Claims Process

The claims process can be outlined into five easy/manageable steps. Read below to see this procedure broken down further.

- 1. Filing initial paperwork to preserve date of claim and to appoint VA POA.
- Filling out a VA form 21-0966 (Intent to File), this form is used to preserve the veteran's date of claim, it allows the veteran a year to gather the necessary evidence and to file a VA form 21-526ez or VA form 20-0995 in that timeframe, and to have that claim be back dated to the intent to file date.
- Filling out a VA form 21-22 (Appointment of Veterans Service Organization), this form is filled out by the veteran to give authorization to the VA to release his/her file to a Veterans Service Organization of the veterans' choosing. It is especially important to see what has been done previously (it confirms what has been granted or denied in the past). Also, it helps to show what records/evidence is already in veterans' file.
- 2. Gather evidence phase (see attached questionnaire on 2nd page for this part of the claims process).
- 3. Filling out and submitting a claim.
- Filling out a VA 21-526ez (Application for Disability Compensation and Related Compensation Benefits). This form is used by the veteran that has never filed for a particular issue/ailment or by filing for an increase to a service-connected disability that has been previously approved.
- Filling out a VA 20-0995 (Decision Review Request: Supplemental Claim). This form is used if the veteran has filed for an issue/ailment that has been denied in the past. New and relevant information will be needed for service connection.
- Filling out VA 21-686c (Declaration of Status of Dependents). This form will be filled out by the veteran if he/she has dependents, such as a spouse or children under 18 (will need to hit 30% service connection for dependent rate to kick in), and/or dependents that are 18 and older that are enrolled into college.
- 4. Accomplishing a C&P exam through the VA.
- The VA will then look at the evidence that was previously submitted in section 2 and then determine which ailments will need to be looked at by a compensation and pension (C&P) examiner. If the evidence provided is adequate to show proof that an ailment was caused by service, a C&P exam may not be warranted.
- 5. The last part is just to wait for the VA to grant or deny the claim. This is a lengthy process which takes time. Patience is key!

Issue/Ailment Questionnaire Guide to gathering evidence for your claim.

- 1. Do you have a current medical diagnosis of an issue/ailment that you are wanting to file for?
- If yes, go to step 2 of this questionnaire.
- If not, get a current medical diagnosis from your Primary Care Manager or VA doctor, and then go to step 2 of this questionnaire.
- 2. Is the current ailment/issue ever been addressed while in service, meaning it has been annotated in your service treatment records?
- If yes, the claimed condition is in your service treatment records, go to step 4 of this questionnaire.
- If not, go to step 3 of this questionnaire.
- 3. Is the claimed condition on the Agent Orange/Pact Act/Camp Lejeune/any other toxic exposure presumptive list?
- If yes, go to step 4 of this questionnaire and let your representative know that you are filing for an issue/ailment that falls under a presumptive list.
- If not, gather any of the following documentation listed below to support your claim to show proof that the military caused your condition and then proceed to step 4 of this questionnaire.
- <u>a.</u> <u>Nexus Letter</u> a medical opinion linking an issue/ailment to service (letter is key if the veteran has been out of the military for some time). Without a letter, VA believes the issue/ailment was caused after military service (see example on next page).
- <u>b.</u> <u>Veteran/Buddy/Family Member Statements</u> needed to collaborate a veteran's story (this is considered testimony) i.e., a veteran has been out for 30 years but wants to file for an ankle condition to include arthritis. A buddy could draft a statement witnessing that the veteran had sprained his/her ankle while marching in the military to tie veterans' ailment back to service and not to something else after getting out of the military.
- <u>c.</u> Medical Article/Journal needed if a veteran is filing for an issue/ailment that hasn't been accepted by the VA and is not on the presumptive list, but the veteran believes the ailment was caused by toxic exposure, i.e., the veteran has been exposed to Agent Orange and has developed kidney cancer (kidney cancer currently not on the Agent Orange presumptive list) the veteran will need to find a medical article/journal to back claim connecting the two together.
- <u>d.</u> <u>Applicable Military Personnel Records/DD214</u> show proof of time of service and locations of exposure. Veterans may need to reach out to national archives at https://www.archives.gov/
- e. Old BVA Hearings can be utilized to show a condition that has previously been granted by the VA.
- <u>f.</u> <u>Filing VA Forms 21-4142 and 21-4142a</u> this form can be filled out by the veteran stating where private treatment records are located that may prove that the ailment/diagnosis was service connected. These forms will allow the VA to reach out to pertinent doctors that are not in the VA network to pull those records on the veteran's behalf.
- g. <u>Literally Anything Else</u> whatever a veteran can find to collaborate his/her story that was not previously listed which can be applied as evidence to prove a claim i.e., mailed letters with addresses and dates, or old newspaper clippings of an event that transpired. Think outside the box!
- 4. If you have a current diagnosis and necessary evidence in your service treatment records or additional evidence that is listed under question 3 of this questionnaire, go to step 3 on the previous page!

THE NEXUS LETTER

There are certain important things in this world that we only get one shot at. Such is the Nexus letter in a veteran's service-connected disability claim with the Department of Veterans Affairs. Although only one Nexus letter is required, it is advisable to seek the overwhelming number of three individual and concurring Nexus letters if possible. The Nexus letter may require a lot of effort on the part of the veteran, but the return is indispensable.

Generally, according to the law, three elements are necessary and therefore required to obtain a favorable decision by a veteran for service-connected benefits.

