

**NOTICE OF MISUSE OF
CRITICAL CASE PROCEDURES**

SSN

REGIONAL OFFICE

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O ▶

F
R
O
M ▶

ODO
 PSC

DO CODE

DO

TYPE OF CLAIM

DIB RSI

NUMBER HOLDER

BENEFICIARY

Brief description of how CPS or Critical Case Request was **misused**:

POMS Reference:

Was DO management notified informally by telephone?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes—DATE
Was CPS correction or stop-payment input by PC?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes—DATE
Did misuse result in overpayment?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes—AMOUNT

Brief description of corrective action(s) and/or recovery measures taken:

PERSON COMPLETING FORM	FTS NUMBER	DATE
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