official Website of the U.S. Social Security Administration

ERE: Secure Messaging

[Compose](#)
Folders
[Inbox \(1\)](#)
[Pending](#)
[Drafts](#)
[Sent](#)
[Blocked](#)

Inbox


Your messages are delivered here.

<input type="checkbox"/>			From	Subject	Received (ET)	Expires (ET)	Size
<input type="checkbox"/>			Haynes, Semelda	Medical Report	02/28/2017 18:43	03/20/2017 19:43	1 KB

[Delete Selected](#)[ERE Home](#)

[? User Resources](#)

Compose Message

**Social Security**
The Official Website of the U.S. Social Security Administration

ERE: Secure Messaging

[Compose](#)
Folders
[Inbox \(1\)](#)
[Pending](#)
[Drafts](#)
[Sent](#)
[Blocked](#)

[? User Resources](#)

Compose

To:

Cc:

[Search Contacts](#)

Subject:

Importance:

-- ▾

File 1: [Browse...](#)

[Delete](#)


[Add Another File](#)

Your Message:

Characters remaining: 1000000

[Send](#) [Save as Draft](#) [Cancel](#)

Search Contacts

**ERE: Se**

Compose

Folders

Inbox (

Pending

Drafts

Sent

Blocked

User Res

Search Contacts

Instructions:

1. Enter your contact's name and click the Search button.
2. Select your contact and click the To or Cc button to include them in your message.
3. Lastly, click Add to return to your message.

Name:

Enter your contact's name.

Sam

FirstLast

Search

<input type="checkbox"/>	Name	City	State	Organization	Organization Type	Site ID
<input type="checkbox"/>	Haynes, Sammy	woodlawn	MD	National Institute of Health	7	V76
<input type="checkbox"/>	Tester, Sam			SSA	1	S41

To:

Cc:

Add

Cancel


Characters remaining: 1000000

Send

Save as Draft

Cancel


Compose Message – Confirmation



Social Security

The Official Website of the U.S. Social Security Administration

ERE: Secure Messaging

**You successfully submitted the message.**

You will be notified via email if there are any errors in sending this message. It will be held in the Pending folder until processing is complete. If any attachment carries a virus, the message will be moved to your Blocked folder.

The message will expire on 03/20/2017.

Compose



Folders

- Inbox (1)**
- Pending (1)**
- Drafts
- Sent
- Blocked

User Resources

Inbox


Your messages are delivered here.

<input type="checkbox"/>			From	Subject	Received (ET)	Expires (ET)	Size
<input type="checkbox"/>			Haynes, Semelda	Medical Report	02/28/2017 18:43	03/20/2017 19:43	1 KB

[Delete Selected](#)[ERE Home](#)

Communication Utility

Send Message and Files



Social Security
The Official Website of the U.S. Social Security Administration

ERE: Contact ODAR Office

Destination & Message Information

Select destination by: [More Info](#)

☒ Site Code ☐ State

Site Code:TOT

State:MD-Maryland

Destination:MD - ODAR National Hearing Center [TOT]

Edit

Subject:

Alexander Availability

[User Resources](#)

Attach and Upload Files

- A maximum of 10 files can be added and all files must total less than 5 MB
- File types accepted: .wpd, .doc, .docx, .jpg, .bmp, .mdi, .txt, .rtf, .xls, .xlsx, .pdf, .tiff, .tif, .zip

File 1:

Browse...

Remove File

Add Another File

Your Message:


(16,000 characters maximum)

Characters remaining: 16000


Submit

Cancel


Confirmation


**Social Security**
The Official Website of the U.S. Social Security Administration

ERE: Contact ODAR Office

 **Thank you for your submission.**
Contact ODAR Office - Tracking Information

Tracking Number: **15A872926081DDBBN**
Submitted on: **Tue Feb 28 18:58:25 EST 2017**
Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.

 [User Resources](#)

 [Print this page](#)

Submission Summary
Tracking Information

Destination & Message Information

State: **MD-Maryland**
Destination: **MD - ODAR National Hearing Center [T0T]**
Subject: **Alexander Availability 2017**

Uploaded File(s)

File Name	File Size
LCR - ARS_FAQ Add Files.docx	60 KB
Total File Size:	59 KB

Message: **No Message added**

[Send Another Message](#) [ERE Home](#)