

REQUEST FOR CORRECTIVE ACTION

1. IDENTIFYING DATA

TO:	Office Code	Social Security Number — —
		Name of Disabled Person
FROM:	Office Code	NH
		DATE

2. DETERMINATION LEVEL	3. TYPE OF CLAIMANT/BENEFICIARY		4. TYPE OF REVIEW
<input type="checkbox"/> INITIAL <input type="checkbox"/> RECON <input type="checkbox"/> CDR <input type="checkbox"/> CDR RECON	TITLE II	TITLE XVI	<input type="checkbox"/> QA <input type="checkbox"/> PER <input type="checkbox"/> OTHER
	<input type="checkbox"/> DIB <input type="checkbox"/> DWB <input type="checkbox"/> CDB <input type="checkbox"/> MEDICARE ONLY <input type="checkbox"/> OTHER	<input type="checkbox"/> DI <input type="checkbox"/> DS <input type="checkbox"/> DC <input type="checkbox"/> BI <input type="checkbox"/> BS <input type="checkbox"/> BC	

5. DECISION	6. DIAGNOSIS	7. ONSET	8. DEFICIENCY									
<input type="checkbox"/> Favorable <input type="checkbox"/> Unfavorable	PRIMARY	AOD	<table style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">I</td> <td style="text-align: center;">II</td> </tr> <tr> <td>Decisional</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Documentation</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		I	II	Decisional	<input type="checkbox"/>	<input type="checkbox"/>	Documentation	<input type="checkbox"/>	<input type="checkbox"/>
		I		II								
	Decisional	<input type="checkbox"/>		<input type="checkbox"/>								
Documentation	<input type="checkbox"/>	<input type="checkbox"/>										
SECONDARY	EOD											
		ROD										

10. REFERENCES	9. GRACE PERIOD
	EXPIRES

11. ACTION REQUESTED AND RATIONALE

FOLDER ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Continued on Attached Sheet					
REVIEWER	MEDICAL REVIEW	<input type="checkbox"/> YES <input type="checkbox"/> NO	OFFICE	APPROVED	DATE
MEDICAL REVIEWER	MED NOTE IN FILE	<input type="checkbox"/> YES <input type="checkbox"/> NO			