- #I- An event in service that could have caused or aggravated a disease or condition
- #2- A present day diagnosis of the existence of the same disease or condition
- #3- A medical opinion linking number 1 with number 2

The required medical opinion is called a Nexus letter. The letter must be written specifically for the individual and explicit to that individual's claim. It is important that the opinion be expressed as a degree of likelihood. The degrees of likelihood, arranged in ascending order from the lesser to the greater are as follows, "not likely", "at least as likely as not", "more than likely", "and highly likely".

In the case of "at least as likely as not", the veteran always receives the benefit of doubt and therefore the outcome is considered a favorable opinion. The doctor, or expert, does not have to use absolutes or conclusions in the statement. Opinions are gleaned by a review of the pertinent records and facts. A professional opinion can then be rendered based upon the record, the medical history, the facts, and the education and/or experience of the author of the letter.

Most denied veterans' claims failed because of the lack of a Nexus letter altogether or the lack of a properly written Nexus letter.

A proper Nexus letter must be as brief as possible while stating the facts and must include the following:

"After a review of the veterans pertinent records" - (use medical and any service records furnished by the veteran to show the event in service)

"It is my professional opinion that it is at least as likely as not" - (choose and insert the proper degree of likelihood, see above choices)

The author must offer a rationale as to the opinion in the statement - (e.g.," It is well known in medical journals")

<u>The author must provide credentials, especially VA titles or specialties</u> - (e.g., Oncologist, Hematologist, Orthopedic Surgeon, Environmental Clinician, etc.)

Please understand that the VA often uses credentials to assign probative value to the nexus letter.

EXAMPLE OF A NEXUS LETTER

Note: This is **not** a form to fill out. Please re-type the following information onto your professional letterhead/stationery.

Thank you for your time and consideration.

DATE
Reference: (Veteran's name)
SS# VA File #
To Whom It May Concern,
I am Dr I am board certified to practice in my specialty, My credentials are included. I have been asked to write a statement in support of the aforementioned veteran's claim.
I have personally reviewed his medical history - (name the documents). I have also reviewed and have noted the circumstances and events of his military service, which include (name the event or events you claim are the cause of the condition), in the years (list dates of service) while in military service.
Mr is a patient under my care since (enter Date). His diagnosis is (name the condition).
I am familiar with his history and have examined Mr. often while he has been under my care. (specify lab work, x-rays, etc.)
Mr has no other known risk factors that may have precipitated his current condition.
After a review of the pertinent records it is my professional opinion that it is (choose a likelihood from below) that Mr's condition is a direct result of his (event in service) as due to his military service. (Choose one degree of likelihood with which you can concur - "at least as likely as not". "more than likely". or "highly likely")
In my personal experience and in the medical literature it is known (give a rationale).
Signed,
Dr
Please understand that the VA often uses credentials to assign probative value to the nexus letter.

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While the nexus letter must be brief as possible, it should be as detailed and complete as the circumstances dictate.

Received a denial on your VA claim? What to do next...

20-0995 (Supplemental)

- Agrees with notification denial!
- Will go out and gather new and relevant evidence such as medical opinion, nexus letter etc. etc.
- Avg claim time is 6 months!
- Claim starts over, no back date!

20-0996 (HLR)

- Disagrees with notification denial!
- No new evidence can be provided, evidence needs to be in veterans' file at the time of notification and an error needs to be established! Will be seen by a more experienced VA employee!
- If a duty-to-assist error has been conceded. After this point, new and relevant info can be added.
- Avg claim time is 6 months!
- If granted, it has the potential to be backdated to original date of denied claim!

10182 (Appeal)

- Disagrees with notification denial!
- Will need to decide how to proceed with a VA hearing, such as **Direct Review** by a law judge which no additional evidence is provided, or a **Board Hearing** where a veteran can submit new and relevant evidence and state his/her case.
- Avg wait time for hearing is 2–3 years, and an additional 1–2 years to receive a notification back.
- If granted, has the potential to be backdated to the original date of the denied claim where there were no breaks in VA law (1 year from date on the rating decision letter).

0% VHA SERVICE CONNECTED DISABILITY BENEFITS

Free glasses & hearing aids*

There may be a co pay for this appointment unless this is for the Veteran's 0% service connected rated issue & must be seen at the VA Eye/Audiology clinics

Travel pay when coming to the VA for the 0% service connected rated issue ONLY*

Other travel pay restrictions may apply such as travel pay to the closest VA facility which offers service and distance considerations.

No co pays when being seen for service connected condition only

10-20% VHA SERVICE CONNECTED DISABILITY BENEFITS

Free glasses & hearing aids*

Travel pay when coming to the VA for service connected appointments

Other travel pay restrictions may apply such as travel pay to the closest VA facility which offers service and distance considerations.

No co pays for ANY VA appointments

No co pays for rated service connected disability medications

30-40% VHA SERVICE CONNECTED DISABILITY BENEFITS

Free glasses & hearing aids*

Travel pay for ALL VA appointments

Other travel pay restrictions may apply such as travel pay to the closest VA facility which offers service and distance considerations.

No co pays for ANY VA appointments

No co pays for rated service connected disability medications

50-90% VHA SERVICE CONNECTED DISABILITY BENEFITS

Free glasses & hearing aids*

Travel pay for ALL VA appointments

Other travel pay restrictions may apply such as travel pay to the closest VA facility which offers service and distance considerations.

No co pays for ANY VA appointments or medications

VHA SERVICE CONNECTED DISABILITY BENEFITS

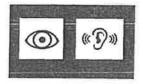
Free glasses & hearing aids*

Travel pay for ALL VA appointments

Other travel pay restrictions may apply such as travel pay to the closest VA facility which offers service and distance considerations.

No co pays for ANY VA appointments or medications

Potential dental benefits







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