

**Owner Occupied Payment Agreement (OOPA)
Disability Verification Form -
Physician's Statement of Permanent and Total Disability**



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 an OOPA based on a disability, but may meet income eligibility limits.

Do not submit medical records unless requested by the Philadelphia Department of Revenue.

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 an Owner Occupied Payment Agreement.

1 Applicant Information

Applicant Name

OPA Account Number

2 Physician's 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 Philadelphia 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.

Physician's Signature

Date

3 Description of Disability

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

4 Physician Identification Information

Name

National Provider Identifier

Business name, if applicable

Address

City

State

Zip code

Office email address

Office telephone

Attach completed form to your OOPA Application

Contact (215) 686-6442 with questions about this form.