

**DENIED!**

**YOUR VA  
DISABILITY**

**- CLAIM -**

**20 REASONS  
WHY**

**ROB HUDSON**

# **DENIED**

Your VA Disability Claim  
Why Veterans Get Denied  
and How to Fight Back

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## Introduction on VA Claim Denial

Filing for VA disability benefits is a complex and often frustrating process. Many veterans assume that their service records and medical history will be enough to prove their case, only to be met with delays, low disability ratings, or outright denials.

The reality is that the VA claims process is filled with legal requirements, medical evaluations, and strict documentation rules, making it easy for veterans to make avoidable mistakes that cost them the benefits they deserve.

This book, *Denied: Your VA Disability Claim*, is designed to help veterans navigate the system and avoid the most common pitfalls that lead to claim denials or lower compensation ratings. Whether you're filing an initial claim, appealing a denial, or seeking an increased rating, understanding what can go wrong and how to fix it is essential for success.

Inside, we break down 20 of the most common mistakes veterans make when filing VA disability claims, including:

- Failing to submit the right medical evidence to prove service connection.
- Using outdated or incorrect forms, leading to unnecessary delays.
- Not attending VA medical exams (C&P exams), which can result in claim denial.
- Failing to appeal a denied claim properly and missing out on benefits.

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- Not filing for secondary conditions, leaving money on the table.

By identifying these mistakes and providing clear solutions, this book will empower veterans to take control of their claims, submit stronger applications, and successfully fight for the compensation they rightfully earned.

No veteran should have to struggle alone in this process. With the right knowledge and preparation, you can avoid common errors, navigate the VA system with confidence, and secure the benefits you deserve.

Before we get started, let's get one thing clear. It is critical that you understand this concept that will aid your thinking as you move through the process:

In most cases, the US Department of Veterans Affairs does not award you a disability rating and/or compensation based on the fact that something is "broken," but instead, that whatever is broken is causing you a disability.

For example, the fact that when you were onboard your naval ship you injured your leg is not the end-all reason for being awarded disability. It is the level of limitation or pain that the injury is causing you now, or the way the injury disables you from performing certain tasks that you could perform before the injury.

It is not that you have PTSD, as all Americans can get from daily life, it is because that PTSD, connected to military service, is now disabling your life in a significant enough way for the VA to grant you a rating and/or compensation.

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This is a very, very important concept to understand. Again, it does not apply to each and every item in the disability rating catalog, but in most all cases, this is the fact. It is how your injury or “brokenness” impacts your life in a negative way, that is considered for awarding you a rating and/or compensation.

Now, with that said, let’s continue on and examine the 20 issues that may have led to your denial of your VA disability claim.

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## CH 1

# Incomplete or Missing Forms

### **The First Roadblock to a Successful VA Disability Claim**

One of the most common and preventable mistakes veterans make when filing for VA disability benefits is submitting incomplete or missing forms. The VA claims process is built on detailed paperwork, and even a minor omission can cause a claim to be delayed or outright denied.

Veterans who assume the VA will simply overlook an incomplete form or fill in missing details themselves are often met with frustration when their claims get stuck in bureaucratic limbo. Ensuring that all required forms are filled out completely, accurately, and correctly the first time can significantly improve the chances of a smooth and timely decision.

### **Why Incomplete Forms Cause Delays and Denials**

At the heart of the VA claims process is VA Form 21-526EZ, the Application for Disability Compensation and Related Compensation Benefits. This document serves as the foundation for a veteran's claim, requiring detailed information about military service, the disabilities being claimed, medical treatment history, and supporting evidence.

The form is structured to guide the VA in assessing the claim efficiently, but when sections are left blank, it forces

VA personnel to request additional information, creating unnecessary delays.

A veteran who omits information - such as the date of injury, a list of treatments received, or contact information - risks having their claim flagged for further review. In some cases, the VA may return the application, requesting the missing information before it can move forward. In other cases, the claim may be denied outright due to insufficient documentation, forcing the veteran to restart the process entirely.

The most significant problem with incomplete forms is that they interrupt the VA's ability to establish service connection and determine the severity of the condition. If details about how a disability was incurred during service are vague or missing, the VA cannot fairly evaluate the claim. Without complete information, the VA may assume there is no basis for compensation.

### **Sections That Are Often Left Blank**

Certain sections of VA Form 21-526EZ tend to be overlooked more than others. Veterans commonly leave out information in the Service History section, assuming that the VA already has access to military records. While the VA does maintain some records, it is the veteran's responsibility to provide as much detailed information as possible to support the claim.

Another commonly neglected section is the Medical Conditions and Treatments portion of the form. Veterans sometimes write vague descriptions of their injuries or illnesses, failing to explain how they relate to their military

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service. A claim stating “back pain” with no further explanation is much weaker than one that details how the pain originated, when and where treatment was received, and how it has worsened over time.

Additionally, the Contact Information for Private Physicians section is often skipped. Many veterans assume that because they receive VA medical care, their private medical records are unnecessary. However, any outside treatment related to the disability should be fully documented and referenced, as these records may provide additional evidence that strengthens the claim.

### **How to Ensure Forms Are Complete and Accurate**

Veterans can take several proactive steps to ensure that their forms are properly completed before submission. First, they should thoroughly review each section of VA Form 21-526EZ, even if it seems redundant or unnecessary. If a section does not apply, writing “N/A” instead of leaving it blank ensures that the VA knows it was intentionally omitted rather than overlooked.

Second, it is beneficial to work with an accredited Veterans Service Officer (VSO) when filling out the forms. VSOs have extensive experience with VA claims and can spot common mistakes that might result in delays. They can also help ensure that the information provided aligns with what the VA requires for a successful claim.

Third, veterans should gather all necessary documentation before filling out the form. Having service records, medical records, and supporting statements on hand allows for more precise and complete answers in every section.

When a veteran waits until after submitting the form to gather evidence, they increase the risk of missing crucial details that could strengthen their claim.

### **The Consequences of a Rejected or Delayed Claim**

An incomplete or missing form does not just result in administrative headaches - it can significantly impact a veteran's financial stability and access to medical care. Veterans who depend on disability compensation may find themselves waiting months longer than necessary simply because a section of the application was left blank.

In cases where a claim is denied due to missing information, the veteran may have to go through the appeals process, which is often even more time-consuming.

Additionally, a delayed or denied claim means that the veteran may not receive the medical care and support services they need. Many veterans rely on VA healthcare benefits linked to their disability rating, and without an approved claim, access to these services may be restricted. This can have serious consequences for those with chronic conditions that require ongoing treatment.

### **Easiest Mistakes to Avoid**

Submitting an incomplete VA disability claim is one of the easiest mistakes to avoid, yet it remains one of the most common reasons for delays and denials. Veterans who take the time to carefully complete VA Form 21-526EZ, provide detailed information about their service and medical history, and attach all required documentation

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will significantly improve their chances of a successful claim.

A VA disability claim is not just paperwork - it is the key to receiving the benefits and care that a veteran has earned through service. Ensuring that the application is complete from the start can prevent months of frustration and bring a veteran one step closer to securing the compensation they deserve.

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## CH 2

### Lack of Sufficient Medical Evidence

#### **The Silent Killer of VA Disability Claims**

One of the most crucial components of a successful VA disability claim is strong medical evidence. Without it, the VA has little basis to approve the claim, establish service connection, or assign a fair disability rating. Many veterans assume that simply stating their condition on VA Form 21-526EZ is enough, but the reality is that the VA requires documented proof of the disability, its severity, and its connection to military service. Failure to provide sufficient medical evidence can result in long delays, lower disability ratings, or outright denial.

#### **Why Medical Evidence Is So Important**

The VA does not approve disability claims based on a veteran's word alone. Even if an injury or condition is obvious, the VA still requires documented proof that it exists, is severe enough to warrant compensation, and is connected to military service. Medical evidence serves as the foundation of any claim, helping to establish all three of these key elements.

Without clear medical documentation, the VA may assume that the condition does not exist, is not severe enough to be compensable, or is unrelated to service. Some veterans submit claims with minimal medical records or outdated information, expecting the VA to fill in the gaps. This

assumption often leads to unnecessary delays, as the VA must request additional records, schedule medical examinations, or outright deny the claim due to lack of proof.

### **Types of Medical Evidence Needed for a Strong Claim**

A well-documented VA disability claim includes multiple forms of medical evidence. One of the most important sources is service treatment records (STRs), which document any injuries, illnesses, or medical issues that occurred during active duty.

If an injury or condition was treated while in service, those records serve as direct evidence that the issue began during military service.

In addition to STRs, VA medical records and private medical records play a vital role. If a veteran has continued to receive treatment for a condition after leaving service, those records show the ongoing nature of the disability and its impact over time. The VA relies heavily on these documents to determine the severity of a condition and assign a proper disability rating.

Medical test results such as X-rays, MRIs, blood work, and other diagnostic tests can provide objective proof of a condition's existence and severity. The VA places significant weight on documented medical findings rather than just a veteran's description of symptoms.

If a veteran is claiming a spinal injury, for example, an MRI showing disc damage will carry far more weight than a written statement about back pain.

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Another crucial piece of evidence is a medical opinion from a doctor, sometimes known as a nexus letter. A nexus letter is a written statement from a medical professional explaining how a veteran's condition is linked to their military service.

This document is particularly important for conditions that may not have been diagnosed while on active duty but developed later as a result of service-related injuries or exposures.

### **Common Mistakes Veterans Make with Medical Evidence**

Many veterans assume that the VA already has access to their medical records and will retrieve them as needed. While the VA does have the ability to access some records, it is ultimately the veteran's responsibility to provide all necessary documentation upfront.

Relying on the VA to gather records can lead to delays, as the agency may struggle to locate certain documents or require additional authorizations.

Another common mistake is submitting outdated or incomplete medical records. Some veterans only include records from their time in service, failing to provide current medical reports that demonstrate the ongoing impact of the condition.

If a veteran was diagnosed with knee problems in service but has not submitted any recent medical evaluations, the VA may assume the condition has improved or is no longer severe enough for compensation.

Vague or insufficient medical statements also weaken a claim. Some veterans submit medical notes that simply confirm they have a condition but do not detail its severity, limitations, or connection to service.

A strong medical report should describe the symptoms, how they affect daily activities, and whether the condition is expected to improve or worsen over time.

### **Steps to Strengthen Medical Evidence for a VA Claim**

To avoid delays and denials due to lack of medical evidence, veterans should take a proactive approach when preparing their claim. First, they should gather all relevant medical records, including those from active duty, VA healthcare providers, and private doctors. It is essential to include recent medical evaluations that demonstrate the current severity of the condition.

Second, veterans should request a nexus letter from a qualified medical professional if their condition was not clearly diagnosed during service. A well-written nexus letter that explains how the disability is linked to military service can significantly improve the chances of approval.

Third, veterans should undergo any necessary medical tests to provide objective proof of their condition. If a veteran is claiming hearing loss, a comprehensive audiology exam should be included. If a veteran is filing for PTSD, a mental health evaluation with a licensed psychologist or psychiatrist will strengthen the case.

Finally, working with an accredited Veterans Service Officer (VSO) can be invaluable. VSOs understand the VA's

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requirements for medical evidence and can help ensure that all necessary documentation is included before the claim is submitted. They can also advise veterans on how to obtain missing records or additional medical opinions if needed.

### **Most Common Reasons**

Lack of sufficient medical evidence is one of the most common reasons VA disability claims are delayed or denied. The VA requires proof of a disability's existence, severity, and service connection before awarding benefits. Veterans who take the time to gather complete and up-to-date medical records, obtain a nexus letter, and provide objective medical tests will significantly improve their chances of receiving the compensation they deserve.

Submitting a claim without strong medical evidence is like going to court without proof - it weakens the case and increases the likelihood of denial. By ensuring that the claim is fully supported by thorough documentation, veterans can avoid unnecessary delays and move one step closer to securing the benefits they earned through their service.

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## CH 3

### Failure to Include a Nexus Letter

#### **The Missing Link in VA Disability Claims**

One of the most overlooked yet critical components of a successful VA disability claim is the nexus letter. Many veterans submit claims expecting the VA to connect the dots between their condition and military service, only to receive a denial due to a lack of medical evidence linking the two.

The nexus letter serves as that missing link, providing a professional medical opinion that explicitly states how and why a veteran's disability is connected to their time in service. Without it, many claims fail to meet the VA's standard of proof for service connection.

#### **What Is a Nexus Letter and Why Is It Important?**

A nexus letter is a written statement from a licensed medical professional, such as a doctor, specialist, or psychologist, that establishes a clear connection between a veteran's disability and their military service. The VA requires medical evidence to determine whether a claimed condition is service-connected, meaning it resulted from or was aggravated by military service.

While medical records and service treatment records provide useful background information, a nexus letter explicitly states that a veteran's condition is "at least as likely as not" linked to their military service.

The phrase “at least as likely as not” is crucial because it represents the VA’s 50% threshold of proof. This means that if medical evidence suggests there is a reasonable likelihood that the condition is service-related, the VA should grant service connection.

Without a nexus letter, the VA often rules that a veteran’s condition lacks sufficient medical proof to be linked to their service, resulting in a denial or a lower disability rating.

### **When Is a Nexus Letter Necessary?**

Not every VA disability claim requires a nexus letter, but in cases where a direct service connection is not obvious, it becomes an essential piece of evidence. Some situations where a nexus letter is particularly valuable include:

- The disability was not diagnosed during service but developed later. Many conditions, such as PTSD, hearing loss, or exposure-related illnesses (Agent Orange, burn pits), may not present symptoms until years after a veteran has left the military. A nexus letter helps prove that the condition is linked to events or exposures from service.
- The veteran is claiming a secondary condition. If a veteran has a condition that developed because of another service-connected disability, they must prove that link. For example, a veteran with service-connected knee damage who later develops hip or back problems due to altered walking patterns will need a nexus letter to establish the secondary connection.

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- The VA has previously denied the claim. If a claim has been denied due to a lack of evidence, a well-written nexus letter can provide the missing proof needed for a successful appeal.

### **Common Mistakes Veterans Make Regarding Nexus Letters**

Many veterans do not include a nexus letter with their claim because they do not realize they need one. Some assume the VA will automatically make the connection between their condition and service, but the burden of proof falls on the veteran. Without a doctor's explicit statement linking the disability to service, the VA often concludes there is no proven connection.

