

## VA Disability Appointment Protocol

Bless you for your service! Mail your records • We will call you to set up your appointment.

Full 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 \_\_\_\_\_

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

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

**List Body Part • Disease • Condition to be Rated**

PTSD and Psychological ratings need a mental health practitioner's report. You can get a free PTSD or psychological evaluation at the VA.\*

Count Hearing Loss &/or Tinnitus as 1 claim. We recommend getting a free hearing exam at the VA. The VA audiogram's results assign your percentage.\*

\* Ellis Clinic may help getting your claim accepted or the correct percentage.

**Requesting the VA to:**

1. \_\_\_\_\_  Accept  Raise Current VA% \_\_\_\_\_ VA Code # (If Assigned) \_\_\_\_\_

2. \_\_\_\_\_  Accept  Raise Current VA% \_\_\_\_\_ VA Code # (If Assigned) \_\_\_\_\_

3. \_\_\_\_\_  Accept  Raise Current VA% \_\_\_\_\_ VA Code # (If Assigned) \_\_\_\_\_

4. \_\_\_\_\_  Accept  Raise Current VA% \_\_\_\_\_ VA Code # (If Assigned) \_\_\_\_\_

5. \_\_\_\_\_  Accept  Raise Current VA% \_\_\_\_\_ VA Code # (If Assigned) \_\_\_\_\_

6. \_\_\_\_\_  Accept  Raise Current VA% \_\_\_\_\_ VA Code # (If Assigned) \_\_\_\_\_

7. \_\_\_\_\_  Accept  Raise Current VA% \_\_\_\_\_ VA Code # (If Assigned) \_\_\_\_\_

8. \_\_\_\_\_  Accept  Raise Current VA% \_\_\_\_\_ VA Code # (If Assigned) \_\_\_\_\_

**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](http://www.EllisClinic.com)

Veteran's Full Name: \_\_\_\_\_

## Following This Protocol Will Determine If You Are Granted an Appointment!

**If your records are not approved we send you a letter or may call you. You can start over.**

The cost for disorganized or large amount records can be enormous. If records are 3+ inches thick, consider getting assistance.

Directory of Service Organizations: [www.va.gov/vso](http://www.va.gov/vso) • NOVA National Organization of Veteran Advocates" <https://vetadvocates.org>

### ORDER of RECORDS **Caution! Send Only Copies! Records Are Destroyed and Are Not Returned.**

★ **Put This Protocol Form on Top**

★ **Optional • Your letter to Ellis Clinic.**

★ **Typed Summary List of Records.** This list is important. It is attached to your report.

If no Summary List then your report will only state, "XX inches of medical records reviewed"

★ **Form DD-214**

★ **VA Decisions •** Only the pages listing denials and accepted 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.

● After active duty VA treatment 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 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, i.e. Back + Right Shoulder + Right Knee + Brain Injury + PTSD + Hearing&Tinnitus = 6 Claims = \$700

• Count Hearing Loss &/or Tinnitus as 1 claim. Free hearing exams at the VA. The VA audiogram determines your percentage.\*

• PTSD and Psychological ratings need a mental health practitioner's report. You can get a free psychological evaluation at the VA.\*

\* Ellis Clinic may be able to assist you in getting a claim accepted or the correct rating percentage.

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

Date: \_\_\_\_\_

Card# \_\_\_\_\_ Expires \_\_\_\_/\_\_\_\_/\_\_\_\_ Security Code \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Address: \_\_\_\_\_