



Appointment Protocol for VA Disability



Mail: Payment • Protocol • Summary List & Records. Ellis Clinic will contact you for an appointment.

Full First Middle Last Name _____
 Full Mail Address _____
 Phones _____ E-mail _____
 VA Claim# _____ SSN _____ Date of Birth _____ Male Female
 Dates Served _____ Military Branch _____
 VA Rep /Attorney None _____

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

List Body Parts & Conditions. Provide a short history of when, where and how the injury or condition occurred. Examples page 2.
 VA Code # (Only if assigned by VA)

1 _____ Accept Claim Raise% Current VA% > _____% | _____
 When, Where & How:

2 _____ Accept Claim Raise% Current VA% > _____% | _____
 When, Where & How:

3 _____ Accept Claim Raise% Current VA% > _____% | _____
 When, Where & How:

4 _____ Accept Claim Raise% Current VA% > _____% | _____
 When, Where & How:

5 _____ Accept Claim Raise% Current VA% > _____% | _____
 When, Where & How:

6 _____ Accept Claim Raise% Current VA% > _____% | _____
 When, Where & How:

Repeat this page for Additional Conditions. More than 10 conditions or complicated conditions may require an additional charge. We will call and discuss with you.
Significant Non Service Injuries, Surgeries and Diseases.

Example of Listing of Claims for Body Parts & Conditions and a Short History of When • Where • How
 The medical history of When, Where and How needs only basic information. Details will be obtained during your examination.

1. Back. Nerve Symptoms down Right and Left Legs.*
1990, Fort Dix, NJ, Lifting.
2. Right Knee
1988, Fort Dix, NJ, Fell on knee.
3. Left Knee
After service, Due to surgery on right knee and limp.
4. Plantar Fasciitis both feet*
1990, Fort Dix, NJ, Basic training.
5. Asthma
1991, Ft. Sill, OK. Preexisting asthma made worse. Had to start inhalers again.
6. Post Traumatic Stress Disorder PTSD **
1992, Gulf War, Combat.
7. Traumatic Brain Injury / TBI. Ellis Clinic can diagnose and rate your Traumatic Brain Injury.
1994, Germany. PT football.

* Combine as 1 Claim: [Neck + Spinal Nerve symptom down one or both arms] • [Back + Spinal Nerve symptoms down one or both legs]
 [Hearing Loss & Tinnitus] • [Bilateral Flat Feet or Bilateral Plantar Fas ciitis]

** Psychological claims require a mental health professional's report. Can be obtained for free at the VA.

Order of Records Send Only Copies • Records Are Shredded. Send only pertinent copies of records.

- **Page 1 on Top: List of Conditions**
- **Optional:** Your and/or your rep's letter to Ellis Clinic.
- Page 2: Payment.
- **Typed Summary List of Records** Important. List is attached to your report. See Example on Page 3.
(Ellis Clinic will type your Summary List for \$50 per inch of records. Records must be in order.)
- Form DD-214.
- VA Decisions. Put the most recent on top. Staple each decision.

Medical Records: Make a Separate Section for Each Claimed Condition. Arrange in the order you used on Page 1.

- Separate Each Requested Rating with a Sheet of Colored Paper or a tab. Number the colored sheet or tab.
 - Staple or clip together the pages of each operation, test, physician record, etc.
 - Within each section put the most recent records on top.
1. **Active Duty Medical Records:**
 - It is OK if you do not have medical records while on active duty. We understand.
 - Note: VA treatment records after Active Duty go under Physician Records.
 2. **Operations:** Date & Operation Description, i.e. 4/4/17 Right Shoulder Arthroscopic Rotator Cuff Surgery.
 3. **Tests:** Date, Type of Test, Body Part, i.e. 2/3/17 MRI Right Shoulder
 4. **Physician & Hospital Records:** Reports & Office Notes:
 7/8/18 - 5/3/11 Smallville VA Medical Center (VA medical records while not active duty go here)
 1/5/16 - 3/15/14 ABC Clinic: Marcus Welby MD, Sam Jones DO, and others
 5. **Non Physician Records:** i.e. 8/3/17 - 3/8/17 Wellness Physical Therapy

Fee: \$500 for up to 4 claims plus \$100 each additional claim. Example 10 claims: \$500 for 4 Claims + \$600 for 6 more claims = \$1,100.

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

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

Veteran's Full Name: _____

Date: _____

Card# _____ Expires _____ / _____ Security Code _____

Name on Card: _____ Signature: _____

Card Address: _____ Card ZIP: _____

VA Disability Summary List Example

John Q. Doe
VA or SSN: 123-45-6789
RECORDS:

1. DD 214
2. VA Decisions: 11/1/2017, 10/4/2015, 8/16/2013
3. Back with Nerve Pain down Legs
 - a. Active Duty Records:
 - i. 6/9/2010 & 7/11/2011
 - b. Operations:
 - i. 9/12/2016 L5-S1 Spinal Fusion
 - c. Tests:
 - i. 5/12/2016 MRI Lumbar Spine
 - d. Physician & Hospital Records:
 - i. 7/18/2018 - 12/3/2011 Smallville VA Medical Center
 - ii. 5/4/2017 - 4/16/2016 Ima Cutter, DO
4. Right Knee
 - a. Active Duty Records:
 - i. 4/18/2009
 - b. Operations:
 - i. 4/4/13 Arthroscopic medial menisectomy. Ima Cutter, DO
 - c. Tests:
 - i. 5/12/2016 MRI Right Knee
5. Asthma
 - a. Physician Records:
 - i. 10/12/2018 - 9/3/2000 Marcus Welby, MD
6. PTSD
 - a. 11/1/2018 - 8/8/2011 Smallville VA Medical Center