Another mistake is obtaining a nexus letter from a provider who does not clearly explain the connection. A weak nexus letter that lacks specific language or medical reasoning will not hold much weight in the VA's decision-making process. A strong nexus letter should include:

- A clear statement that the veteran's condition is "at least as likely as not" caused by or aggravated by military service.
- A medical explanation based on the veteran's medical history, symptoms, and any relevant test results.
- A reference to medical research or established VA guidelines, if applicable, to further support the opinion.

Some veterans also make the mistake of assuming their VA doctor will automatically provide a nexus letter. While

some VA doctors are willing to write nexus letters, many do not due to time constraints or VA policy. If a VA doctor refuses to provide a letter, veterans should seek one from a private physician, specialist, or independent medical examiner (IME).

### **How to Obtain a Strong Nexus Letter**

The first step in obtaining a strong nexus letter is to find a qualified medical professional who understands VA disability claims and can provide a well-supported opinion. This could be a veteran's primary care physician, a specialist, or an independent doctor who specializes in VA claims evaluations.

When requesting a nexus letter, it is helpful to provide the doctor with:

- A copy of the veteran's military service records
- Past and current medical records related to the condition
- Details about how the disability developed and how it has progressed over time
- Any supporting documents, such as buddy statements or VA rating decisions

Veterans should also be prepared to pay out-of-pocket for a private nexus letter if necessary. While this may seem like an extra expense, a strong nexus letter can make the difference between approval and denial, potentially securing thousands of dollars in benefits over time.

## **What Happens If You Submit a Claim Without a Nexus Letter?**

Submitting a claim without a nexus letter does not automatically result in denial, but it significantly weakens the claim. In cases where the VA cannot clearly see a service connection through military records, the claim may be denied due to lack of sufficient evidence.

If the VA believes more information is needed, they may request a Compensation & Pension (C&P) exam, where a VA doctor evaluates the condition and provides an opinion. However, relying on the VA's examiner alone can be risky, as their opinions are not always favorable to the veteran.

If a claim is denied due to lack of a nexus letter, the veteran will have to file an appeal and provide additional evidence. This can add months or even years to the claims process.

Submitting a complete, well-documented claim from the start - including a nexus letter when needed - can avoid unnecessary delays and increase the likelihood of approval on the first submission.

## **Deciding Factor**

A nexus letter is often the deciding factor in whether a VA disability claim is approved or denied. It provides the necessary medical opinion that connects a veteran's condition to their military service, giving the VA the justification needed to grant benefits. Veterans should not assume that their medical records alone will be enough - if

there is any doubt about service connection, a strong, well-supported nexus letter is essential.

By obtaining a nexus letter from a knowledgeable medical professional, ensuring it contains clear and specific language, and submitting it alongside a fully developed claim, veterans can significantly improve their chances of a successful outcome.

A well-prepared claim with strong medical evidence saves time, reduces frustration, and ensures that veterans receive the benefits they have earned through their service.

## CH 4

### Using Incorrect or Outdated Forms

#### **A Simple Mistake That Can Derail Your VA Disability Claim**

Many veterans spend months, even years, gathering medical evidence, service records, and witness statements to support their VA disability claims, only to make one fatal mistake: submitting the wrong form or using an outdated version.

It may seem like a small issue, but the VA has strict guidelines when it comes to paperwork. Using an incorrect or outdated form can result in unnecessary delays, processing errors, or even outright rejection of a claim.

#### **Why the VA Requires the Latest Forms**

The VA periodically updates its claim forms to reflect changes in policies, benefits, and legal requirements. These updates can include revised instructions, added sections for more information, or entirely new formats that better align with the VA's digital processing systems.

Veterans who submit outdated versions of VA Form 21-526EZ or any other necessary paperwork risk having their claim returned or ignored, forcing them to start over.

The VA operates on a standardized process that requires all information to be formatted correctly. If a veteran

submits an older version of a form, even if it contains all the necessary details, the VA may reject it simply because it does not match the most current format. This can add months to an already slow process, leading to frustration and potential financial hardship for veterans who rely on disability benefits.

### **Where to Find the Correct Forms**

One of the biggest mistakes veterans make is downloading forms from unofficial websites or using copies they stored from previous claims. While these sources may provide forms that appear legitimate, there is no guarantee they are up to date.

The only reliable way to obtain the latest VA Form 21-526EZ and other required documents is to visit the VA's official website at [www.va.gov](http://www.va.gov). The VA continuously updates its online forms to ensure veterans have access to the most current versions.

Veterans can also obtain the correct forms through an accredited Veterans Service Officer (VSO), who can guide them through the claims process and ensure they are using the right paperwork.

### **Common Mistakes When Submitting Forms**

Aside from using outdated versions, veterans often submit the wrong type of form altogether. For example, some veterans mistakenly file a VA Form 21-526 (the older application for disability compensation) instead of the required VA Form 21-526EZ, which is part of the VA's streamlined claims process. Using the wrong form can

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place a claim in the wrong processing category, significantly delaying the decision timeline.

Another common mistake is submitting handwritten forms with illegible information. While some veterans prefer to fill out forms manually, the VA strongly encourages using electronic versions, either through the VA's eBenefits portal or by completing a digital PDF. Electronic submissions help prevent errors due to poor handwriting and allow for faster processing.

Veterans who fail to complete every required section of the form also risk delays. Some assume that certain questions do not apply to them and leave fields blank.

The VA may interpret these omissions as missing information, leading to requests for clarification or outright rejection. If a question does not apply, writing "N/A" instead of leaving it blank ensures the VA knows the omission was intentional.

### **How to Avoid Using an Incorrect or Outdated Form**

The best way to avoid using an outdated or incorrect form is to double-check the version date before submission. At the bottom of every VA form, there is a revision date that indicates when it was last updated. If a veteran is unsure whether they have the latest version, they should compare the date on their form with the most recent version available on [www.va.gov](http://www.va.gov).

Veterans should also work closely with a VSO, attorney, or claims specialist to review their paperwork before submission. These professionals stay informed about VA

policy changes and can help ensure that all forms are current, completed correctly, and accompanied by the necessary supporting documents.

### **Consequences of Submitting the Wrong Form**

Submitting an outdated or incorrect form can have serious consequences, including:

- **Delayed Processing:** If the VA identifies that the form is outdated or incorrect, it will typically send the veteran a request to resubmit the correct form. This can add weeks or even months to the claim's processing time.
- **Misclassification of Claims:** The wrong form may lead to a claim being placed in the wrong category, such as a standard claim instead of a Fully Developed Claim (FDC), which can result in longer wait times.
- **Outright Denial:** In some cases, the VA may reject a claim altogether if it does not meet submission requirements. The veteran would then have to restart the entire process.

### **What to Do If an Incorrect Form Was Submitted**

If a veteran realizes they submitted an outdated or incorrect form, the best course of action is to correct the mistake immediately. This can be done by:

1. Downloading the correct version from the VA's official website and refilling the application.

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2. Contacting the VA or a VSO to verify whether the submitted form needs to be replaced or if it can be processed with additional information.
3. Using the VA's electronic claims system (eBenefits or VA.gov) to submit the correct form digitally, which can speed up processing compared to mailing in a paper version.

For veterans who receive a notice from the VA requesting resubmission due to an incorrect form, responding as quickly as possible is crucial to prevent further delays. Ignoring these requests can lead to a claim being closed or denied.

### **No Minor Issue**

Submitting an outdated or incorrect VA form may seem like a minor issue, but it can have major consequences for a veteran's disability claim. The VA operates under strict guidelines, and failing to use the correct forms can lead to unnecessary delays, misfiled claims, or outright denials.

By always obtaining forms directly from [www.va.gov](http://www.va.gov), working with an accredited VSO, and double-checking submission details, veterans can avoid this common pitfall and ensure their claims move forward without unnecessary setbacks. A successful VA claim starts with the right paperwork - getting it right the first time can save months of frustration and uncertainty.

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## CH 5

### Failure to Submit Supporting Statements

#### **Weakening a Claim Without Backup Evidence**

A strong VA disability claim is built on more than just medical records and service documentation - it also requires supporting statements that provide additional context, testimony, and verification of the claimed condition.

Unfortunately, many veterans fail to include these critical statements, assuming that medical records alone are enough to prove their case. In reality, missing supporting statements can lead to delays, denials, or lower disability ratings, as the VA may determine that there is insufficient evidence to grant service connection.

Supporting statements, also known as lay evidence or buddy statements, help fill in gaps in a claim by providing firsthand accounts of how a disability developed, how it has worsened over time, and how it impacts daily life.

These statements can come from fellow service members, family members, friends, co-workers, or caregivers who have direct knowledge of the veteran's condition. When properly written and submitted alongside a fully developed claim, these statements reinforce medical evidence and increase the likelihood of approval.

## **The Role of Supporting Statements in a VA Disability Claim**

The VA's decision-making process relies on a combination of official medical evidence and personal testimony to establish service connection and determine disability ratings.

While medical records provide diagnostic details and treatment history, they often lack the day-to-day perspective of how a disability affects a veteran's ability to work, maintain relationships, or carry out normal activities.

Supporting statements can be used to:

- Describe how an injury occurred during service (especially in cases where there is no formal medical record of the event).
- Confirm ongoing symptoms and their impact on daily life (for conditions that may not always appear in medical evaluations).
- Establish secondary conditions that have developed over time (such as depression or anxiety resulting from a service-connected physical injury).
- Support claims for increased disability ratings by demonstrating the progression or worsening of a condition.

For example, if a veteran is filing a claim for post-traumatic stress disorder (PTSD) but lacks official documentation of the traumatic event in service, a buddy statement from a fellow service member who witnessed the incident can be the key piece of evidence that confirms the stressor.

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Likewise, if a veteran is seeking an increase in disability compensation due to worsening back pain, a statement from a spouse explaining how the veteran struggles to complete household tasks can strengthen the case.

### **Types of Supporting Statements That Strengthen a Claim**

There are several types of supporting statements that can improve a VA disability claim:

#### **Buddy Statements from Fellow Service Members**

One of the most valuable forms of supporting evidence is a statement from a fellow service member who served alongside the veteran. If the veteran's service records do not document an injury or stressor event, a firsthand account from a fellow soldier, Marine, sailor, or airman can provide the necessary verification.

These statements should include:

- The full name and contact information of the person providing the statement.
- Details about their service (dates, unit, location) and how they knew the veteran.
- A description of the event or injury they witnessed and how it impacted the veteran.

A well-written buddy statement can bridge the gap between a veteran's personal testimony and the medical records available, helping the VA establish service connection.

## **Statements from Family Members and Close Friends**

Family members, spouses, and close friends see the veteran's struggles firsthand and can provide insight into how a condition has affected their life. These statements are particularly useful for conditions that impact mental health, mobility, or daily activities.

A spouse, for example, can describe changes in the veteran's behavior, mood, or physical abilities since leaving service. A friend might recall conversations about pain levels, nightmares, or difficulties with work. These statements humanize the claim, giving the VA a clearer picture of the real-life consequences of the disability.

## **Employer or Co-worker Statements**

For veterans whose disabilities have affected their ability to work, a statement from an employer or co-worker can be valuable. These statements can describe:

- How the veteran's condition affects job performance.
- Any accommodations made to help the veteran continue working.
- Instances where the veteran had to miss work or leave a job due to their disability.

Work-related statements help demonstrate functional limitations, which can be critical when seeking a higher disability rating or proving eligibility for Total Disability Individual Unemployability (TDIU).

## **Common Mistakes Veterans Make with Supporting Statements**

One of the biggest mistakes veterans make is assuming that supporting statements are unnecessary. Some believe that medical records alone are enough, not realizing that the VA often weighs personal testimony heavily when deciding claims.

Another mistake is submitting vague or unorganized statements that lack specific details. A weak supporting statement might say, "I know the veteran has PTSD because they seem anxious," while a stronger statement would say, "Since returning from deployment in 2008, the veteran wakes up several times a night due to nightmares and avoids crowded places due to severe anxiety."

Some veterans also fail to use VA Form 21-10210, the official Lay/Witness Statement form, when submitting supporting evidence. While the VA will accept informal statements written on regular paper, using the official form ensures the statement is properly formatted and processed correctly.

## **How to Submit Effective Supporting Statements**

Veterans should take a strategic approach when submitting supporting statements, ensuring they are detailed, specific, and relevant to the claim. Each statement should include:

- The name and relationship of the person providing the statement.
- A detailed description of what they have observed.

- Specific examples of how the condition has impacted the veteran's life.

Submitting multiple supporting statements from different sources can further reinforce the claim, providing a well-rounded perspective that strengthens the case.

### **Filling in the Gaps**

Failure to submit supporting statements is a missed opportunity that can weaken a VA disability claim. The VA often relies on personal testimony to fill in the gaps that medical records alone cannot address.

Buddy statements, family testimony, and work-related statements provide crucial insight into how a disability affects a veteran's life, making it easier for the VA to grant service connection and assign the appropriate rating.

By gathering strong supporting statements, ensuring they are detailed and well-written, and submitting them on VA Form 21-10210, veterans can avoid unnecessary delays and improve their chances of approval. A well-documented claim tells a complete story, and supporting statements are a vital part of ensuring the VA sees the full picture.

## CH 6

### Not Establishing a Clear Service Connection

#### **The Foundation of a Successful VA Disability Claim**

One of the biggest reasons VA disability claims are denied is the failure to establish a clear service connection between a veteran's condition and their military service.

The VA does not automatically grant disability benefits simply because a veteran has a medical condition. Instead, the veteran must prove that their disability is directly linked to their time in service. Without this connection, the VA will likely determine that the condition is unrelated to military service, resulting in a denial.

Service connection is the foundation of every VA disability claim. Without it, the VA has no basis for awarding compensation, no matter how severe the condition might be. Veterans who understand how to properly establish service connection significantly improve their chances of getting their claim approved and receiving the benefits they deserve.

#### **Understanding the Three Elements of Service Connection**

For the VA to recognize a service-connected disability, a claim must meet three key criteria:

1. **A Current Diagnosed Disability** – The veteran must have a diagnosed medical condition that is currently affecting their life. Simply experiencing

pain or discomfort without a formal medical diagnosis is not enough.

