

April 24, 2018

Rosemary Chiaretta, Secretary
PUC

PO BOX 3265

Harrisburg Pa 17105-3265

RE: LAKIYA FOSTER DOCKET# : C-2018-3001058-24-13

Dear Ms. Chiaretta,

LIHEP agreed to pay \$200.00 towards the balance as of April 25, 2018. Also ONTRACK qualified the account with \$180.04 repayment for 18 months start May 2018.

We regret fully to inform you of an appointment made by SSA ~~the~~ which was given to us the day before the initial SSA determination.

The money that was meant to pay for the agreed amount by my mom LaVane Foster to PPL & L. (also to PUC). We used the \$200.00 plus dollars to pay for a taxi to & from Mechanicsburg for the SSA determination, review.

We apologize sincerely and we would like to withdraw our initial complaint to PUC.

THANK YOU! LaVane Foster SSA

RECEIVED

2018 MAY -7 AM 11:19

PA PUC
SECRETARY'S BUREAU

1072
4-24-18

IMA
THE IMA GROUP
1762 Central Avenue
Suite 201
Albany, NY 12205
1-800-220-0063

DOCKET# :
C-2018-3601058

2082

Tray #13

4-24-18

04/09/2018



ZAKIYA FOSTER (1)
2144 N 4TH ST APT 1
HARRISBURG PA 17110-2301

Dear ZAKIYA FOSTER:

We are assisting the Pennsylvania Bureau of Disability Determination, the office making the medical decision on your Social Security Disability claim. As discussed during our phone call, more information is needed about your medical condition for your Social Security claim. Thank you for agreeing to attend the appointment(s) below. Social Security will pay for this appointment.

It may be determined that other tests are needed or that a scheduled test is not needed or should not be done.

Appointment Date: 04/10/2018 Time: 03:30pm

Address: IMA Professional Services of PA
120 South Filbert St.
Suite 100
Mechanicsburg, PA17055
Telephone: (800) 220-0063

Type of Examination: MENTAL STATUS EXAM
Test(s):

You are scheduled to see D, Baker, PsyD. However, the examiner you see may change due to examiner availability.

Please call us IMMEDIATELY at (800) 220-0063 8-6 M-Th, 8-5 F if you have any problems making the appointment with the provider, getting to the provider's office or if your treating source tells you not to attend. TTY Users Call 711.

SPECIAL INSTRUCTIONS:

Bring this letter and government issued photo identification (e.g., U.S. State-issued driver's license or non-driver identity card, U.S. passport, U.S. military ID, student or school ID). Bring any medications that you take in their original containers. Also, bring your hearing aids, eyeglasses, contact lenses, canes, or other medical aids if you use them.

BRKXX4

TDN: 0305874269

This is a very important letter. Please read it carefully. If you cannot read English, please take this letter to someone who can read it to you right away, or contact Social Security for free help.

KEEPING THIS APPOINTMENT

THIS EXAMINATION IS VERY IMPORTANT. IF YOU DO NOT ATTEND YOUR APPOINTMENT, THE PENNSYLVANIA BUREAU OF DISABILITY DETERMINATION MAY MAKE A DECISION BASED ON THE EVIDENCE THEY ALREADY HAVE IN YOUR FILE. THEY MAY FIND THAT YOU ARE NOT ELIGIBLE OR NO LONGER ELIGIBLE FOR DISABILITY BENEFITS.

MEDICAL EVIDENCE IN YOUR POSSESSION

IF YOU HAVE MEDICAL EVIDENCE, WE RECOMMEND YOU SEND IT TO THE AGENCY MAKING THE DECISION ON YOUR CLAIM OR TAKE IT TO YOUR LOCAL SOCIAL SECURITY OFFICE TO ENSURE IT IS MADE A PART OF YOUR FILE.

CHANGING THE LOCATION

IF YOU WOULD LIKE TO CHANGE THE LOCATION WE HAVE SCHEDULED FOR YOUR EXAMINATION, PLEASE CALL US IMMEDIATELY. WE WILL MAKE THE SCHEDULING ARRANGEMENTS.

PHYSICAL LIMITATIONS

WE HAVE TRIED TO TAKE YOUR PHYSICAL CONDITION INTO ACCOUNT WHEN SCHEDULING THIS EXAMINATION. HOWEVER, IF YOU HAVE SPECIAL LIMITATIONS (SUCH AS DIFFICULTY USING STAIRS BECAUSE YOU WALK WITH CRUTCHES, OR ARE CONFINED TO A WHEELCHAIR), PLEASE CALL US AS SOON AS POSSIBLE. IF YOUR TREATING PHYSICIAN HAS SPECIFICALLY INSTRUCTED YOU AGAINST HAVING A PARTICULAR TEST OR EXAMINATION PERFORMED, PLEASE CONTACT US AS SOON AS POSSIBLE.

AFTER THE EXAMINATION

YOU CAN HELP US MAINTAIN THE HIGHEST POSSIBLE STANDARDS OF PROFESSIONAL SERVICE TO DISABILITY APPLICANTS. PLEASE NOTIFY US IMMEDIATELY IF YOU HAVE ANY COMMENTS ABOUT HOW THIS EXAMINATION WAS CONDUCTED.

TRANSPORTATION EXPENSES

SOCIAL SECURITY WILL REPAY YOUR COSTS FOR TRAVEL TO THIS EXAMINATION (TO AND FROM YOUR HOME ADDRESS), IF THE COST IS TWO DOLLARS (\$2.00) OR MORE. SOCIAL SECURITY WILL PAY FOR TRAVEL BY BUS, TRAIN OR PRIVATELY OWNED AUTOMOBILE, INCLUDING PARKING FEES AND TOLLS. LUNCH MONEY WILL NOT BE PAID.

IF YOU CANNOT TRAVEL BY BUS, TRAIN, OR PRIVATELY OWNED AUTOMOBILE, CALL THE PENNSYLVANIA BUREAU OF DISABILITY DETERMINATION IMMEDIATELY TO MAKE OTHER ARRANGEMENTS, INCLUDING TRAVEL BY TAXI OR OTHER TRANSPORTATION SERVICES. FAILURE TO CONTACT THE PENNSYLVANIA BUREAU OF DISABILITY DETERMINATION SERVICE REGARDING OTHER ARRANGEMENTS MAY RESULT IN YOUR REIMBURSEMENT REQUEST BEING DISAPPROVED.

INTERPRETER SERVICES

THIS IS A VERY IMPORTANT LETTER. PLEASE READ IT CAREFULLY. IF YOU CANNOT READ ENGLISH, PLEASE TAKE THIS LETTER TO SOMEONE WHO CAN READ IT TO YOU RIGHT AWAY, OR CONTACT SOCIAL SECURITY FOR FREE HELP. IF YOU DO NOT SPEAK ENGLISH, OR DO NOT SPEAK ENGLISH WELL, WE PROVIDE FREE INTERPRETER SERVICES TO CONDUCT YOUR SOCIAL SECURITY BUSINESS. YOU MAY USE YOUR OWN IF YOU PREFER, BUT WE MIGHT ALSO HAVE OUR INTERPRETER PRESENT. IF YOU WANT US TO PROVIDE AN INTERPRETER, PLEASE TELL US AHEAD OF TIME.

TDN: 0305874269

YOSTER
9144N. 4th St. #1
Hbg Pa 17110

HARRISBURG PA 171

01 MAY 2018 PM 1 L



Secretary
PUC PO# 3265
Hbg Pa 17105-3265

RECEIVED

2018 MAY - 7 AM 11:06

PA PUC
SECRETARY'S BUREAU

17105-326565

