

Sample MSR Cover Letter
Agency Letter Head

Agency Address
Phone Number
Fax Number
E-mail address

RE: Applicant Name

SSN:

DOB:

Dear Patti Marshall, DDS,

I am currently assisting Client Name with his/her application for SSA Disability Benefit using the SOAR method.

Attached, is a copy of his/her Medical Summary Report based in a large part from the information contained in Medical Records I received from those listed on SSA 3368 and herein listed as follows:

I recognize that DDS will request records electronically from the medical sources listed on SSA 3368 contained the Application Packet in your possession. However, *(only continue this sentence if your information is consistent with the paragraph at the bottom of this sample letter, **otherwise delete this sentence and the paragraph at the bottom of this page**)* I will submit the following listed medical records which I believe DDS will not be able to obtain electronically.

If there are any medical records listed on the SSA-3368 that you are unable to receive electronically, please advise, and I will be happy to send you a copy.

If you have any questions, please do not hesitate to call me at phone number or *e-mail me at email address.*

Typed Name, (Credential, SOAR Case Manager/Appointed Representative, etc.)

If there are additional records that you wish to submit because you believe that they are not available electronically (e.g: a medical record from a small/remote/distant provider, etc.), you may fax those to DDS using the bar code provided by DDS. Each faxed record should be limited to approximately 30 pages. Medical Records from different providers should be faxed separately from one another.