2. An In-Service Event, Injury, or Exposure – The veteran must show evidence that something happened during service that could have caused or contributed to the disability. This could be a physical injury, exposure to hazardous substances, or a traumatic event.
3. A Nexus Between the Disability and the In-Service Event – There must be medical or credible lay evidence linking the current disability to the in-service event. This is often established through medical records, service records, and a nexus letter from a doctor.

If any of these three elements are missing, the VA will likely deny the claim due to lack of service connection.

### **Common Reasons the VA Denies Service Connection**

Many veterans assume that because they served in the military and now have a disability, their condition should automatically be considered service-connected. However, the VA follows strict guidelines and requires clear evidence of a link between service and the disability. Some of the most common reasons for denial include:

- The disability was not documented during service. Many veterans experience injuries or illnesses in service but do not seek treatment or fail to have them documented in their service treatment records. Without documentation, proving service connection becomes more difficult.

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- The condition developed after service with no medical link to military duty. If a veteran develops a condition years after leaving service, they must provide medical evidence or expert testimony proving that it is related to their time in the military.
- The VA determines the condition is due to aging or lifestyle factors. The VA may claim that certain conditions, such as arthritis or hearing loss, are the result of aging rather than military service. Without strong medical evidence, a claim may be denied on these grounds.

### **Different Ways to Establish Service Connection**

Veterans who struggle to prove service connection should be aware that there are multiple paths to establishing it. While direct service connection (proving an injury or illness happened during service) is the most common approach, there are other options that may apply depending on the circumstances.

### **Presumptive Service Connection**

For certain conditions, the VA presumes that they are automatically linked to military service based on exposure to hazardous environments or deployments. Some examples include:

- Agent Orange exposure (Vietnam veterans)
- Gulf War Syndrome (Persian Gulf War veterans)
- Radiation exposure (Atomic veterans)
- Burn pit exposure (Iraq and Afghanistan veterans)

If a veteran develops a condition that falls under the VA's list of presumptive illnesses, they do not need to prove service connection, as it is presumed by law.

### **Secondary Service Connection**

Sometimes a veteran develops a disability because of a condition that is already service-connected. For example, if a veteran has a service-connected knee injury that leads to chronic back pain, they can file for back pain as a secondary condition. In these cases, a nexus letter from a doctor is crucial to proving that the secondary condition is caused by the primary service-connected disability.

### **Aggravation of a Pre-Existing Condition**

Some veterans had medical conditions before entering military service, but their time in service worsened the condition. The VA will grant service connection if medical evidence shows that military service aggravated a pre-existing condition beyond its natural progression.

For example, a veteran who had mild asthma before enlistment but developed severe respiratory issues due to exposure to burn pits may qualify for service connection based on aggravation.

### **How to Strengthen a Claim for Service Connection**

Veterans can take several proactive steps to strengthen their claims and prove service connection:

- Ensure all relevant service medical records are included. If an injury or illness was documented

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during service, those records provide the strongest evidence for direct service connection.

- Obtain a strong nexus letter. A written statement from a doctor explaining how the disability is linked to service is one of the most powerful pieces of evidence a veteran can provide.
- Submit buddy statements. Testimonies from fellow service members who witnessed an in-service injury or event can help verify what happened, especially if no official records exist.
- Provide detailed personal statements. Veterans should write a clear, detailed statement explaining how their condition started in service and how it has affected their life since.
- Research presumptive conditions. If the veteran's disability falls under a presumptive condition list, they should cite the applicable VA regulation to support their claim.

### **The Foundation**

Establishing a clear service connection is the foundation of any successful VA disability claim. Without it, the VA has no reason to approve benefits, no matter how severe a condition might be. Veterans who take the time to gather strong medical records, nexus letters, and supporting statements will significantly improve their chances of approval.

Many veterans face denials simply because they fail to present a clear link between their disability and military service. Understanding the different types of service connection - direct, presumptive, secondary, and

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aggravation - allows veterans to build stronger claims with multiple avenues for success.

By taking a strategic approach, submitting thorough documentation, and seeking guidance from Veterans Service Officers (VSOs) or medical experts, veterans can overcome service connection hurdles and secure the benefits they rightfully earned.

## CH 7

# Claiming a Condition Not Recognized by the VA

### **Understanding the VA's Approved Disabilities List**

One of the biggest reasons veterans experience denials or delays in their VA disability claims is that they file for a condition that the VA does not recognize as service-connected.

While veterans may suffer from real, debilitating illnesses or injuries, the VA has specific guidelines on which conditions qualify for disability compensation. If a veteran files a claim for a condition that is not on the VA's list of recognized disabilities or does not meet the necessary criteria, the claim is likely to be denied.

Many veterans assume that because their condition began during or after military service, it should be automatically recognized for compensation. However, not all conditions are eligible, and even those that might be related to military service require medical evidence and strong documentation to prove their connection.

### **What Conditions Does the VA Recognize for Disability Benefits?**

The VA grants disability benefits for conditions that are determined to be service-connected. Some of the most commonly recognized conditions include:

- Musculoskeletal injuries (joint pain, back problems, arthritis)
- Hearing loss and tinnitus
- Mental health disorders (PTSD, depression, anxiety)
- Respiratory conditions (asthma, chronic bronchitis, lung disease)
- Neurological disorders (migraines, traumatic brain injury)
- Cancers and illnesses related to toxic exposure (Agent Orange, burn pits, Gulf War Syndrome)

If a condition is listed under the VA's Schedule for Rating Disabilities, it can qualify for compensation if the veteran can prove service connection. However, many conditions are not explicitly listed, and this is where veterans often run into problems.

### **Why the VA May Not Recognize a Condition**

There are several reasons why the VA might not recognize a condition for disability compensation:

- The condition is not on the VA's presumptive list. Certain illnesses, such as those caused by Agent Orange exposure or Gulf War Syndrome, are presumed to be service-connected. However, if a condition does not fall under a presumptive category, the veteran must provide strong evidence proving the link to military service.
- The VA considers the condition unrelated to military service. Some conditions, such as high blood pressure, sleep apnea, or fibromyalgia, may not be directly listed as service-connected unless

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the veteran can prove aggravation due to military service.

- The medical community does not widely recognize the condition. Some veterans suffer from undiagnosed illnesses or rare medical conditions that are difficult to link to service. The VA requires scientific and medical evidence before it acknowledges certain conditions.
- The veteran lacks sufficient medical evidence. Even if a veteran has a legitimate medical condition, failing to provide medical records, diagnostic test results, or doctor's opinions can lead to a claim being denied.

### **Steps to Take If the VA Does Not Recognize a Condition**

Veterans who file a claim for a condition that is not officially recognized should take several steps to strengthen their case and improve their chances of approval.

#### **1. Obtain a Strong Nexus Letter**

If a condition is not on the VA's presumptive list, a nexus letter from a qualified medical professional is crucial. This letter should:

- Clearly state that the veteran's condition is "at least as likely as not" caused by military service.
- Provide a medical explanation linking the condition to specific exposures, injuries, or service-related factors.
- Reference scientific studies or medical research that support the claim.

For example, a veteran filing for sleep apnea may need a nexus letter explaining how their service-related PTSD contributed to the development of the condition.

## **2. Submit Strong Supporting Evidence**

The VA requires credible medical and lay evidence to support a claim. This can include:

- Service medical records showing any related symptoms or early signs of the condition.
- Private medical records documenting the condition's progression.
- Statements from family members or fellow service members explaining how the condition developed.
- Medical studies and research linking military exposures to the condition.

For instance, a veteran who developed chronic fatigue syndrome after serving in the Gulf War might reference VA research on Gulf War Illness to strengthen their claim.

## **3. Explore Secondary Service Connection**

If the VA does not recognize a condition as directly service-connected, it may qualify as a secondary service connection. This means the condition developed as a result of another service-connected disability.

For example:

- Depression or anxiety caused by a service-connected back injury

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- Heart disease worsened by service-connected diabetes
- Obstructive sleep apnea aggravated by PTSD or a traumatic brain injury

Veterans should check their existing service-connected conditions to see if they can link the new condition as a secondary disability.

### **4. File an Appeal with New Evidence**

If a claim is denied because the VA does not recognize the condition, the veteran can file an appeal and submit additional medical evidence to support their case. The appeal should include:

- A detailed explanation of how the condition is linked to service.
- New medical evaluations or diagnostic tests that further prove the condition's severity.
- Expert opinions from medical professionals.

Many veterans succeed on appeal after providing additional medical documentation that strengthens their claim.

### **Be Proactive**

Filing a VA disability claim for a condition not recognized by the VA can be frustrating, but it is not always a dead end. Veterans must take a proactive approach by gathering strong medical evidence, securing a nexus letter, and considering secondary service connections.

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The VA does not automatically deny claims for unlisted conditions - it simply requires stronger proof. By working with a Veterans Service Officer (VSO), gathering medical research, and filing appeals if necessary, veterans can still win their claims and receive the compensation they deserve.

Understanding what the VA does and does not recognize is key to avoiding unnecessary denials and delays. With the right evidence and persistence, veterans can successfully prove service connection for even the most challenging disability claims.

## CH 8

### Pre-existing Conditions Misinterpreted

#### **How the VA Can Wrongly Deny or Reduce Your Claim**

One of the most frustrating reasons a VA disability claim is denied or reduced is the misinterpretation of a pre-existing condition. Many veterans enter military service with some type of medical history, but their service may have aggravated or worsened that condition.

Unfortunately, the VA often assumes that pre-existing conditions are unrelated to service and denies claims without properly evaluating whether military duty made the condition worse.

This issue is particularly frustrating for veterans who had no noticeable symptoms before service but later experienced significant health problems. In some cases, veterans are told that their condition was “pre-existing” when, in reality, their military service contributed to its progression or worsening. Understanding how the VA evaluates pre-existing conditions - and knowing how to challenge unfair denials - is key to securing disability benefits.

#### **What Is a Pre-existing Condition Under VA Law?**

A pre-existing condition is any medical issue that a veteran had before joining the military. The VA assumes that some disabilities, such as asthma, joint problems, or mental health conditions, may have existed before enlistment.

However, if a veteran's military service worsened or aggravated that condition beyond its natural progression, they may still qualify for VA disability benefits.

The VA follows two main rules when evaluating pre-existing conditions:

1. **Presumption of Soundness:** Veterans are legally presumed to be in good health when they enter service, unless a medical condition is clearly documented on their entrance examination. If a condition is not noted at enlistment, the VA must assume it developed during service unless there is clear evidence to prove otherwise.
2. **Service Aggravation Rule:** If a condition was documented before service, the VA must determine whether military service made it worse. If the condition worsened due to service beyond its natural progression, the VA should grant service connection based on aggravation.

### **How the VA Misinterprets Pre-existing Conditions**

One of the most common VA mistakes is wrongly assuming a condition existed before service when there is no documented medical history to support that conclusion. Some veterans receive denial letters stating that their disability is not service-connected because it was "pre-existing," even when there was no mention of the condition during their enlistment medical exam.

Another issue is misidentifying normal progression versus service-related aggravation. The VA may argue that a condition would have worsened naturally over time, even

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if military service directly contributed to its severity. This is especially common with joint conditions, hearing loss, and mental health disorders, where the VA claims that aging - not military service - caused the worsening symptoms.

Veterans with mild conditions before service often find that the VA downplays the impact of military duty. For example, a veteran with minor knee pain before enlistment may have suffered repeated injuries and now requires knee surgery. The VA might argue that the knee issues were inevitable, rather than acknowledging that years of physical military training significantly worsened the condition.

### **How to Prove That Service Aggravated a Pre-existing Condition**

To win a claim involving a pre-existing condition, veterans must provide strong medical evidence showing that military service aggravated their condition beyond what would have happened naturally.

### **Obtain a Nexus Letter from a Doctor**

One of the most powerful pieces of evidence in an aggravation claim is a nexus letter from a medical professional. The letter should:

- Confirm that the veteran had a pre-existing condition.
- Explain how military service made the condition worse.

- Use medical reasoning and supporting records to show that the worsening was beyond normal progression.

For example, a veteran with mild asthma at enlistment who later developed severe breathing issues due to burn pit exposure should have a doctor explain how exposure to toxins worsened their condition.

### **Gather Service Treatment Records and Medical Reports**

Medical records from military service can prove worsening symptoms over time. If a veteran's enlistment exam showed no issues, but their service medical records later show repeated complaints and treatments, this is strong evidence of aggravation.

For example, a veteran who had mild back pain before service but later required physical therapy and surgery can use military medical records to show that service demands worsened the condition.

### **Use Personal Statements and Buddy Statements**

Veterans can write personal statements explaining how their condition changed during service. If military training, deployments, or hazardous exposures contributed to worsening symptoms, these details should be clearly documented.

Additionally, buddy statements from fellow service members can confirm that the veteran experienced significant physical or medical challenges during service. A

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statement from a spouse or close family member can also describe how the veteran's health declined after service.

### **Challenging a VA Denial Based on Pre-existing Conditions**

If the VA wrongly denies a claim by stating that a condition was pre-existing and not aggravated by service, veterans have the right to appeal the decision.

### **Request a Higher-Level Review**

A Higher-Level Review (HLR) allows veterans to challenge VA errors without submitting new evidence. If the VA failed to apply the Presumption of Soundness, an HLR can force them to re-evaluate the claim correctly.

### **File a Supplemental Claim with New Evidence**

If the VA claims that a condition was not aggravated beyond its natural progression, submitting new medical evidence (such as a nexus letter or updated test results) can prove service-related worsening.

### **Appeal to the Board of Veterans' Appeals**

If the VA repeatedly denies the claim, veterans can appeal to the Board of Veterans' Appeals (BVA). A veterans law judge can overturn VA mistakes and grant service connection based on aggravation.

### **Misinterpretation**

Many veterans wrongfully lose their VA disability claims because the VA misinterprets pre-existing conditions. The

VA often assumes that conditions existed before service without proper evidence or downplays the impact of military service on worsening symptoms.

By understanding Presumption of Soundness, the Service Aggravation Rule, and the right to appeal, veterans can fight back against unfair denials. The key is to provide medical records, strong nexus letters, and detailed personal statements to show that military service worsened the condition beyond its natural progression.

A pre-existing condition does not automatically disqualify a veteran from receiving benefits. With the right evidence and persistence, veterans can successfully prove service connection based on aggravation and receive the compensation they deserve.

## CH 9

# Not Proving Aggravation of a Pre-existing Condition

### **The Key to Winning Service Connection**

Many veterans struggle to get their VA disability claims approved because they fail to prove that their military service aggravated a pre-existing condition. The VA operates under strict guidelines when evaluating whether a service-connected event worsened an existing disability.

