

VA Disability Appointment Protocol

Mail your records (no fax or email) • We will call you to set up your appointment. • Call if you have questions.

First / Middle / Last Name _____

Mail / PO Box _____

City _____ State _____ Zip _____

Contact Phone _____ E-mail _____

VA Claim# _____ SSN _____ Date of Birth _____ Male Female

Military Branch & Dates Served _____

If obtained, your VA Rep or Attorney. Report is sent to the vet.

If your rep wants a report they must submit their cover letter
and their Summary List of Records. _____

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

Ellis Clinic assists you in determining if a condition is service connected and its percentage of disability. We are not your diagnosing or treating doctor. However, for musculoskeletal injuries we usually assign a diagnosis code and percentage of disability. For complicated diseases or conditions you will usually need a diagnosis in your medical records. PTSD & Psychological ratings need a mental health practitioner's report. (Free at the VA). We then determine if your mental condition is service connected and its percentage of disability. We will diagnose Traumatic Brain Injury (TBI). For complicated and time consuming conditions there may be an additional charge. Count Hearing Loss &/or Tinnitus as 1 claim. You need an audiogram (free at the VA). Count neck with nerve symptoms down your arms as one claim (Same for the back).

List Body Part • Disease • Condition to be Rated

Ellis Clinic Use

I am Requesting the VA to:

- | | | |
|----------|---|-------|
| 1. _____ | <input type="checkbox"/> Accept Claim <input type="checkbox"/> Raise my current VA% _____ | _____ |
| 2. _____ | <input type="checkbox"/> Accept Claim <input type="checkbox"/> Raise my current VA% _____ | _____ |
| 3. _____ | <input type="checkbox"/> Accept Claim <input type="checkbox"/> Raise my current VA% _____ | _____ |
| 4. _____ | <input type="checkbox"/> Accept Claim <input type="checkbox"/> Raise my current VA% _____ | _____ |
| 5. _____ | <input type="checkbox"/> Accept Claim <input type="checkbox"/> Raise my current VA% _____ | _____ |
| 6. _____ | <input type="checkbox"/> Accept Claim <input type="checkbox"/> Raise my current VA% _____ | _____ |
| 7. _____ | <input type="checkbox"/> Accept Claim <input type="checkbox"/> Raise my current VA% _____ | _____ |
| 8. _____ | <input type="checkbox"/> Accept Claim <input type="checkbox"/> Raise my current VA% _____ | _____ |

For more than 8 conditions - repeat this page. More than 8 conditions or complicated conditions may require an additional charge. We will discuss with you.

List current accepted VA Disabilities and percentages. List Significant Non Service Injuries, Surgeries and Diseases.

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.

VA Disability Records Protocol

Ellis Clinic, PC, 5100 N. Brookline Ave #465
Oklahoma City, OK 73112 • www.EllisClinic.com

Veteran's Full Name: _____

This protocol is required to provide expert medical reports and keep prices down for our vets.

We understand that it is difficult to collate your records and determine what records are needed and which are not.

We have had vets sends us pounds of disorganized records.

Ellis Clinic is not your mother or secretary. Follow the protocol or get help. If over 3 inches get help.

Directory of Service Organization: www.va.gov/vso • NOVA National Organization of Veteran Advocates: www.vetadvocates.org

Caution! Send Only Copies! Records Are Destroyed and Are Not Returned!

ORDER of RECORDS

- ★ **Put This Protocol Form on Top**
- ★ **Optional: Rep or Attorney Letter** if they also want a copy of your VA Disability report.
- ★ **Optional: Your letter to Ellis Clinic.**
- ★ **Typed Summary List of Records. *No Summary List = No Appointment.*** Your list is attached to your report.
- ★ **Form DD-214**
- ★ **VA Decisions:** Only pages: Dates of Service • Accepted Conditions • Denied Conditions.
- ★ **Separate Each Condition to Be Rated with a Sheet of Colored Paper** Print the Condition on the paper.

Order of Records within Each Condition

Within each section put the most recent records on top.

Staple or clip together the pages of each operation, test, physician's records, etc.

1. Active Duty Medical Records

- It is OK if you do not have medical records while on active duty. We understand.
- Note: After active duty VA records don't go here. In this case the VA is just another treating doctor.

2. Operations: Date • Operation Report/Procedure • Doctor's name & medical degree.

3/2/17 Right Total Knee Arthroplasty (Replacement), Joe Bones, MD

4/4/14 Right shoulder arthroscopic rotator cuff surgery, Joe Bones, MD

3. Tests: Date • Type of Test • Body Part. (Doctor's name not needed). Examples:

3/1/17 EMG/NCS Upper Extremities

2/3/17 MRI Right Shoulder

4. Physician Records: Reports • Office Progress Notes

5/3/11 to 6/1/17 Smallville VA Medical Center (Records when not on active duty)

3/15/14 to 1/5/16 ABC Clinic: Marcus Welby MD, Sam Jones DO

3/3/14 Mercy Emergency Department

5. Non Physician Records: Physical Therapy, etc.

3/4/17 to 8/3/17 Wellness Physical Therapy

PAYMENT: Payment is deposited only if records are acceptable. Ellis Clinic will then call you for an appointment.

Complicated conditions or more than 8 conditions may require an additional charge or appointment. We will call and discuss with you.

\$ _____ **Exam & Report:** \$500 up to 4 claims. \$100 for each additional claim. Total Claims # _____.

Count each body part or disease as 1 Claim. Hearing Loss &/or Tinnitus = 1 claim. Neck with nerve symptoms down your arms = 1 claim (Same for the back).

Example: Back with nerve pain down both legs (1) + Right Shoulder (1) + Left Shoulder (1) + Right Knee (1) + Left Knee(1) + PTSD(1) = 6 Claims = \$700

Payment Method: Check to Ellis Clinic, PC MasterCard Visa (No Am Express or Discover)

Date: _____

Card# _____ Expires ____/____/____ Security Code _____

Name on Card: _____

Card Address: _____