



VETERANS BENEFIT ADVOCATES

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(Sample Amend My Claim Letter from the Veteran)

12 October 2012

SSS-SS-SSSS

Department of Veterans Affairs
Seattle Regional Office
915 2nd Avenue
Seattle WA 98174

I am presently rated ____% for _____, _____.

I would like to AMEND my claim for the following new conditions:

- 1)
- 2)
- 3)

These conditions were incurred while on active duty or aggravated by active duty. I have been treated for these conditions at the VA hospital in _____. I have also received private medical treatment for these conditions. Attached are the private records. I request that you rate my condition based on the up to date medical records, otherwise, call me in for a physical examination.

The private physician says my service-connected conditions may not have caused these conditions, but could, in his medical opinion, AGGRAVATE these conditions.

Please call me in for a physical EXAMINATION.

Respectfully,

Joe Veteran
Street
City State Zip
Telephone
Email

[The physician's statement should indicate he/she is "the treating physician" of the veteran and is familiar with the veteran's condition; that he/she has reviewed the veteran's service medical records.]