NAME:_____

SSN:_____

ALS CASE –

EXPEDITED ACTION NEEDED!

(P.L. 106-554 waives 24-month Medicare 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 POMS DI 11036.000 for FO instructions

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

DO NOT REMOVE FLAG FROM FOLDER JACKET