If a veteran does not provide strong medical evidence, personal statements, and expert opinions, the VA may deny the claim by arguing that the condition would have worsened naturally over time, rather than due to military service.

Understanding how to prove aggravation, what the VA requires, and how to counter common VA denials is crucial for securing disability benefits.

### **What Is Aggravation of a Pre-existing Condition?**

A pre-existing condition is any medical condition that a veteran had before joining the military. However, under VA law, if a veteran's military service worsened the condition beyond its natural progression, they may still qualify for disability compensation.

The VA follows two important legal principles when evaluating these claims:

- **Presumption of Soundness:** If a veteran's entrance medical exam does not mention a condition, the VA must assume the veteran was healthy upon enlistment unless there is clear and unmistakable evidence proving otherwise.
- **Service Aggravation Rule:** If a condition was documented before service, the VA must determine whether military service aggravated it beyond what would have happened under normal circumstances.

If a veteran can prove that military service made a condition worse, they may receive service-connected compensation for the aggravated portion of the disability.

### **Common VA Denials for Pre-existing Conditions**

One of the most frustrating denials a veteran can receive is when the VA claims that their condition would have worsened anyway due to aging or natural progression. Some common reasons the VA denies service aggravation claims include:

- The VA argues that the condition did not worsen beyond its natural course.
- The VA claims there is no medical evidence showing an increase in severity.
- The VA states that there is no link between military service and worsening symptoms.
- The veteran did not have documented complaints or treatment during service.

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These standard denials highlight why veterans must provide clear medical evidence and strong documentation when submitting a claim.

### **How to Prove That Military Service Aggravated a Pre-existing Condition**

To successfully prove service aggravation, veterans need to build a strong case using medical records, nexus letters, and lay statements that support their claim.

#### **1. Obtain Medical Records Showing Worsening Symptoms**

The most critical piece of evidence is medical documentation that shows the condition got worse during or after military service. This includes:

- Military service medical records showing treatment, complaints, or worsening symptoms.
- Post-service VA and private medical records demonstrating the progression of the condition.
- Comparative medical exams that show a decline in health from enlistment to discharge.

For example, if a veteran had mild knee pain before enlistment but later needed knee surgery due to repeated military training injuries, medical records showing this progression are vital.

#### **2. Get a Strong Nexus Letter from a Doctor**

A nexus letter from a qualified medical professional can be a game-changer in an aggravation claim. This letter should:

- Clearly state that the veteran’s condition was aggravated by military service.
- Explain how service-related activities worsened the condition beyond normal aging or progression.
- Use medical studies and past treatment records to support the claim.

For example, a veteran with asthma before service who was exposed to burn pits in Iraq should get a doctor’s statement explaining how toxic exposure made their asthma significantly worse.

### **3. Provide Personal Statements Describing the Worsening of the Condition**

Veterans should submit a personal statement (VA Form 21-4138) explaining:

- How they felt before service versus how they feel now.
- Specific events or duties that worsened their condition.
- Any treatment they sought during or after service.

For example, a veteran with lower back issues before enlistment might describe how carrying heavy gear on long marches led to chronic back pain and an eventual diagnosis of degenerative disc disease.

#### **4. Use Buddy Statements from Fellow Service Members or Family**

Buddy statements from fellow service members, friends, or family can help verify that a veteran's condition got worse due to service. These statements should:

- Confirm any injuries, symptoms, or struggles the veteran experienced.
- Provide insight into how the condition impacted daily life.
- Describe visible changes in the veteran's health from enlistment to discharge.

For instance, if a veteran had mild PTSD symptoms before service but developed severe anxiety and panic attacks after combat, a spouse or close friend can describe these changes in detail.

#### **Challenging a VA Denial Based on Pre-existing Conditions**

If the VA denies a claim by stating that a pre-existing condition was not aggravated, veterans can appeal the decision by submitting:

- New medical evidence proving that the condition worsened.
- A detailed nexus letter reinforcing the service connection.
- Statements from fellow service members or family describing the impact of service on health.

If a veteran's entrance exam did not document a condition, they should challenge the VA by invoking the

Presumption of Soundness. This means that unless the VA provides clear and unmistakable evidence that the condition existed before enlistment, they must assume the veteran was healthy at the time of service.

### **Strong Evidence**

Many veterans wrongly lose their disability claims because they fail to prove that military service aggravated a pre-existing condition. The VA often assumes that worsening symptoms are due to natural progression, not military duty, unless a veteran provides strong evidence to the contrary.

The key to winning an aggravation claim is to:

- Obtain medical records proving the worsening of the condition.
- Get a well-supported nexus letter from a doctor.
- Provide personal and buddy statements detailing how the condition declined.
- Challenge VA denials using the Presumption of Soundness rule.

Veterans should not accept wrongful denials - with the right documentation, they can successfully prove service connection based on aggravation and receive the compensation they deserve.

## CH 10

# Misinterpreting VA Diagnostic Codes

### **How Rating Errors Affect Disability Compensation**

One of the most common yet overlooked mistakes in VA disability claims is the misinterpretation of VA diagnostic codes. These codes determine how the VA classifies a disability, how severe it is, and how much compensation a veteran receives.

When the wrong diagnostic code is applied - or when a veteran fails to understand how the codes work - it can result in a lower disability rating or even a denial of benefits.

Many veterans assume that once the VA acknowledges their disability, they will automatically receive the correct rating and compensation. However, this is not always the case. The VA's rating system is complex, and mistakes happen, whether due to clerical errors, misinterpretation of symptoms, or an incorrect medical evaluation.

Veterans who do not carefully review their rating decision may miss out on higher compensation simply because the wrong diagnostic code was applied.

### **What Are VA Diagnostic Codes?**

The VA Schedule for Rating Disabilities (VASRD) assigns each disability a diagnostic code, a four-digit number that

categorizes the condition based on medical criteria. These codes determine the severity of a condition and the percentage rating assigned, which in turn affects monthly compensation.

For example, a veteran with degenerative arthritis may be assigned Diagnostic Code 5003, which is rated based on limitation of motion. However, if the VA mistakenly rates the veteran under a less severe code, such as mild joint pain, the veteran may receive a much lower rating than they deserve.

### **Common Mistakes the VA Makes When Assigning Diagnostic Codes**

Several errors can occur when the VA applies diagnostic codes to a veteran's disability claim. Some of the most frequent mistakes include:

- Assigning the wrong diagnostic code: If the VA classifies a condition under an incorrect code, the veteran may receive a lower rating than they should. For example, a veteran with post-traumatic stress disorder (PTSD) might be incorrectly rated under anxiety disorder, which has different rating criteria.
- Failing to rate a condition under multiple applicable codes: Some conditions have multiple overlapping symptoms and could qualify for a higher rating if rated under multiple diagnostic codes. For example, a veteran with knee problems might have both arthritis (5003) and instability (5257), but if the VA only rates one condition, they may receive less compensation than they deserve.

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- Underestimating the severity of the condition: VA medical examiners sometimes fail to document the full extent of a disability, leading to an incorrectly low rating. This often happens with conditions like hearing loss, migraines, and mental health disorders, where subjective symptoms are not properly evaluated.
- Failing to consider secondary conditions: Many disabilities lead to secondary conditions, which should be rated separately. If the VA does not properly consider how one condition leads to another, a veteran may be missing out on additional benefits.

### **How Misinterpreting Diagnostic Codes Affects Disability Ratings**

The difference between a 10% rating and a 50% rating can be hundreds or even thousands of dollars per month in VA disability compensation. If the VA assigns the wrong diagnostic code or underestimates the severity of a condition, it directly affects a veteran's financial support.

For example, a veteran with migraine headaches might be rated at 10% if the VA determines they have "occasional attacks." However, if the migraines occur several times per month and interfere with work, they may qualify for a 50% rating under Diagnostic Code 8100. If the VA fails to properly evaluate the severity, the veteran loses out on significant compensation.

Similarly, a veteran with sleep apnea who requires a CPAP machine should be rated at 50% under Diagnostic Code 6847. If the VA mistakenly rates them at 30% for minor

respiratory issues, the veteran receives a lower monthly payment than they are entitled to.

## How to Ensure the Correct Diagnostic Code Is Applied

Veterans should take an active role in reviewing their VA rating decision and ensure they are assigned the correct diagnostic code and rating percentage. There are several steps veterans can take to protect themselves from rating errors:

### **1. Compare the VA Rating Decision to the VASRD Criteria**

When the VA issues a decision, it includes a rating sheet that lists the diagnostic codes used. Veterans should compare these codes with the official VA Schedule for Rating Disabilities (38 CFR, Part 4) to ensure their condition has been classified correctly.

If a veteran believes they should have received a higher rating, they should check:

- Whether their symptoms match the criteria for a higher rating under the correct diagnostic code.
- Whether they were rated under the most severe applicable code for their condition.
- Whether secondary conditions were overlooked and should be rated separately.

### **2. Obtain a Second Medical Opinion**

Sometimes, the VA's medical examination underestimates the severity of a condition. Veterans who believe their rating is too low should seek an independent medical

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opinion (IMO) from a private doctor or specialist. A detailed medical report outlining symptom severity and functional limitations can help prove that a higher rating is warranted.

### **3. File for an Increased Rating or Appeal the Decision**

If a veteran believes they received the wrong diagnostic code or rating, they have several options:

- File a Higher-Level Review (HLR) to request a senior VA reviewer to look over the claim again.
- Submit a Supplemental Claim with new medical evidence supporting a higher rating.
- File a formal appeal with the Board of Veterans' Appeals (BVA) if the VA refuses to correct the rating.

### **4. Work with a Veterans Service Officer (VSO)**

A Veterans Service Officer (VSO) can review a veteran's rating decision for free and determine whether the correct diagnostic codes were used. VSOs understand the VA rating system and can help veterans file appeals, gather medical evidence, and argue for a higher rating.

### **Understanding Codes is Important**

VA diagnostic codes play a crucial role in determining a veteran's disability rating and compensation. When the VA misinterprets these codes - either by applying the wrong one, underestimating the severity, or failing to consider secondary conditions - veterans lose out on benefits they have earned.

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By carefully reviewing their rating decision, obtaining medical evidence, and appealing incorrect ratings, veterans can ensure they receive the full compensation they deserve.

Understanding how diagnostic codes work and advocating for the correct rating can make a significant financial difference, providing the necessary support for veterans living with service-connected disabilities.

## CH 11

# Submitting Conflicting or Inconsistent Information

### **A Costly Mistake in VA Disability Claims**

One of the most common reasons veterans face delays, denials, or unnecessary scrutiny in their VA disability claims is the submission of conflicting or inconsistent information.

The VA relies heavily on the accuracy and consistency of the details provided in a claim, and even minor discrepancies can raise red flags. When different parts of a claim contradict one another - or when medical records, personal statements, and service records do not align - the VA may question the validity of the claim, request additional information, or outright deny benefits.

Many veterans unknowingly make mistakes by providing vague or contradictory details about their condition, the timeline of their symptoms, or how the disability impacts their daily life. Understanding how to avoid inconsistencies and present a clear, well-documented claim can significantly improve the chances of receiving the correct disability rating and compensation.

### **Why Conflicting Information Leads to Claim Denials**

The VA's claims system is built on verification and consistency. When reviewing a claim, VA examiners compare the veteran's statements, service records,

medical evaluations, and supporting documents to determine whether the claim is valid. If these sources provide conflicting versions of events, symptoms, or medical history, the VA may conclude that the claim lacks credibility.

Some of the most common inconsistencies that lead to denials or delays include:

- Discrepancies between personal statements and medical records. For example, if a veteran claims severe knee pain in their statement but medical records show minimal treatment history, the VA may assume the condition is not as severe as reported.
- Inconsistent descriptions of the onset of symptoms. If a veteran states in one document that their back pain began in 2005 but later claims it started in 2010, the VA may question the accuracy of the entire claim.
- Conflicting statements in VA exams. During a Compensation & Pension (C&P) exam, if a veteran describes their condition differently than what was written in their personal statement or medical records, the VA may lower the disability rating or deny service connection.
- Inconsistencies in buddy statements or witness testimonies. If one fellow service member claims an injury happened in a combat zone while another places it at a training facility stateside, the VA may dismiss the supporting evidence altogether.

The VA's standard of proof is based on credibility and supporting documentation. If a claim has too many

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inconsistencies, the VA examiner may decide that the veteran has not provided enough reliable evidence to grant benefits.

### **How to Avoid Providing Conflicting or Inconsistent Information**

Veterans can significantly strengthen their claims by ensuring that all information they submit is accurate, detailed, and consistent across all documents. The following steps can help avoid common pitfalls:

#### **1. Review All Documents for Accuracy Before Submission**

Before filing a VA claim, veterans should carefully review their personal statements, medical records, and service records to ensure that all dates, symptoms, and descriptions align correctly. Even minor discrepancies - such as stating that an injury occurred in March on one form and April on another - can lead to unnecessary delays.

If a veteran is uncertain about specific dates or details, they should provide an approximate but consistent timeframe rather than guessing different dates in different documents.

#### **2. Keep Medical Records and Personal Statements Aligned**

Medical records must support the claims made in personal statements. If a veteran describes severe chronic pain but their medical records lack evidence of regular treatment or

complaints, the VA may assume the condition is not as disabling as claimed.

To strengthen the claim:

- Ensure all medical visits, treatments, and symptom progressions are well-documented in VA or private medical records.
- If a veteran did not seek treatment in service but suffered from symptoms, they should explain why they did not report it earlier (e.g., fear of being discharged, lack of access to medical care).

### **3. Be Consistent in Statements Across Different Forms**

Veterans must fill out multiple forms throughout the VA claims process, including:

- VA Form 21-526EZ (Initial disability claim form)
- VA Form 21-4138 (Statement in Support of Claim)
- C&P Exam Questionnaire

All statements should tell the same story. If a veteran initially states that PTSD symptoms began in 2015 but later claims they started in 2018, the VA may assume the claim lacks credibility.

If a veteran cannot recall exact dates, it is better to use language such as “around 2015” rather than providing conflicting dates across different forms.

#### **4. Prepare for the C&P Exam by Reviewing the Original Claim**

Many inconsistencies occur during the C&P exam, where a VA examiner evaluates the veteran's disability. Veterans who are unprepared sometimes provide different details than what they originally stated in their claim.

