

**EVIDENCE FROM EXCLUDED MEDICAL SOURCE(S) OF EVIDENCE
CASE FLAG**

NAME _____

SSN _____

CLAIM TYPE: Title II _____ Title XVI _____ Concurrent _____

DATE CLAIM FILED (Initial) _____

DATE CLAIM SENT TO DDS _____

DATE APPEAL SENT TO DDS _____

DATE APPEAL SENT TO ODAR _____

DATE APPEAL SENT TO AC _____

REMARKS _____

**DO NOT REMOVE THIS FLAG UNTIL ALL ADJUDICATIVE ACTIONS ARE
COMPLETE AND THE APPEALS PROCESS IS EXHAUSTED**