

DOC ID 080

**STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES**

Economic Services Administration  
Division Of Disability Determination Services  
PO BOX 9303 MS-45550 — Olympia, WA 98507-9303

DATE: Sep 22, 2021  
TO: SNOHOMISH HIGH SCHOOL  
FAX NUMBER: 3605634195  
RE: [REDACTED]  
1852393

**NOTE:** The information contained in this facsimile is intended only for the individual or organization named above and may contain confidential or privileged information. If you are not the intended recipient, any dissemination, distribution or copying of the communication is prohibited. If you have received this transmission in error, please notify us by telephone immediately so that we can arrange for the return of all documents transmitted.

**DO NOT INCLUDE THIS PAGE WITH YOUR RESPONSE**

**PLEASE SHRED**

**DIVISION OF DISABILITY DETERMINATION  
SERVICES  
AUTHORIZATION FOR SERVICE AND INVOICE**  
PO BOX 9303 MS-45550  
Olympia, WA 98507-9303  
**Phone: (360) 664-7500 Fax: (866) 324-3313**  
Office Code: 268



RQID:DCM16360531 SITE:S54 DR:S  
SSN:\*\*\*\*\* DOCTYPE:0001 RF:D CS:749b

**PROVIDER:**  
SNOHOMISH HIGH SCHOOL  
1316 5TH ST  
SNOHOMISH, WA 98290  
Vendor #: 466942  
Tax ID #: 999999999

**Authorization #: 20210908600443 Fiscal ID: 7514063**  
**CLAIMANT:** [REDACTED]  
**CASE NUMBER:** [REDACTED]  
September 8, 2021

**PAYEE:**  
1316 5TH ST  
SNOHOMISH, WA 98290  
State ID #: 000000V0D100  
Tax ID #: 999999999

**CORRECTIONS:**

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#### HOW TO SUBMIT RECORDS

**Option 1:** Records can be **Faxed to: (866) 324-3313**. Fax together (in this order) DDDS Payment Invoice, Vendor Payment Invoice and medical records.

**Option 2: WEB** When submitting your records using the **Electronic Records Express (ERE)**, use the following: <http://ere.ssa.gov>. This method of submission requires an ERE account, ID, and password. For a PIN and Password, contact Professional Relations at: 1-800-562-6074 if located in Western Washington or 1-800-572-5299 if located in Eastern Washington. If you cannot bill thru the website, please fax the DDDS Payment Invoice and your Vendor Payment Invoice to the fax number listed in Option 1 – **AFTER YOU HAVE UPLOADED YOUR RECORDS**. Additional information on ERE is available at [www.ssa.gov/ere](http://www.ssa.gov/ere).

**Option 3 - MAIL:** **Mail together** (in this order) DDDS Payment Invoice, Vendors Payment Invoice and medical records to:  
SSA/DDDS - Washington  
Olympia - S54  
PO BOX 30730  
Salt Lake City, UT 84130-9603

#### PAYMENT INSTRUCTIONS

- ✓ Always place this page on top.
- ✓ Reimbursement Rate: 1-20 pgs \$22.00, 21+ pgs. \$0.50 per page. Make necessary corrections to billing information above **ONLY** if there is change. We **DO NOT** prepay.
- ✓ Submit records and completed invoice within 60 days. Pursuant to Washington rule, RCW 74.09.160, in order to receive payment for services provided, **submission of bills must be within one year from September 8, 2021.**
- ✓ If a copy company provides records, enter name, address and Tax ID of copy company in the payee section above.
- ✓ Call (360) 664-7727 between 8 am and 4 pm with any billing questions.

Your fee for records submitted: \$ \_\_\_\_\_

Page Count \_\_\_\_\_

Would you do an examination, at our expense, if needed? Yes \_\_\_\_\_ No \_\_\_\_\_

NO RECORDS ☐

**TO ENSURE PROPER PAYMENT, PLEASE VERIFY PAYEE AND TAX ID INFORMATION  
ALWAYS USE THIS AS THE FIRST PAGE OF YOUR MEDICAL RECORDS SUBMISSION**

**STATE OF WASHINGTON**  
**DEPARTMENT OF SOCIAL AND HEALTH SERVICES**  
Economic Services Administration  
Division Of Disability Determination Services  
PO BOX 9303 MS-45550 — Olympia, WA 98507-9303

Date: Sep 22, 2021

Case ID: [REDACTED]

RE: [REDACTED]

DOB: [REDACTED]

Vendor Number: 466942

RQID: 16360531

SNOHOMISH HIGH SCHOOL  
1316 5TH ST  
SNOHOMISH WA 98290

We are the office that makes disability decisions for the Social Security Administration. We previously requested evidence for [REDACTED]. We have not yet received a response from you.

Please check your records for our request, and respond by October 2, 2021. If you have already sent the requested information, please disregard this notice.

The enclosed invoice is an exact copy of the original. Contact information and rates for reimbursement are the same as the original invoice.

**If You Have Any Questions**

If you have any questions or wish to provide more information, please call us at the number(s) shown below Monday - Friday between 8:00 am and 5:00 pm. When you call or leave a message, please provide the Case ID: [REDACTED] your name [REDACTED] name, and a call back number.

Thank you for your help.

Shana B  
(564) 999-3027  
(866) 324-3313 (FAX)

Enclosure(s):  
Invoice