Before attending the exam, veterans should:

- Review their submitted claim and medical records to ensure they describe their symptoms consistently.
- Be honest and detailed about how the condition impacts their daily life.
- Avoid downplaying or exaggerating symptoms, as both can hurt the credibility of the claim.

#### **5. Ensure Supporting Statements from Witnesses Are Consistent**

If a veteran submits buddy statements from fellow service members, family, or coworkers, those statements should:

- Support the timeline and symptoms described in the veteran's claim.
- Avoid conflicting details, such as different dates or contradicting accounts of how an injury occurred.

For example, if a veteran states that their back injury happened in a training accident but a fellow service member describes it as a combat injury, the VA may dismiss both statements as unreliable.

## **How to Fix an Inconsistent or Conflicting Claim**

If a veteran realizes that they have submitted conflicting information, they can correct the issue before the VA makes a final decision. The best way to do this is by submitting a clarifying statement using VA Form 21-4138 (Statement in Support of Claim).

This statement should:

- Acknowledge any discrepancies and explain why they occurred.
- Provide a corrected and consistent timeline of symptoms and events.
- Reference supporting medical evidence that confirms the veteran's updated explanation.

If a claim was denied due to conflicting information, the veteran can file an appeal or supplemental claim with additional evidence to resolve inconsistencies.

## **High Value on Accuracy**

Submitting conflicting or inconsistent information is a major reason why VA claims get delayed, denied, or receive lower disability ratings. The VA places a high value on accuracy and consistency, and even small mistakes can raise concerns about a claim's credibility.

Veterans can avoid these issues by carefully reviewing their documents, ensuring that all statements align with medical records, preparing thoroughly for C&P exams, and submitting well-documented supporting statements. If

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inconsistencies arise, they should be corrected as soon as possible through clarifying statements or appeals.

A well-prepared and consistent claim increases the chances of a faster approval, a higher disability rating, and the full benefits a veteran rightfully deserves.

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## CH 12

### Filing for the Wrong Disability Rating

#### **How Misclassification Can Lower VA Compensation**

One of the most common mistakes veterans make when filing for VA disability benefits is underestimating the severity of their condition, leading to an incorrect disability rating.

Veterans often assume that any disability rating will provide fair compensation, but failing to accurately describe symptoms and limitations can result in a lower rating and less financial support than they are entitled to receive.

The VA assigns disability ratings based on how much a condition impairs a veteran's ability to function in daily life. These ratings range from 0% to 100%, with higher ratings providing increased compensation. If a veteran files for the wrong rating, provides insufficient evidence, or accepts a lower rating without challenge, they may end up receiving less than they deserve.

Understanding how VA disability ratings work, how the VA evaluates conditions, and how to avoid common rating mistakes is essential for ensuring a veteran receives the full compensation they are owed.

## **How the VA Determines Disability Ratings**

The VA uses the VA Schedule for Rating Disabilities (VASRD) to assign disability ratings based on the severity of a condition. Each condition is given a diagnostic code, which determines how it is evaluated and what percentage rating is applied.

Ratings are based on:

- Medical evidence and symptom severity
- Limitations on daily activities and employment
- Compensation & Pension (C&P) exam results

For example, a veteran with post-traumatic stress disorder (PTSD) can receive ratings from 0% to 100%, depending on the frequency and severity of symptoms such as anxiety, panic attacks, or difficulty maintaining employment. If the VA underestimates the severity of symptoms, the veteran may receive a 30% rating instead of 70% or higher, resulting in significantly lower monthly compensation.

## **Common Mistakes That Lead to a Lower Disability Rating**

Many veterans end up with a lower disability rating than they deserve due to mistakes in how they describe their condition or how their medical evidence is presented.

Some of the most common rating mistakes include:

- Underreporting Symptoms – Some veterans downplay their condition or fail to provide detailed descriptions of their symptoms, leading the VA to assume the condition is less severe than it actually is.

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- Not Documenting Functional Limitations – The VA assigns ratings based on how a condition affects daily activities, such as working, driving, or performing household tasks. If a veteran does not clearly describe how their disability limits their abilities, they may receive a lower rating.
- Failure to Submit Strong Medical Evidence – Without recent medical records, diagnostic tests, or physician statements, the VA may undervalue the severity of a condition and assign a lower rating.
- Accepting the Initial VA Rating Without Question – Many veterans assume that the VA's first rating decision is final and fail to appeal a low rating, missing the opportunity to secure higher compensation.

### **How Filing for the Wrong Rating Affects Compensation**

The difference between a low and high disability rating can be thousands of dollars in lost compensation over a veteran's lifetime.

For example, a veteran with severe migraines who receives a 10% rating instead of 50% would receive hundreds of dollars less per month in disability benefits. A veteran with a back injury rated at 20% instead of 40% could be missing out on significant financial support that reflects the true impact of their condition.

Additionally, some ratings grant access to extra VA benefits, such as:

- 50% or higher ratings provide priority VA healthcare and increased family support benefits.
- 100% disability ratings allow Total Disability Individual Unemployability (TDIU) eligibility, which provides compensation equivalent to a full 100% rating for veterans unable to work.

By ensuring their rating accurately reflects the full severity of their disability, veterans can maximize their compensation and access additional benefits.

### **How to Ensure You Get the Correct Disability Rating**

Veterans can increase their chances of receiving the correct rating by taking the following steps:

#### **1. Fully Document the Severity of Your Condition**

Veterans should provide detailed descriptions of their symptoms, including:

- How often symptoms occur (daily, weekly, monthly)
- The severity of symptoms (mild, moderate, severe)
- How the condition affects daily life (work, social interactions, mobility)

For example, if a veteran is filing for PTSD, they should describe how it affects sleep, concentration, relationships, and employment, rather than simply stating they experience “anxiety.”

## **2. Obtain Strong Medical Evidence**

The best way to secure a higher rating is through comprehensive medical documentation, including:

- Recent VA or private doctor evaluations
- Specialist reports (neurologists, psychologists, orthopedic surgeons)
- X-rays, MRIs, lab tests, or other diagnostic evidence
- A nexus letter from a physician confirming the severity of symptoms

Veterans should also request a detailed Disability Benefits Questionnaire (DBQ) from their doctor, which directly supports the VA's rating criteria.

## **3. Be Prepared for the C&P Exam**

The Compensation & Pension (C&P) exam plays a major role in determining the final disability rating. Veterans should:

- Be honest and detailed about their symptoms.
- Explain how the condition impacts daily life and work.
- Avoid minimizing pain or symptoms, which could lead to a lower rating.

If the C&P examiner fails to accurately document the severity of the condition, veterans should request a second exam or appeal the results.

#### **4. Appeal an Unfairly Low Rating**

If a veteran believes their assigned disability rating is too low, they should immediately appeal the decision by:

- Filing a Higher-Level Review (HLR) for a faster reconsideration.
- Submitting a Supplemental Claim with new medical evidence.
- Appealing to the Board of Veterans' Appeals (BVA) for a full review.

Veterans do not have to accept a low rating - they have the right to challenge and fight for the correct compensation.

#### **Don't Lose Out**

Filing for the wrong disability rating or accepting a lower-than-deserved rating can lead to years of lost financial benefits. Veterans must ensure their claim:

- Fully describes the severity of symptoms.
- Includes strong medical evidence supporting a higher rating.
- Challenges any incorrect or unfair VA decisions.

By being proactive, gathering evidence, and appealing when necessary, veterans can maximize their disability compensation and receive the benefits they have rightfully earned. No veteran should settle for less than they deserve.

## CH 13

### Not Attending VA Medical Examinations (C&P Exam)

#### **A Critical Mistake That Can Derail Your Disability Claim**

One of the most crucial steps in the VA disability claims process is the Compensation & Pension (C&P) exam - a medical evaluation conducted by the VA to determine the severity of a veteran's condition and whether it is service-connected.

Many veterans assume that because they have submitted medical records and supporting evidence, they do not need to attend the C&P exam. However, failing to attend this exam can result in significant delays, lower disability ratings, or outright denial of the claim.

The VA uses the C&P exam to verify symptoms, assess functional limitations, and confirm the connection between a veteran's disability and military service. Veterans who miss their scheduled exam, arrive unprepared, or fail to communicate their symptoms effectively risk having their claims denied due to lack of sufficient medical evidence.

#### **Why the C&P Exam Is So Important**

The C&P exam is one of the most influential factors in determining a veteran's disability rating and eligibility for

compensation. Unlike private medical records, which simply document a veteran's condition, the C&P exam:

- Provides a current medical assessment of the condition.
- Allows a VA medical examiner to evaluate how the condition impacts daily life and work.
- Confirms or challenges the severity of symptoms reported in the claim.
- Determines whether a higher or lower disability rating is justified.

For example, a veteran with PTSD may have documented symptoms in their medical records, but the VA examiner assesses the daily impact of those symptoms, such as nightmares, panic attacks, or an inability to maintain employment. If the veteran does not attend or fully participate in the exam, the VA lacks critical information needed to assign an appropriate rating.

### **What Happens If You Miss a C&P Exam?**

Missing a scheduled C&P exam can severely impact the outcome of a disability claim. The VA typically responds to missed exams in the following ways:

- If the veteran fails to attend without notifying the VA, the claim may be denied due to lack of evidence.
- If the veteran has a valid reason for missing the exam (such as illness or scheduling conflicts), they may be allowed to reschedule.

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- If the veteran ignores multiple scheduled exams, the VA may assume they are not actively seeking benefits, leading to claim closure.

Even in cases where partial evidence exists, a missed C&P exam can weaken the claim by preventing the VA from obtaining necessary medical opinions to assign the proper rating.

### **How to Avoid Missing Your C&P Exam**

#### **1. Ensure You Receive Your Exam Notice**

The VA notifies veterans of C&P exam appointments through letters, phone calls, or emails. However, some veterans miss their exam because they never received proper notice. To avoid this:

- Keep your contact information updated in the VA system.
- Check your VA.gov account and eBenefits portal for scheduled appointments.
- If you suspect you may have an exam but have not received notice, call the VA to confirm.

#### **2. Reschedule If Necessary**

If a veteran cannot attend the scheduled exam, they should immediately contact the VA or the contracted medical provider to reschedule. Failure to notify the VA in advance may result in claim denial.

- Provide a valid reason (work conflict, travel, illness).

- Request an alternate appointment date as soon as possible.
- Document any communication with the VA regarding rescheduling.

### **3. Be Prepared for the Exam**

Many veterans attend C&P exams unprepared, leading to underreporting of symptoms and a lower disability rating. To ensure a successful exam:

- Review your VA claim and submitted evidence before the appointment.
- Make a list of symptoms and how they impact your daily life.
- Explain any flare-ups, pain levels, or limitations with clear examples.

For example, if a veteran is claiming back pain, they should describe:

- How often the pain occurs (daily, weekly, constantly).
- How it limits physical activities (lifting, standing, sitting).
- Whether it causes secondary issues (mobility problems, nerve damage).

### **Common C&P Exam Mistakes That Lower Disability Ratings**

Even when veterans attend their C&P exam, some common mistakes can lead to lower ratings or claim denial:

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- Downplaying symptoms – Some veterans underestimate their condition or try to appear tough, leading the VA examiner to assume the disability is less severe than claimed.
- Failing to explain daily limitations – The VA assigns ratings based on functional impairment. If a veteran does not describe how their disability affects work, personal life, or mobility, they may receive a lower rating.
- Not mentioning secondary conditions – Some disabilities cause secondary health issues, such as depression due to chronic pain. Veterans should mention all related conditions to ensure proper evaluation.
- Not requesting a copy of the C&P exam report – Veterans should review their examiner’s findings and challenge any errors before the VA makes a final decision.

### **What to Do If Your C&P Exam Results in an Unfair Decision**

If a veteran believes their C&P exam resulted in an unfair rating, they have the right to challenge the decision. Steps to take include:

#### **1. Request a Copy of the C&P Exam Report**

Veterans should obtain a copy of their C&P exam report to review the examiner’s findings. If there are inaccuracies, missing details, or unfair assessments, the veteran can challenge the results.

## **2. Submit Additional Medical Evidence**

If the C&P exam downplayed the severity of a condition, the veteran can provide:

- Private medical evaluations from specialists.
- Statements from family, coworkers, or caregivers describing the disability's impact.
- A second medical opinion disputing the VA examiner's conclusions.

## **3. File an Appeal or Request a Higher-Level Review**

If a veteran receives a low disability rating due to an unfair exam, they can:

- Request a Higher-Level Review (HLR) for reconsideration.
- Submit a Supplemental Claim with new medical evidence.
- Appeal to the Board of Veterans' Appeals (BVA) for a formal hearing.

## **Do Your Part**

Missing a C&P exam or attending unprepared can severely impact a VA disability claim. The exam is a critical step in determining service connection and disability ratings, and failure to attend or fully participate can result in delays, denials, or lower compensation.

Veterans must:

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- Ensure they receive their exam notice and confirm the appointment.
- Reschedule if necessary to avoid a “failure to attend” status.
- Prepare for the exam by reviewing their claim and symptoms.
- Challenge unfair results by obtaining the exam report and filing appeals.

By taking proactive steps, veterans can protect their claim, ensure a fair disability rating, and receive the full benefits they deserve.

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## CH 14

### Miscommunication with the VA

#### **How Poor Communication Can Delay or Deny Your Disability Claim**

One of the most frustrating aspects of the VA disability claims process is the potential for miscommunication between veterans and the VA.

Many veterans assume that once they submit their claim, the VA will handle everything correctly and keep them informed of updates. However, the VA's system is complex, and communication errors often lead to delays, misunderstandings, missed deadlines, and even denied claims.

Miscommunication can happen at any stage of the claims process - whether it's missing a request for additional evidence, failing to respond to VA letters, or misunderstanding the required documentation. Veterans who do not take a proactive approach to staying informed and responding to VA requests risk having their claim stalled or denied due to "lack of sufficient evidence" or "failure to respond."

Understanding how to stay in regular communication with the VA, track claim progress, and avoid common communication mistakes can significantly improve the chances of receiving a timely and accurate disability rating.

