4 April 2025

Veteran’s Name

Address

City, State, and Zip Code

Department of Veterans Affairs

Attention: [Claim Denial Department]

Address

City, State, and Zip Code

**Reference:** Collaborative Review Request - Claim [Number] Additional Evidence Submission

Dear VA Claims,

Thank you for your thorough review of my disability claim [Claim #] dated [Date]. I appreciate the detailed explanation in your decision letter and would like to work together to ensure we have all the necessary information to properly evaluate my service-connected conditions.

Additional Evidence for Team Review: Based on your decision letter guidance, I'm providing the following additional evidence to support my claim:

[Service Connection Documentation:]

• Military incident reports from [specific dates/locations]

• Service medical records showing [specific conditions/treatments]

• Post-service medical continuity showing [progression/treatment]

Medical Evidence Partnership: Working with my healthcare team, I've gathered:

• Updated medical records from [providers/dates]

• Specialist evaluations addressing [specific conditions]

• Functional capacity assessments showing [limitations]

To help us complete this evaluation, I want to clarify the connection between my military service and current conditions: [Clear, factual description of how service caused/aggravated conditions]

I'm confident that together we can ensure my claim accurately reflects my service-connected disabilities. Please let me know if additional documentation would be helpful for your review.

Thank you for your continued partnership in this process.

Respectfully submitted,

Signature

[Veteran's Printed Name]

[contact information]

**Attachments:**

List all documents (*examples below*)

Doctor’s letter

Civilian medical documents

Buddy statement