

VA Disability Examination Protocol
Welcome Cherished Veteran!

Name _____ Phone _____

Street or PO Address _____

City/State/Zip _____

VA Claim# _____ SSN _____ Date of Birth _____

Military Branch & Dates Served _____

If obtained, your VA Rep or Attorney _____

Exam & Report Fee: \$500 for up to 4 Claims. \$100 for Each Additional Claim.

- Count as 1 Claim each body part or disease, i.e. Right Shoulder + Right Elbow + Left Knee = 3 Claims. PTSD = 1 Claim. Heart Disease = 1 Claim.
- Count as one claim: (Hearing Loss+Tinnitus) and (Neck or Back with nerve pain & numbness into one or both extremities).
- PTSD & Psychological claims need to provide a mental health practitioner's report. You can ask for a psych evaluation at your VA.
- Overcoming No Service Medical Records: You tell your physician your medical history and then your physician provides their medical opinion and explanation how and why your acute injuries and consequential conditions are service connected or service aggravated.

Claimed Body Part • Disease • Condition	Requesting the VA to:	VA Code# & % (Only if VA has assigned)
1. _____	<input type="checkbox"/> Accept <input type="checkbox"/> Raise VA Code# _____	VA% _____
2. _____	<input type="checkbox"/> Accept <input type="checkbox"/> Raise VA Code# _____	VA% _____
3. _____	<input type="checkbox"/> Accept <input type="checkbox"/> Raise VA Code# _____	VA% _____
4. _____	<input type="checkbox"/> Accept <input type="checkbox"/> Raise VA Code# _____	VA% _____
5. _____	<input type="checkbox"/> Accept <input type="checkbox"/> Raise VA Code# _____	VA% _____
6. _____	<input type="checkbox"/> Accept <input type="checkbox"/> Raise VA Code# _____	VA% _____
7. _____	<input type="checkbox"/> Accept <input type="checkbox"/> Raise VA Code# _____	VA% _____
8. _____	<input type="checkbox"/> Accept <input type="checkbox"/> Raise VA Code# _____	VA% _____

Additional page attached.

Physician ethics do not allow contingency fees. No refunds if Ellis Clinic does not opine a claim is service connected or if the VA denies a claim or lowers a percentage.

Significant Other Injuries, Surgeries, Diseases not claimed above. Include accepted VA conditions that you are not requesting an evaluation.
 Example: VA Left Shoulder 10%. VA Right Ankle 20%. 1968 left knee scope surgery. 2001 Back surgery. 2005 Diabetes. 2010 heart attack with bypass surgery.

For Assistance from Veteran's Service Organization (American Legion, DAV, VFW, etc.) Go to www.va.gov/vso
 For Assistance from Attorney: NOVA National Organization of Veteran's Advocates. Go to <http://vetsadvocates.org>

Ellis Clinic Protocol for a VA Disability Exam & Report

Veteran's Name: _____

☆ Put this Protocol Form on Top of Your Records.

☆ Summary List of Records.

Your Summary List of Records is Very Important! It is attached to your report.
If you do not have a list of records reviewed the VA may claim your medical report has less value!
If you do not provide a Summary List of Records there can be no appointment.

☆ Form DD-214 & VA Decisions (Put most recent decisions on top)

☆ Medical Records WHILE IN Military Service.

☆ Medical Records NOT IN Military Service.

- 1. Operation Reports and Hospitalization Discharge Summaries.
2. Tests i.e. MRI, EMG, X-Ray (In and out of service)
3. Medical Provider's Treatment Records (Doctors, Clinics, VA)

- Separate each claim with a tab or colored paper. Write on the tab or page the body part or disease.
• It is helpful if you staple or clip together each medical provider (doctor, clinic, VA)
• It is helpful if you write the range of dates, i.e. Mayo Clinic 1/3/14 to 5/13/16, VA 4/6/15 to 8/8/16.
• Within each medical record put most recent on top.
• Send only copies! Records are destroyed after your appointment.
• Send only pertinent records such as an Operation Report but not all the hospital records

Summary List of Records Example

Records of John Q. Doe, VA# 123 45 678
DD214

VA Decisions: 5/6/2013, 9/9/2009, 7/7/2007

Left Shoulder

Military Service treatment records: 6/9/1969 to 8/4/1969
Operation Report: Arthroscopy Left Shoulder, Dx: Rotator Cuff Repair, Ima Cutter, MD 7/7/2001
MRI Left Shoulder: 6/6/2001
VA medical records: 7/1/1970 to 1/5/2012
Ima Cutter, MD: 3/3/2001 to 12/2/2001

Back

Operation Report: L5-S1 Laminectomy, Dx: Herniated Disc L5-S1, IMA Cutter, MD, 5/5/1998
VA medical records: 10/2/1970 to 1/5/2012
ABC Ortho Group: Ima Cutter, MD & Rita Snow, DO: 2/14/1996 to 4/1/2001
Marcus Welby, MD: 5/3/1975 to 12/6/2009

Records Assistance: Professional Record Review collates your records and types your Summary List. Tel: (615) 618-7661
2002 Brenthaven Dr., Mt. Juliet, TN 37122 • www.professionalrecordreview.vpweb.com Ellis Clinic receives no monies from PRR.

Enclose Payment: \$500 for up to 4 claims (body part or disease). \$100 for each additional claim.

Payment Method [] Check to Ellis Clinic [] MasterCard [] Visa (No Am Express or Discover)

Payment will be deposited only if your records are acceptable. Ellis Clinic will then call you for an appointment.

Date: _____ Total Payment \$ _____ for _____ Number of Claims.

Card# _____ Expires ____/____ Security Code _____

Name on Card: _____

Card Address: _____