## **Why Miscommunication Causes VA Claims to Be Delayed or Denied**

The VA handles millions of claims every year, and much of the process relies on paperwork, medical evaluations, and veteran responses. Any breakdown in communication can lead to major setbacks in a claim. Some of the most common communication errors include:

- Not receiving or responding to VA letters – The VA frequently sends requests for additional evidence, scheduling notices for C&P exams, or rating decision letters. If a veteran misses these letters or fails to respond in time, the claim can be denied or significantly delayed.
- Failing to check eBenefits or VA.gov for updates – Some veterans assume they will receive phone calls or emails, but the VA often posts updates online. If a veteran doesn't check their VA.gov account, they may miss important deadlines.
- Submitting incomplete or incorrect information – If a veteran provides inconsistent or incorrect details in different forms or statements, it can cause confusion and delays as the VA attempts to verify the claim.
- Not keeping copies of submitted documents – The VA has been known to lose paperwork, and if a veteran doesn't have a copy of what was submitted, they may have to restart parts of their claim.

## **How to Ensure Effective Communication with the VA**

Veterans can avoid miscommunication issues by taking a proactive role in their claims process. This includes regularly checking for updates, responding quickly to VA requests, and keeping detailed records of all interactions.

### **1. Keep Contact Information Up to Date**

One of the simplest ways to avoid missed communications is to make sure the VA has the correct phone number, mailing address, and email address on file. Veterans should:

- Update their contact information in VA.gov and eBenefits.
- Call the VA at 1-800-827-1000 to confirm their current address.
- Check their mail and email regularly for VA correspondence.

If a veteran moves or changes phone numbers, failing to update the VA could result in missed deadlines or lost paperwork.

### **2. Monitor Claim Status Regularly**

Instead of waiting for the VA to reach out, veterans should actively check the status of their claim. They can:

- Log in to VA.gov to see updates on pending claims.
- Use the eBenefits portal to track claims and benefit status.

- Call the VA or a Veterans Service Officer (VSO) for updates if they haven't received correspondence in a while.

Checking frequently ensures that the veteran can catch issues early before they turn into significant delays.

### **3. Respond Promptly to VA Requests**

The VA often sends requests for additional evidence or schedules medical exams that veterans must attend to keep their claim moving. If a veteran receives a letter requesting:

- More medical records
- Service records
- A scheduled C&P exam appointment

They must respond immediately to avoid unnecessary delays. Missing deadlines often results in a denied claim, forcing the veteran to restart the process.

If a veteran needs more time to gather records, they should call the VA and request an extension rather than letting a deadline pass.

### **4. Keep a Record of All Communications**

The VA handles thousands of claims, and documents can get lost or misfiled. Veterans should always:

- Make copies of every form and piece of evidence submitted.

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- Write down the date and time of any phone calls with the VA, including the name of the representative spoken to.
- Keep track of VA letters and responses to ensure nothing is missed.

If a claim is denied due to missing paperwork, having records of what was sent can help veterans challenge the decision and avoid starting from scratch.

### **5. Use a Veterans Service Officer (VSO) for Assistance**

Many veterans struggle with VA communications because of the complicated language and requirements used in VA letters. A Veterans Service Officer (VSO) can:

- Review VA correspondence and explain what is required.
- Help submit appeals and missing documents.
- Communicate with the VA on the veteran's behalf.

VSOs are free resources provided by organizations like the Disabled American Veterans (DAV), American Legion, and VFW, and they can make sure a veteran's claim stays on track.

### **How to Fix a Miscommunication Issue with the VA**

If a veteran suspects that miscommunication has led to delays or incorrect decisions, they can take several steps to resolve the issue:

- Request a status update from the VA by calling 1-800-827-1000.

- Submit a written request for reconsideration if a claim was denied due to missing paperwork.
- Provide proof of any documents that were previously submitted.
- Request an appointment with a VSO to ensure proper resubmission of forms.

### **Stay Connected**

Miscommunication with the VA is a major reason why disability claims are delayed, improperly rated, or denied. Veterans who do not actively check their status, respond to VA requests, or maintain copies of their documents risk long processing times and unnecessary appeals.

To avoid miscommunication problems, veterans should:

- Keep their contact information updated.
- Check VA.gov and eBenefits regularly for claim updates.
- Respond quickly to all VA requests for evidence or exams.
- Keep detailed records of all submitted documents and phone calls.
- Work with a VSO for expert guidance on avoiding claim mistakes.

By taking proactive steps to ensure clear communication, veterans can avoid unnecessary claim delays, reduce frustration, and receive the benefits they rightfully deserve in a timely manner.

## CH 15

### Not Keeping Copies of Submitted Documents

#### **A Critical Mistake That Can Cost Veterans Their VA Benefits**

One of the most preventable yet devastating mistakes veterans make during the VA disability claims process is not keeping copies of the documents they submit.

The VA handles millions of claims, and while they strive to maintain accurate records, lost or misplaced documents are not uncommon.

If a veteran cannot prove what they submitted, they may have to resubmit evidence, face significant claim delays, or even have their claim denied due to “lack of supporting evidence.”

Many veterans assume that once they send in their claim paperwork, the VA will keep an accurate record of everything submitted. Unfortunately, this is not always the case.

VA files can get misplaced, claims can be incorrectly categorized, and important forms or medical evidence can go missing. Without personal copies of submitted documents, a veteran has little recourse to challenge a missing record, which could result in delays of months or even years.

## **Why Keeping Copies of Submitted Documents Is Essential**

The VA requires extensive documentation to process a disability claim. This includes:

- VA Forms (such as VA Form 21-526EZ, 21-4138, 21-8940, etc.).
- Medical records from VA hospitals or private providers.
- Service treatment records and military personnel files.
- Buddy statements and supporting witness statements.
- Employment records (for TDIU claims).

If the VA misplaces any of these critical records, the burden falls on the veteran to resubmit them - which can significantly delay the processing time or result in a denied claim if missing evidence is never corrected.

Having personal copies of every submitted document allows veterans to:

- Resubmit missing documents quickly without starting from scratch.
- Prove the VA received specific records if there is a dispute.
- Avoid unnecessary delays caused by lost paperwork.
- Use past submissions to support appeals or reconsiderations.

## **Common Problems That Arise When Veterans Don't Keep Copies**

Many veterans find themselves in frustrating situations due to missing or misplaced VA documents. Some common problems include:

- The VA claims they never received a document – A veteran submits a required medical record, but later gets a denial stating the VA never received it. Without a copy or proof of submission, the veteran may have to gather the evidence all over again, causing delays.
- The VA asks for the same records multiple times – Some veterans report that they have to send the same document two or three times because it keeps getting misplaced. Without their own copies, they must reorder records from hospitals or service branches, which can take weeks or months.
- Appealing a denied claim without prior evidence – If a claim is denied, the veteran must prove that they originally submitted sufficient evidence. Without a paper trail of documents, refiling an appeal can be significantly harder.

## **How to Keep and Organize Copies of Submitted Documents**

To avoid these problems, every veteran should have a well-organized system for keeping copies of all submitted VA claim documents. Some best practices include:

## 1. Keep Both Digital and Physical Copies

Veterans should always have two versions of their records:

- A physical folder or binder for hard copies of all submissions.
- Digital copies saved on a computer or cloud storage (Google Drive, Dropbox, OneDrive, or a USB flash drive).

By maintaining both physical and electronic backups, veterans reduce the risk of losing critical records.

## 2. Use Certified Mail or Upload Through VA.gov

To prove submission, veterans should:

- Send documents via certified mail with return receipt requested.
- Upload documents directly through VA.gov for tracking.
- Save confirmation receipts and tracking numbers as proof of submission.

Having a record of when and how documents were sent can be crucial in resolving disputes over missing paperwork.

## 3. Label and Date Every Document

Veterans should keep a detailed record of every submission, including:

- The date submitted.

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- The method of submission (mail, fax, online upload).
- The specific VA office or department that received it.

For example, a veteran who submits VA Form 21-526EZ for an initial claim should label their records as:

“VA Form 21-526EZ – Submitted 03/15/2023 via VA.gov – Confirmation #1234567”

This method ensures they can quickly retrieve information if needed.

### 4. Create a Submission Log

A simple submission log helps track all documents sent to the VA. The log should include:

Date Submitted	Document Name	Submission Method	Confirmation Number	VA Response Received?
03/15/2023	VA Form 21-526EZ	VA.gov Upload	1234567	Yes (Received 03/20/2023)
04/10/2023	Medical Records from Dr. Smith	Certified Mail	Tracking #567890	No
05/02/2023	Buddy Statement from John Doe	VA Fax	Confirmation Email	Yes (Received 05/05/2023)

By tracking all submissions, veterans can identify missing responses quickly and follow up with the VA if needed.

### **What to Do If the VA Claims They Never Received a Document**

If the VA states they did not receive a submitted document, a veteran should:

1. Check their submission log and confirmation records – If they have a tracking number, confirmation email, or receipt, they can provide proof to the VA.
2. Resubmit the document immediately – If the veteran has a copy of the document, they can resend it right away instead of delaying their claim.
3. File a Statement in Support of Claim (VA Form 21-4138) – If a claim is denied due to missing documents, the veteran can submit this form explaining the issue and providing proof of submission.

### **Make it Part of Your Job**

Failing to keep copies of submitted VA claim documents can result in delays, frustration, and denied benefits due to lost or misplaced evidence. Since VA record-keeping is not always reliable, veterans must take personal responsibility for maintaining their own files.

By keeping detailed records, tracking all submissions, and always saving copies of claim documents, veterans can:

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- Avoid unnecessary delays caused by lost paperwork.
- Quickly resubmit missing evidence without redoing the entire claim.
- Prove their case if the VA disputes receipt of documents.
- Ensure their appeal process is well-supported if needed.

Taking a proactive and organized approach to claim submissions protects veterans from setbacks and ensures they receive the full benefits they have rightfully earned.

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## CH 16

### Failing to Appeal a Denied Claim Properly

#### **Why Veterans Lose Out on Benefits and How to Fight Back**

One of the most discouraging experiences for veterans is receiving a denial letter from the VA after months or even years of waiting for a decision. Many veterans give up at this stage, believing that a denial means the VA has made a final decision. Others file appeals incorrectly or fail to submit the right evidence, which leads to further delays or repeated denials.

The truth is that many VA disability claims are denied due to missing documentation, weak medical evidence, or errors in processing, not because the veteran doesn't qualify for benefits. Veterans who understand how to navigate the appeals process properly can significantly improve their chances of overturning a denial and securing the compensation they deserve.

#### **Why VA Disability Claims Are Denied**

The VA denies claims for several reasons, some of which can be corrected on appeal. Common reasons include:

- Lack of a clear service connection – The VA may claim that the disability is not related to military service due to missing medical records or insufficient evidence.

- Insufficient medical evidence – If the veteran does not provide a strong nexus letter from a doctor or enough medical documentation, the VA may determine that the disability is not severe enough to qualify.
- Missed C&P Exam – If the veteran fails to attend the Compensation & Pension (C&P) exam, the VA may deny the claim for lack of current medical evaluation.
- VA processing errors – The VA sometimes misplaces documents, fails to review medical records properly, or assigns the wrong diagnostic code, leading to an incorrect denial.

A denied claim does not mean that the veteran does not qualify - it simply means the VA did not have enough evidence to approve the claim.

### **Understanding Your Options After a Denial**

If a claim is denied, the veteran has the right to challenge the decision through an appeal. The VA offers three primary appeal options, and choosing the correct one is crucial to success.

#### **1. Higher-Level Review (HLR)**

A Higher-Level Review is appropriate if the veteran believes the VA made an error in reviewing their claim. This option allows:

- A senior VA reviewer to re-examine the case.
- No new evidence - the decision is based on the same records already submitted.

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- A faster processing time than other appeal methods.

This is the best option if the VA overlooked key evidence or made an obvious mistake in the initial decision.

### **2. Supplemental Claim with New Evidence**

A Supplemental Claim is ideal when the veteran has new medical evidence or supporting documentation that was not included in the original claim. This may include:

- Updated medical evaluations proving the severity of the condition.
- A stronger nexus letter from a doctor linking the disability to service.
- Buddy statements or additional service records confirming an in-service event.

This option allows the VA to reconsider the claim with additional evidence, increasing the chances of approval.

### **3. Appeal to the Board of Veterans' Appeals (BVA)**

If the veteran disagrees with the VA's decision and wants a judge to review the case, they can appeal to the Board of Veterans' Appeals (BVA). This process takes longer but is effective if:

- The VA continues to deny the claim without justification.
- The veteran needs to present their case before a judge.
- The claim is complex and requires legal review.

The veteran can request a hearing, submit additional evidence, or opt for a direct review based on existing records.

### **Common Mistakes Veterans Make When Appealing**

Many veterans lose valuable time and benefits because they do not appeal correctly. Some of the biggest mistakes include:

- Filing the wrong type of appeal – Choosing the wrong appeal method can result in further delays or rejection.
- Failing to submit new evidence when needed – If the claim was denied due to lack of medical proof, simply filing an appeal without adding new evidence will likely lead to another denial.
- Missing appeal deadlines – Veterans have one year from the date of the denial letter to file an appeal. Missing this deadline forces the veteran to start over with a new claim.
- Not seeking professional help – A Veterans Service Officer (VSO) or attorney can guide veterans through the appeals process, but many veterans try to appeal alone and make errors.

### **How to Strengthen an Appeal**

To increase the chances of winning an appeal, veterans should:

## **1. Request a Copy of the VA Decision Letter**

The VA's denial letter includes specific reasons for the denial. Veterans should carefully review this letter to understand what evidence was missing and what needs to be improved.

## **2. Gather New and Stronger Medical Evidence**

Medical evidence is the key to winning an appeal. Veterans should:

- Get a new medical evaluation from a private doctor if the VA's medical exam was unfavorable.
- Ask their doctor for a detailed nexus letter explaining how the disability is directly related to service.
- Provide updated treatment records showing the severity of symptoms.

## **3. Submit Statements from Witnesses or Fellow Service Members**

If a veteran's service records do not document an in-service injury or illness, they can submit buddy statements from:

- Fellow service members who witnessed the injury or event.
- Family members who have observed the progression of symptoms.
- Employers who can confirm how the disability affects work performance.

These supporting statements can fill in gaps in medical records.

#### **4. Work with a Veterans Service Officer (VSO)**

Veterans should not navigate the appeals process alone. VSOs, attorneys, or accredited representatives can:

- Review the denial letter and identify the best appeal strategy.
- Help gather medical evidence and supporting documents.
- Ensure appeal paperwork is properly completed.
- Represent the veteran at a BVA hearing if necessary.

