

**Alaska Department of Revenue
Permanent Fund Dividend Division**

Medical Treatment Verification for Calendar Year 2008



On your 2009 Permanent Fund Dividend application, you said you were absent from Alaska for continuous medical treatment. To be an allowable absence, medical treatment must be continuous, on the advice of a licensed physician, and not based on the need for a climatic change.

In order for the Department of Revenue to complete the processing of your 2009 application, you must have your physician complete the information below. You must sign the release before you return it to us. If your medical absence was **not** continuous or was **not** on the advice of a licensed physician, please attach an explanation for claiming this absence.

Applicant: I authorize the physician listed below to release information regarding my medical absence to the Alaska Department of Revenue.

Printed Name of Patient (Applicant)	Social Security Number	Date of Birth
Signature of Patient (Applicant)	Date	Telephone Number

You must provide the requested information **within 30 days after the date of this request**. If you do not, your application **will be denied** in accordance with 15.AAC.23.173(d).

Physician: This is to certify that the patient (applicant) named above is a patient in my care and I recommended or provided treatment for the patient outside of Alaska. This patient received continuous medical treatment during **calendar year 2008** as outlined below. Treatment was not based on a need for climatic change.

<u>Continuous Medical Treatment</u>			<u>Reason for Referral</u>	<u>Location of Treatment</u>
--- Began ---				
Month	Day	Year		

Signature of Physician	Date
Printed Name of Physician	
Mailing Address of Physician	Telephone Number ()
City, State, Zip Code	

Send this completed form to: **Alaska Department of Revenue
Permanent Fund Dividend Division
PO Box 110462
Juneau, Alaska 99811-0462**

