Disability Determination Services

State of New Hampshire
Department of Education
Disability Determination Services
21 South Fruit Street
Suite 30
Concord NH 03301-2453
(603)271-3341
1-800-266-8096
Medical Records Fax:
1-866-801-5283

Virginia M. Barry, Ph.D.
Commissioner
of Education

Paul K. Leather
Deputy Commissioner

July 27, 2011

Southside Middle School
140 South Jewett Street
Manchester NH 03103-3898

TDN: XXXXXXXXXX
[redacted]

SAMPLE INVOICE

SSN: [redacted]
CLAIM#: XXXXXXX
DOB: XXXXXX

AUTHORIZATION INVOICE

THIS INVOICE MUST BE COMPLETED
PLEASE RETURN PER INSTRUCTIONS

Re: Southside Middle School

1. **Complete** the enclosed form and/or prepare the requested documentation as indicated on the cover letter.

2. **Send** the documents to Social Security Disability:

   - **By Mail**: Please make sure the address to the right appears in the window of the return envelope.

   - **By Fax**: Please fax the documents to: 1-866-801-5283

     # Pages _____ (only needed if faxing)

IMPORTANT
This page MUST always be at the top of each claimant's form or records when sending the documents.

✓This form must be on top each claimant's records whether you are mailing or faxing the records.
✓For mailing records, the below address must show in return envelope window.

SSA
S32 NH DDS Concord
P.O. Box 8801
London KY 40742-8801

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narrative _____pgs VND# F442 CCTR: 11 NH# CLAIM TYPE: I TDN# **XXXXXXXX**
photocopies _____pgs. LAWSON: **40400000** **502671** **56196MRP** **E2671**
PHI
MM20 (12/10)

RQID:1483010639258980 SITE:S32 DR:S
SSN:[redacted] DOCTYPE:0001 RF:D CS:4c1