Many veterans successfully overturn denials with the help of experienced VSOs and legal professionals.

#### **Don't Lose Out**

Failing to appeal a denied VA claim properly can result in lost benefits that veterans have rightfully earned. Many denials occur due to missing evidence, processing errors, or lack of a clear service connection, all of which can be corrected on appeal.

Veterans should:

- Carefully review the denial letter to understand the reason for rejection.
- Choose the right appeal option (Higher-Level Review, Supplemental Claim, or BVA appeal).

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- Gather strong medical evidence and supporting statements.
- Seek help from a Veterans Service Officer (VSO) or legal representative.

By taking the right steps and being persistent, veterans can overturn wrongful denials and secure the disability benefits they deserve. A denial is not the end of the road - it is simply the first step in fighting for justice.

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## CH 17

# Not Filing for Secondary Conditions

### **Missing Out on Additional VA Disability Benefits**

One of the most overlooked aspects of a VA disability claim is failing to file for secondary conditions. Many veterans assume that they can only receive compensation for disabilities directly caused by their military service, but the VA also provides benefits for conditions that develop as a result of an already service-connected disability.

This is known as secondary service connection, and failing to claim these conditions can mean missing out on significant additional compensation.

Secondary conditions can be just as debilitating as the primary service-connected disability. For example, a veteran with a knee injury may later develop hip or back problems due to altered movement. Similarly, a veteran with PTSD may develop high blood pressure, sleep apnea, or digestive issues as a consequence of their mental health struggles.

Veterans who do not file for all conditions linked to their service-connected disability may be leaving money on the table and not getting the full support they deserve. Understanding how to identify, document, and claim secondary conditions can significantly increase the total VA disability rating and monthly compensation.

## **What Is a Secondary Condition?**

A secondary condition is a medical issue that is caused or aggravated by a service-connected disability. The VA recognizes that one disability can lead to or worsen another, and veterans can receive separate disability ratings for each condition.

For example:

- A veteran with a service-connected back injury may develop sciatica or nerve damage due to the strain on their spine.
- A veteran with diabetes (caused by Agent Orange exposure) may develop diabetic neuropathy or vision loss as a secondary condition.
- A veteran with PTSD may develop hypertension or sleep apnea as a result of chronic stress and anxiety.

These secondary conditions are just as eligible for compensation as primary disabilities - but only if the veteran files a claim and proves the connection.

## **Common Secondary Conditions That Veterans Fail to Claim**

Many veterans are unaware that they can file for multiple service-connected disabilities based on how their conditions interact over time. Some of the most commonly missed secondary conditions include:

- **Orthopedic Issues** – A veteran with a service-connected leg injury may develop hip, knee, or

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back problems due to favoring one side while walking.

- Mental Health Conditions – Veterans with chronic pain or severe physical limitations may develop depression or anxiety as a secondary condition.
- Sleep Disorders – Conditions like PTSD, chronic pain, and respiratory issues can lead to insomnia or sleep apnea, which is eligible for separate compensation.
- Gastrointestinal Problems – Veterans taking pain medications for service-connected injuries may develop ulcers, acid reflux, or irritable bowel syndrome (IBS).
- Cardiovascular Issues – Veterans with PTSD or chronic pain may develop high blood pressure or heart disease due to ongoing stress and inflammation.

Many of these conditions worsen over time and can significantly impact a veteran's quality of life. The key to receiving compensation is proving that the secondary condition is caused or aggravated by the primary service-connected disability.

### **How to Prove a Secondary Service Connection**

To receive VA compensation for a secondary condition, the veteran must submit:

1. A Current Medical Diagnosis
  - The veteran must provide medical records confirming that they have the secondary condition.
2. Proof of a Service-Connected Primary Condition

- The veteran must already have a VA-recognized disability that can logically cause or worsen the secondary condition.
3. A Nexus Letter Linking the Two Conditions
- The most critical piece of evidence is a nexus letter from a qualified medical professional stating that the secondary condition is “at least as likely as not” caused or aggravated by the service-connected disability.
  - Example: A doctor writing, “The veteran’s chronic knee pain has led to altered gait, which has resulted in the development of degenerative arthritis in the hip.”

Without this clear medical link, the VA may deny the claim due to a lack of evidence.

### **Filing for Secondary Conditions the Right Way**

Veterans should take a strategic approach when filing for secondary conditions to ensure they receive the highest possible disability rating.

#### **1. Review Existing Service-Connected Disabilities**

Veterans should examine how their current disabilities have led to additional medical problems. If a veteran is struggling with new symptoms, they should consult a doctor to determine if the issue is related to an already service-connected condition.

## **2. Get a Strong Nexus Letter from a Doctor**

A nexus letter is essential in proving a secondary condition. It should:

- Clearly explain how the primary condition caused or worsened the secondary issue.
- Reference medical research or case studies, if possible, to support the claim.
- Be written by a specialist familiar with the veteran's medical history.

## **3. Submit a Fully Developed Claim (FDC)**

The VA offers the Fully Developed Claim (FDC) program, which allows veterans to submit all evidence upfront for faster processing. Veterans should include:

- Medical records proving both conditions.
- The nexus letter from a physician.
- Personal statements describing how the secondary condition affects daily life.

## **4. Be Prepared for a VA C&P Exam**

The VA may schedule a Compensation & Pension (C&P) exam to evaluate the secondary condition. Veterans should:

- Describe how the primary condition led to the secondary condition.
- Explain how both conditions impact daily activities and work.
- Bring supporting medical records or doctor's notes.

## **Maximize Your Benefits**

Failing to file for secondary conditions can lead to thousands of dollars in lost VA benefits. Many veterans underestimate the impact of secondary conditions and never realize they qualify for additional compensation.

To maximize their benefits, veterans should:

- Identify how their primary service-connected disabilities have caused or worsened new conditions.
- Gather strong medical evidence, including a nexus letter.
- File a claim for secondary conditions as soon as symptoms arise.
- Work with a Veterans Service Officer (VSO) to ensure all evidence is properly submitted.

By taking these steps, veterans can receive a higher overall disability rating, ensuring they get the full compensation and medical care they deserve. No veteran should suffer from additional health problems without receiving the benefits they've earned.

## CH 18

### Failure to Obtain Representation

#### **Why Veterans Lose Their VA Claims Without Proper Help**

One of the most common reasons veterans struggle to get their VA disability claims approved is the lack of professional representation. While the VA disability system is designed to assist veterans, it is also complex, bureaucratic, and full of legal and medical technicalities.

Veterans who file claims on their own without expert guidance often make avoidable mistakes, such as failing to submit the right medical evidence, misunderstanding VA regulations, or missing important deadlines.

Many veterans believe that the VA will fairly evaluate their claim based solely on their service and medical history, but in reality, the claims process requires strategic preparation, strong documentation, and, in many cases, advocacy from an experienced representative.

Without proper representation, veterans risk claim denials, low disability ratings, or prolonged delays that could have been prevented with professional assistance.

#### **The Role of a Veterans Service Officer (VSO), Accredited Attorney, or Claims Agent**

There are several types of VA-accredited representatives who can help veterans with their claims, including:

- Veterans Service Officers (VSOs) – These are trained professionals from organizations such as the Disabled American Veterans (DAV), American Legion, VFW, and state veteran agencies. VSOs provide free assistance in filing claims, gathering evidence, and appealing denials.
- Accredited Claims Agents – These individuals are certified by the VA to help veterans navigate the claims process and submit properly developed claims.
- VA-Accredited Attorneys – Lawyers who specialize in VA disability claims and appeals can provide legal representation for complex cases, such as high-value claims, multiple denials, or cases requiring the Board of Veterans' Appeals (BVA) hearings.

Having a qualified VSO, attorney, or claims agent can make a significant difference in whether a veteran receives an approval, a fair disability rating, and timely compensation.

### **Why Veterans Lose Claims Without Representation**

Many veterans believe that filing a VA disability claim is straightforward, but they quickly realize that even small errors or missing documentation can result in delays or denials. Some of the most common mistakes veterans make when filing alone include:

- Not providing enough medical evidence – The VA requires clear medical proof linking a disability to military service. Veterans who fail to submit detailed medical records, a nexus letter, or VA medical exam results may have their claims rejected.

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- Misunderstanding VA regulations – The VA assigns disability ratings based on specific diagnostic criteria. Veterans who do not understand how conditions are rated may receive a lower disability percentage than they deserve.
- Failing to submit supporting statements – Buddy statements from fellow service members, family members, or medical professionals can strengthen a claim. Veterans who fail to include these statements miss an opportunity to reinforce their case.
- Not appealing a denied claim – Some veterans assume a denial is final and do not challenge the VA's decision, even when they have the right to appeal.
- Missing deadlines or improperly completing forms – Veterans who do not carefully track their claim status may miss filing deadlines, fail to submit requested information, or use outdated forms, causing unnecessary delays.

By working with a VSO, attorney, or claims agent, veterans can avoid these mistakes and ensure that their claim is properly filed and supported with strong evidence.

### **Benefits of Having Professional Representation for a VA Claim**

A qualified VA representative provides more than just guidance - they actively help veterans build the strongest possible case. Here's how:

## **1. Ensuring the Claim Is Fully Developed**

VA representatives know exactly what evidence is needed to support a claim. They help veterans:

- Gather military and medical records.
- Obtain expert opinions from doctors (nexus letters).
- Write detailed personal statements explaining the impact of their disability.

This ensures that the VA has everything it needs to approve the claim without unnecessary delays.

## **2. Identifying All Eligible Disabilities**

Many veterans only file for one or two disabilities, not realizing that they qualify for additional service-connected conditions. A representative will:

- Review a veteran's service and medical history to identify all possible claims.
- Help file for secondary conditions that may be linked to primary disabilities.
- Ensure the highest possible disability rating is pursued.

For example, a veteran with a knee injury may not realize they can also file for hip and back pain as secondary conditions.

### **3. Assisting with Appeals and Increasing Disability Ratings**

If a veteran receives a denial or an unfairly low rating, a VSO or attorney can:

- File an appeal with the VA, including new evidence.
- Represent the veteran at hearings before the Board of Veterans' Appeals (BVA).
- Challenge incorrect diagnostic codes or disability ratings.

Without expert help, many veterans miss their chance to appeal a bad decision and accept a lower disability rating than they deserve.

### **4. Handling VA Communications and Deadlines**

VA representatives keep track of claim deadlines, required forms, and follow-ups. They ensure that:

- All required paperwork is submitted on time.
- The VA responds to the claim within the appropriate timeframe.
- Veterans don't miss critical updates due to poor communication.

This is especially important because the VA often requests additional information or schedules C&P exams, and missing these requests can lead to claim denial.

## **How to Find a Qualified VA Representative**

Veterans should only work with VA-accredited representatives to avoid scams or unqualified advisors. Some reliable ways to find representation include:

- Veterans Service Organizations (VSOs): DAV, American Legion, VFW, AMVETS, and state veteran offices offer free services.
- Accredited VA attorneys and claims agents: Veterans can verify accreditation at the VA Office of General Counsel's website.
- National and state veteran resources: Many states have veteran assistance offices that offer professional claims support.

A VA-accredited representative will always provide clear, ethical guidance and never charge upfront fees for filing an initial claim.

## **Experts Matter**

Failing to obtain professional representation when filing a VA disability claim can result in lost benefits, unnecessary delays, and incorrect disability ratings. The VA claims process is complex and requires careful documentation, and many veterans unknowingly make errors that cost them thousands of dollars in benefits.

Veterans should:

- Seek assistance from a qualified Veterans Service Officer (VSO), accredited claims agent, or VA attorney.

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- Ensure their claim is fully developed with strong medical evidence and supporting statements.
- File for all eligible disabilities, including secondary conditions.
- Appeal any denial or low rating with expert guidance.

With the right representation and advocacy, veterans can successfully navigate the VA claims process and receive the full compensation they have earned through their service.

### *End Note:*

*Yes, we all know veterans who have filed themselves and been awarded well. But the vast majority of veterans are not prepared, for a number of reasons, to compile and file their own disability claim. Err on the side of caution and find yourself a pro who can get it right the first time.*

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## CH 19

# Underestimating the Importance of Lay Evidence

### **How Personal Statements and Witness Testimonies Can Strengthen a VA Disability Claim**

Many veterans assume that the VA makes disability decisions based solely on medical records and service treatment documents, but lay evidence - personal statements from the veteran or supporting testimony from family, friends, and fellow service members - can be just as critical in proving a claim. When medical records are incomplete, missing, or fail to capture the full impact of a disability, lay evidence can provide firsthand accounts that demonstrate how a condition affects daily life.

Unfortunately, many veterans fail to submit lay evidence or underestimate its value, which can result in a lower disability rating or an outright denial of their claim. By understanding the power of lay statements and how to properly use them, veterans can strengthen their case, clarify service connections, and improve their chances of receiving fair compensation.

### **What Is Lay Evidence in a VA Disability Claim?**

Lay evidence is any non-expert testimony provided by individuals who have personal knowledge of the veteran's disability and how it affects them. This evidence can come in the form of:

- A veteran's own statement describing symptoms, pain levels, and limitations.
- Buddy statements from fellow service members confirming an in-service injury or event.
- Family and friends' testimony about how the disability impacts the veteran's daily life, work, and relationships.
- Coworkers or supervisors' observations of how a condition affects job performance.

Lay evidence does not require medical expertise, but it must be credible, detailed, and consistent with other records to carry weight in a VA decision.

### **When Lay Evidence Is Critical to a VA Claim**

Lay evidence is particularly valuable when:

1. Medical Records Are Incomplete or Missing
  - Some veterans did not seek medical treatment in service for injuries or mental health conditions due to fear of being discharged or a lack of available medical care.
  - If a veteran's service treatment records do not document an injury, a buddy statement from a fellow service member who witnessed the event can help establish service connection.
2. The VA Questions the Severity of Symptoms
  - Many veterans receive lower disability ratings than they deserve because VA examiners assume their symptoms are mild.
  - A detailed personal statement from the veteran and witness statements from family or

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coworkers can demonstrate how the condition impacts daily life and work.

