

**HEALTH INFORMATION TECHNOLOGY MEDICAL EVIDENCE OF RECORD
(HIT MER) SEARCH REQUEST**

Claimant name:

SSN/BNC:

Please run a HIT MER Search for the following records:

Provider Name:

Provider Address:

Dates of Treatment:

Provider Name:

Provider Address:

Dates of Treatment:

Provider Name:

Provider Address:

Dates of Treatment:

- ✓ I have reviewed the claimant's file and the evidence being requested is not duplicative
- ✓ The claimant's healthcare provider(s) are Health IT partners who are listed on SSA's Health IT Partners webpage
- ✓ There is a current (less than 9 months old) SSA-827 Form in the claimant's file
 - ✓ If the records being requested are VA/DoD records, there is a current electronic SSA-827 Form in the claimant's file
- ✓ This case is pending at OHO
- ✓ This request is being uploaded to the claimant's electronic file
- ✓ If there are additional providers, please find them attached on page 2

Representative Signature

Date

** Provider addresses and dates of treatment are best estimates*

Page 2—Additional Providers

Claimant name:

SSN/BNC:

Please run a HIT MER Search for the following additional records:

Provider Name:
Provider Address:
Dates of Treatment:

****Provider addresses and dates of treatment are best estimates***