



201 Peterson Drive  
Elizabethtown, KY 42701  
Phone: 270-765-5900  
Fax: 270-982-1284

Patient name: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Today's date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

To Whom It May Concern:

This patient asked that we confirm their chronic disability for the purpose of qualifying for community social services (e.g. food stamps, utility payment assistance, specialized housing, etc).

In our opinion, the patient's known medical conditions **support** their claim that they are unable to work and meet the definition of chronic disability. This opinion is based on a review of the medical record, observation of the patient, and their claim of inability to obtain gainful employment.

This opinion **is not** based on an independent medical evaluation; nor was a specialized examination performed to determine functional activity levels. It is beyond the scope of our office to perform independent medical evaluations or to determine percentage disability ratings. This opinion **should not** be used for the purposes of seeking federal SSI disability benefits or third party disability benefits. It is our practice to refer patients requiring disability evaluations to a certified Independent Medical Reviewer.

Sincerely,

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