3. The Veteran Is Seeking Service Connection for PTSD or Mental Health Disorders
  - Veterans filing for PTSD or other mental health conditions may need to prove they experienced a stressor event during service.
  - If official records do not document the event, buddy statements from fellow service members who were present can serve as key supporting evidence.
4. The VA Claims the Disability Is Not Severe Enough for a Higher Rating
  - If the VA assigns a low rating, personal and lay statements can clarify the full extent of the disability.
  - For example, a veteran filing for migraines may not have constant medical appointments, but if family members describe how often the veteran is bedridden, this can justify a higher disability rating.

### **How to Write an Effective Lay Statement**

A strong lay statement should be:

- Detailed – Explain how the disability affects the veteran’s daily life, relationships, and ability to work.
- Consistent – The statement should align with medical records, VA exam findings, and other submitted evidence.
- Specific – Instead of saying, “The veteran has bad back pain,” describe it in detail: “The veteran

struggles to stand for more than 10 minutes and often needs assistance getting out of bed due to severe lower back pain.”

Veteran’s Personal Statement Example (VA Form 21-4138):

"I served in the U.S. Army from 2004 to 2010. During a training exercise in 2006, I fell while carrying heavy gear, injuring my lower back. I did not seek treatment at the time because I did not want to appear weak. Over the years, my back pain has worsened. I struggle to sit for long periods, and on bad days, I have difficulty walking. I have lost multiple jobs because I cannot lift heavy objects or stand for long hours. My condition has also affected my personal life, as I can no longer play with my children or perform basic household tasks. This has led to depression and anxiety."

### **How to Use Buddy Statements and Family Testimonies**

Veterans should also gather supporting statements from those who can confirm their condition’s impact.

Buddy Statement Example (From a Fellow Service Member):

"I served with [Veteran’s Name] in Iraq from 2007 to 2008. During a convoy mission, our vehicle hit an IED, and [Veteran’s Name] was thrown hard against the vehicle interior. He complained of severe headaches and dizziness afterward. I remember him struggling to focus and having trouble keeping his balance, but he refused to go to the medic because we were in a combat zone. I believe this is when his traumatic brain injury symptoms began."

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### Family Statement Example (From a Spouse):

"Since returning from service, my husband has suffered from severe PTSD. He wakes up multiple times per night with nightmares, sometimes screaming or shaking. He avoids crowded places, gets easily irritated, and has difficulty maintaining relationships with family and friends. His PTSD has affected our marriage, and I often have to remind him to take care of daily tasks because he struggles with memory issues."

These statements can be incredibly powerful in helping the VA understand how a disability truly affects the veteran's life.

### **How to Submit Lay Evidence to the VA**

Veterans should submit VA Form 21-4138 (Statement in Support of Claim) for their personal statement and have witnesses write signed and dated letters describing their observations. Statements can be:

- Uploaded through VA.gov when filing a claim or appeal.
- Mailed to the VA regional office handling the claim.
- Submitted through a Veterans Service Officer (VSO) for assistance.

### **Don't Underestimate the Power**

Underestimating the importance of lay evidence is a mistake that can lead to denied claims or lower disability ratings. While medical records are essential, firsthand testimony from the veteran, family, fellow service

members, and coworkers can provide critical support that strengthens a claim.

**To maximize the impact of lay evidence, veterans should:**

- Write a clear, detailed personal statement explaining their symptoms and limitations.
- Gather buddy statements from fellow service members who witnessed injuries or traumatic events.
- Submit statements from family and friends describing how the condition impacts daily life.
- Ensure all lay evidence aligns with medical records and VA claim details.

By taking these steps, veterans can provide a more complete picture of their disability, increasing their chances of receiving the correct rating and full compensation they deserve.

## CH 20

### Ignoring Changes in VA Laws & Policies

#### **How Outdated Information Can Cost Veterans Their Benefits**

One of the most overlooked reasons veterans lose out on disability compensation is failing to stay updated on changes in VA laws and policies.

The VA frequently updates its rules, eligibility criteria, and rating schedules, which can impact existing claims, appeal options, and even increase benefits for conditions that were previously denied or under-compensated.

Many veterans assume that once they receive a disability rating, their benefits are set for life. However, new laws or policy updates may allow them to:

- Qualify for higher ratings due to adjusted diagnostic criteria.
- File for newly recognized service-connected conditions (such as burn pit exposure illnesses).
- Reopen denied claims based on updated medical research or new presumptive conditions.

Ignoring these changes can result in missed opportunities for additional compensation, longer claim delays, or wrongful denials. Staying informed about new VA policies,

presumptive conditions, and procedural changes is essential for maximizing benefits.

## **How VA Laws and Policies Change Over Time**

The VA updates its disability system based on medical advancements, legal rulings, veteran advocacy efforts, and Congressional mandates. Some key areas where policy changes can impact claims include:

### **1. New Presumptive Conditions**

Certain conditions are added to the VA's presumptive list, meaning veterans no longer need to prove direct service connection. Instead, the VA assumes that certain illnesses are linked to military service based on exposure risks, deployment locations, or service era.

- **Recent Example:** In 2022, the PACT Act expanded benefits for veterans exposed to burn pits and toxic chemicals during post-9/11 deployments, recognizing conditions like:
  - Respiratory diseases (asthma, chronic bronchitis).
  - Cancers (lung, kidney, melanoma).
  - Brain and heart conditions linked to toxic exposure.
- **Agent Orange Updates:** Over the years, the VA has added more illnesses to the Agent Orange presumptive list, including Parkinson's Disease, bladder cancer, and hypothyroidism.

Veterans who do not check for newly recognized conditions may miss out on benefits they now qualify for.

## **2. Changes in VA Disability Rating Criteria**

The VA periodically modifies how it evaluates disabilities, which can lead to increased ratings for certain conditions.

- **Mental Health Ratings:** The VA has updated its criteria for PTSD, depression, and anxiety disorders, making it easier for veterans to obtain higher disability ratings if their condition impacts work or social life.
- **Back and Joint Disabilities:** The VA has adjusted how it evaluates range of motion and pain levels, which can impact ratings for conditions like arthritis, spinal injuries, and knee problems.

If a veteran does not check for updates to rating criteria, they may be stuck at a lower rating even though new rules could qualify them for a higher percentage.

## **3. New Appeal and Claims Processing Rules**

The VA has reformed its appeals process to provide faster decision timelines and multiple review options:

- **Legacy Appeals (Before 2019):** Used the old, multi-year backlog system.
- **Modernized Appeals (AMA System - 2019 & Beyond):** Veterans can now choose:
  - Higher-Level Review (faster review with no new evidence).
  - Supplemental Claim (submit new evidence for reconsideration).
  - Board of Veterans' Appeals (BVA) Hearing (for complex cases).

Veterans who are not aware of these changes may waste years waiting on a slow appeal when a faster option could resolve their case in months.

### **How Ignoring Policy Updates Can Hurt Your Claim**

Failing to stay informed about VA law changes can lead to serious consequences:

- **Missing out on new benefits:** If a veteran does not realize their condition was added to the presumptive list, they may never apply for compensation they are entitled to.
- **Receiving lower disability ratings:** If the VA updates how it evaluates conditions, a veteran may qualify for a higher rating, but they won't receive it if they never request a reevaluation.
- **Delaying the appeals process:** Many veterans wait years on outdated appeal systems when faster, better appeal options exist under the new rules.
- **Losing out on retroactive benefits:** Some policy changes allow veterans to reopen old denied claims, which could result in back pay. However, if a veteran does not act quickly, they may miss the deadline to claim retroactive compensation.

### **How to Stay Updated on VA Disability Policy Changes**

Veterans should take a proactive approach to staying informed about policy updates that affect their benefits. Here's how:

## **1. Check the VA Website Regularly**

The VA posts policy updates, new regulations, and expanded benefits on [www.va.gov](http://www.va.gov). Veterans should:

- Look for newly added conditions to the presumptive list.
- Review changes to disability rating criteria.
- Check new filing and appeals procedures.

## **2. Subscribe to Veterans Organizations & Newsletters**

Organizations like the Disabled American Veterans (DAV), American Legion, and VFW provide free updates on policy changes. Many offer:

- Email newsletters summarizing new VA laws.
- Guides on how to apply for new benefits.
- Webinars or Q&A sessions about filing for compensation.

## **3. Work With a Veterans Service Officer (VSO)**

VSOs stay up to date on policy changes and can help veterans:

- Identify new benefits they qualify for.
- Increase their disability rating based on updated criteria.
- Appeal old denials based on new laws.

VSOs provide free assistance and are available through organizations like the DAV, VFW, and American Legion.

#### **4. Follow VA Law Firms and Advocacy Groups**

Some veterans' law firms and advocacy groups provide legal insights on VA policy changes. Following their blogs, social media, or newsletters can provide critical updates on pending legislation that may affect benefits.

#### **5. Request a Reevaluation If Laws Change**

If the VA updates its rating criteria or adds a new presumptive condition, veterans should:

- File for an increase if their condition now qualifies for a higher rating.
- Reopen a denied claim under new eligibility rules.
- Seek back pay if a policy change allows for retroactive benefits.

#### **Don't Miss and Opportunity**

Ignoring changes in VA laws and policies can result in missed opportunities, lower disability ratings, and lost benefits. Many veterans do not realize they qualify for new compensation simply because they are unaware of policy updates.

To maximize their benefits, veterans should:

- Stay informed about new VA regulations and rating criteria.
- Check for newly recognized service-connected conditions.
- Work with a VSO or attorney to ensure they receive the latest benefits.

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- File for increased ratings or reopen claims based on policy changes.

By taking an active approach to staying updated, veterans can ensure they receive the full compensation they deserve and avoid missing out on important benefits due to outdated information.

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## Final Thoughts on VA Claim Denial

Navigating the VA disability claims process can feel overwhelming, frustrating, and at times, unfair. Many veterans enter the system believing that their service records, medical history, and personal sacrifices will be enough to secure the benefits they deserve.

Unfortunately, the VA's bureaucratic procedures, complex rating system, and strict evidentiary requirements often lead to delays, denials, and lower-than-deserved disability ratings.

The goal of this book has been to educate and empower veterans by highlighting the most common mistakes that lead to claim denials and providing practical solutions to overcome them.

From submitting incomplete forms and failing to provide strong medical evidence to not appealing a denied claim properly, each mistake discussed in this book represents a real barrier that veterans face every day.

The good news is that these barriers are not insurmountable - with the right knowledge and preparation, every veteran can improve their chances of success and secure the full compensation they deserve.

One of the most critical takeaways from this book is that you must take an active role in your claim. The VA claims system is not designed to be easy, and errors - whether made by the veteran or the VA itself - can dramatically

impact the outcome of a claim. Missing deadlines, failing to track submitted documents, or not understanding changes in VA laws and policies can all result in lost benefits and unnecessary delays. The key to success is being proactive, staying informed, and seeking help when needed.

For veterans who are struggling with a denied claim or an unjust disability rating, the fight is not over. The VA provides multiple appeal options, and many initial denials can be overturned with the right evidence and advocacy.

Whether it's filing a Higher-Level Review, submitting a Supplemental Claim with new evidence, or taking the case to the Board of Veterans' Appeals (BVA), there are always options to challenge an unfair decision. Never accept a denial as the final word - if you believe you are entitled to benefits, continue to fight for them.

Additionally, it's important to remember that you don't have to go through this process alone. Seeking help from a Veterans Service Officer (VSO), an accredited claims agent, or a VA disability attorney can make all the difference.

These professionals understand how to navigate the VA system, how to build a strong claim with compelling evidence, and how to challenge unfair denials or low ratings. Many of these services are free of charge, and they can provide invaluable guidance to ensure that a veteran's claim is handled correctly.

Lastly, always stay updated on changes to VA laws and policies. The VA frequently adds new presumptive conditions, adjusts rating criteria, and introduces new

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claim procedures. Veterans who stay informed can take advantage of new opportunities for compensation, file for higher ratings, or reopen denied claims that may now be eligible. The VA system is not static - what was once denied may now be compensable under new regulations or medical research findings.

Every veteran's journey through the VA claims process is unique, but one thing remains constant: your service and sacrifice matter, and you deserve fair compensation for disabilities connected to your time in uniform.

By learning from the mistakes outlined in this book, taking proactive steps, and using the resources available, you can ensure that your claim is as strong as possible.

Do not give up. Do not settle for less than you deserve. Keep fighting for the benefits you've earned.

And above all else – Thank You for your service to our nation. We fellow veterans and millions of caring civilians are ready to step up and assist you. You are not alone.

Godspeed.

ROB HUDSON

## Two Bonus Tips When Working with the VA

### **“How are you?” Communicating with the VA Health Provider or Examiner**

The fact is, you know how you feel each hour of every day. Yesterday you may have been in great physical or emotional pain and today, well, you feel better. Your disabilities can impact your abilities, feelings, pains, etc. on a predictable or unpredictable schedule.

Therefore, when you are speaking to a Veterans Affairs or other healthcare provider, and they ask you, “How are you?” You must think a moment before you answer that. This is your only opportunity to clearly inform that staff member or medical professional your feelings over months of your life – in just one answer! If you just spout out that “I’m fine,” you have just missed an opportunity to express the true depths of your pain, disability, despair, and other issues that could cost you your opportunity to get compensated.

Before you every answer the question, “How are you?” keep this in mind and answer from a global, time-span sensitive way. Example, “At this moment, I’m nervous about this meeting. I’m feeling worse today than yesterday, but last week was deeply depressed and was not feeling like I wanted to go on.” (If that is how you felt).

I’m not encouraging you to say something that isn’t true. I’m doing just the opposite. I’m informing you that to help yourself and the healthcare provider or staff member understand your true condition, you have to include not just how you are at that moment, but also how you have

felt the last time you saw them so that they get a FULL picture of your struggle and issues. This is such a critical point.

### **Cursive Writing: Making Your Service Records Useful to Claims Personnel**

Whether you served in the wars of the 1960's or last year, there is an issue that you need to be aware of. And that has to do with the use of cursive handwriting by professionals in the healthcare field and other staff members. Cursive writing may have fallen out of use in most areas, the fact is that many military service records, especially health records, do include material that is not type written or printed, but instead written longhand in cursive writing.

As a result, if you come across any records that are prepared in this way, that are in cursive writing, locate someone that can transcribe these records from cursive to type written. Then anyone that assists you with your claim, be it the claims officer at the VSO or the staff who rely on the information to process your claim, has a clear understanding of what those records say. Too often, cursive writing is not readable by staffers and it can make the difference between approval and denial of a claim.