

NAME : _____

SSN : _____

ALS CASE - EXPEDITED ACTION NEEDED!

(P.L. 106-554 waives 24-month Medicare waiting period for Amyotrophic Lateral Sclerosis)

(P.L. 116-250 waives 5-month DIB waiting period for Amyotrophic Lateral Sclerosis)

FROM: FO	(enter FO name & code)
_____ SSA-795 (Example 1, DI 11036.003)	
_____ SSA-827s	
Medicare waiting period _____ to _____.	
*See <u>POMS DI 11036.000</u> for FO instructions	

TO: DDS/FDDS	(enter DDS site code)
Case referred to DDS for ALS determination.	
*See <u>POMS DI 23580.000</u> for DDS instructions	
ROUTE from DDS/FDDS to FO:	
ROUTE from DDS/FDDS to PC:	
*See <u>POMS DI 45605.000</u> for PC instructions	

DO NOT REMOVE FLAG FROM FOLDER JACKET