

Expedited Reinstatement Case

****Priority Handling****

From DO/FO# _____ **Date:** _____ **RE SSN#** _____

DO/FO Contact Name: _____ **Phone:** _____

T0 (check one):

DDS _____

PC/OCO _____

DDS Instructions (check one):

EXR Only – Case will be read in as CDR using CDT code 05

EXR and Initial Claim – Decision needed on both

New EXR; Initial Claim already at DDS – Associate both actions

EXR Reconsideration

Other Instructions: _____

I. Index As Non-Actionable EXR/SSA-833

II. PC/OCO Use Only

Special Instructions (check all that apply):

Process Provisional POS Input Completed on _____

Currently Receiving CPS for Provisional

Provisional Payments Erroneously Input On _____

Other Instructions: _____

PC/OCO FAX Numbers

NEPC – (718) 557-5777

SEPC – (205) 801-3000

MAMPC – (816) 936-5470

OCO, Baltimore – (410) 597-0939

MATPC – (215) 597-5111

GLPC – (312) 596-0950

WNPC – (510) 236-8947

OIO, International – (410) 597-1800

Total # of Pages (including this cover): _____