

B 04 – Non Veteran Need Physician Response Letter

Recipient = Non Veteran Borrower

7/1 Status = Pre and Post

File Name = B 04 – Non Veteran Need Physician Response Letter.approved 082210.doc

[Date]

[Borrower Name]

[Address Line 1]

[Address Line 2]

[City], [State] [Zip Code]

Account #: [this will include our parti id]

Dear [Borrower Name]:

We are in the process of reviewing your application for a total and permanent disability discharge of your Federal Family Education Loan (FFEL) Program, Federal Perkins Loan (Perkins Loan) Program, and/or William D. Ford Federal Direct Loan (Direct Loan) Program loan, and/or your Teacher Education Assistance for College and Higher Education (TEACH) Grant Program service obligation. Throughout this letter, we use the term “loan” to refer to one or more loans.

In a letter dated [Date of Letter], we informed you that we needed to contact your physician for clarification and/or additional medical information about your disabling condition before we could continue processing your application. We contacted your physician, but he or she has not responded to date. We are now requesting that you contact your physician to ensure that he or she provides the necessary documents or information to us.

It is critical that your physician respond to our request **no later than [Date = 45 Days from Letter Date]**. If your physician does not return the necessary documents or information by this date, we will be unable to determine your eligibility for a total and permanent disability discharge of your loan or TEACH Grant and will deny your discharge application. If you have questions about this notification, contact us immediately.

Information Needed from Your Physician

The information that we need from your physician was initially requested in “Section 4: Physician’s Certification” of the *Discharge Application: Total and Permanent Disability* you submitted for processing. For reference when you contact your physician, we identify each piece of information by its item number or location on the application.

The information your physician must provide to us is as follows:

--- Insert applicable text (bulleted item or items) ---

- Item 1-- Certification that you are unable to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment that (1) can be expected to result in death; (2) has lasted for a continuous period of not less than 60 months; or (3) can be expected to last for a continuous period of not less than 60 months. “Substantial gainful activity” is a level of work performed for pay or profit that involves doing significant physical or mental activities, or both.
- Item 2a – Diagnosis for your disabling physical or mental impairment.

- Item 2b – Severity of your disabling physical or mental impairment, including, if applicable, the phase of the disabling condition.
- Item 3 – Explanation of how your disabling condition prevents you from engaging in substantial gainful activity in *any* field of work by responding to items (a) through (e) below, as relevant to your condition. “Substantial gainful activity” is a level of work performed for pay or profit that involves doing significant physical or mental activities, or both.
 - (a) Limitations on sitting, standing, walking, or lifting
 - (b) Limitations on activities of daily living
 - (c) Residual functionality
 - (d) Social/behavioral limitations, if any
 - (e) Current Global Assessment Function score (for psychiatric conditions)
- Physician’s Certification – Professional license number
- Physician’s Certification – State of licensure
- Physician’s Certification – Signature
- Physician’s Certification – Printed name, address, telephone number, and/or fax number

--- End inserted text ---

How to Contact Us

Written correspondence can be sent to:

U.S. Department of Education
P.O. Box 173904
Denver, CO 80217

In addition, the following Web site, www.disabilitydischarge.com, is available for you to check the status of your discharge application, upload supporting documentation that may have been requested, and/or update your demographic information.

If you have questions, contact us at 1.888.303.7818 from 8:00 A.M. to 8:00 P.M. (ET), Monday through Friday. Individuals who use a telecommunications device for the deaf (TDD) can call 1.888.636.6401. Or, e-mail us at disabilityinformation@nelnet.net.

Sincerely,

Nelnet Total and Permanent Disability Servicer