



Physician Diagnosis Form

Patient Name: _____

Home Address: _____

Date of Birth: _____

Patient 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 Social Security Income (SSI) or 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.

Provider: Please complete this form 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 twenty-sixth (26) birthday.
3. I am a medical doctor (MD) or doctor of osteopathy (OD), licensed to practice in the state in which I performed this diagnosis.

Provider Name (please print): _____

Provider Title: _____

Provider Signature: _____

Date: _____

*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.