

Date: [Insert Date]

To: U.S. Department of Education / Nelnet Total and Permanent Disability Servicer

Re: Physician Addendum for Incomplete TPD Discharge Certification

Patient Name: [Insert Patient Full Name]

Patient Date of Birth: [Insert Patient DOB]

Patient SSN (Last 4 digits): [Insert Last 4 Digits]

To Whom It May Concern,

I am writing this letter as a formal addendum to the Total and Permanent Disability (TPD) Discharge Application (Section 4) previously submitted for the aforementioned patient. This letter serves to provide the additional information requested to complete the certification process.

1. Diagnosis and Medical History:

The patient is diagnosed with [Insert Specific Diagnosis]. The onset of this condition occurred on or about [Insert Date]. The medical history includes [Briefly describe relevant clinical history and failed treatments].

2. Severity of Impairment:

The patient's condition is characterized by the following physical or mental impairments: [List specific limitations, e.g., inability to stand for more than 10 minutes, cognitive deficits, etc.]. These impairments prevent the patient from engaging in any substantial gainful activity.

3. Expected Duration:

I certify that the patient's impairment has lasted, or is expected to last, for a continuous period of not less than 60 months, or can be expected to result in death.

4. Physician Certification:

I am a doctor of [Medicine/Osteopathy] legally authorized to practice in the state of [Insert State]. My license number is [Insert License Number].

Please contact my office at [Insert Phone Number] if further clarification is required to finalize this discharge application.

Sincerely,

[Physician Signature]

[Physician Name, Printed]

[Medical License Number and State]

[Clinic/Hospital Name]

[Address]

[Phone Number]