Physician's Statement

1005320013

Physician's Statement
of Permanent and
Total Disability
PA-1000 PS (09–10)
PA Department of Revenue

2010

OFFICIAL USE ONLY

START →

Name as shown on **PA-1000**	Social Security Number

Instructions

A claimant not covered under the federal Social Security Act or the federal Railroad Retirement Act who is unable to submit proof of permanent and total disability may submit this Physician's Statement. The physician must determine the claimant's status using the same standards used for determining permanent and total disability under the federal Social Security Act or the federal Railroad Retirement Act. **CAUTION:** If the claimant applied for Social Security disability benefits and the Social Security Administration did not rule in the claimant's favor, the claimant is not eligible for a Property Tax or Rent Rebate.

Confidentiality Statement. All information on this Physician's Statement and claim form is confidential. The Department shall only use this information for the purposes of determining the claimant's eligibility for a Property Tax or Rent Rebate.

CERTIFICATION

I certify the claimant named above is my patient and is permanently and totally disabled under the standards that the federal Social Security Act or the federal Railroad Retirement Act requires for determining permanent and total disability. Upon request from the PA Department of Revenue, I will provide the medical reports or records indicating diagnosis and prognosis of the claimant's condition, including signs, symptoms and laboratory findings, if applicable or appropriate.

Please sign after printing.

Physician Signature	Date

Description of Claimant's Permanent and Total Disability. Briefly describe the reason(s) the above-named claimant is totally and permanently disabled.

Physician Identification Information. Please print.

Name		
Business Name, if applicable		
Address		
City	State	ZIP Code
Office telephone number	Office e-mail address	

Reset Form

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