ABLEnow®

ABLEnow

Physician Diagnosis Form

The patient below is applying to open a tax-advantaged ABLEnow Account. To establish eligibility to open and maintain an ABLEnow Account, an individual must either be receiving or eligible to receive Social Security Income (SSI) or is receiving Social Security Disability Income (SSDI) OR self-certify that they have a qualifying disability AND have a written diagnosis from a qualified physician.

ABLEnow provides this form for applicants to provide to their physician to obtain the required written diagnosis. You should maintain this record of your diagnosis in the event that you are required to prove eligibility at a later date. **DO NOT return to ABLEnow.**

1. Patient Information

Patient Name (first, middle initial and last)

Birth Date (mm/dd/yyyy)

Home Address

City | State | Zip Code

Telephone Number

2. Provider Information - Please complete this form, attach it to your written diagnosis of the patient and provide it to your patient for their records.*

1. The attached medical diagnosis of the patient's impairment or impairments is based on my observation, testing and treatment of the patient.
2. The onset of this condition occurred before patient's 46th birthday.
3. I am a medical doctor (MD) or doctor of osteopathy (OD), a doctor of dental surgery or dental medicine and,for some purposes**, a doctor of podiatric medicine, a doctor of optometry or a chiropractor licensed to practice in the state in which I performed this diagnosis.

Provider Name (please print) (first, middle initial and last)

Provider Title

SIGNATURE

Provider Signature (First, Middle Initial, Last) | Date *(mm/dd/yyyy)*

Provider Address

City | State | Zip Code

Diagnosis Date (mm/dd/yyyy)

* Completion of this form only establishes your patient's medical diagnosis and does not constitute your endorsement that the individual is eligible for an ABLE Account.

** Physician criteria is described in section 1861(r)(1) of the Social Security Act.