

DOC ID 081

**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 ID: 7514063  
CLAIMANT: [REDACTED]  
CASE NUMB [REDACTED]  
September 8, 2021

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

**CORRECTIONS:**  
Snohomish School District  
11601 Ave. D.  
Snohomish, WA 98290

### 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://eme.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/DDS - 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: \$ 94.50

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

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**