VA Claims Intake Center, Newnan, GA - 01 04052016

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To: varo

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NOTES:

Date and time of transmission: Tuesday, April 05, 2016 7:51:44~AM Number of pages including this cover sheet: 08

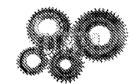
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USE THIS COVER SHEET TO FAX CLAIMS TO THE VA'S CLAIMS AND EVIDENCE INTAKE CENTERS



(Eastern and Southern Areas)



VBA's Office of Business Process Integration

Fax Coversheet and Checklist

To: VBA Claims and Evidence Intake Center Fax: Veterans Claims Intake Program	
☐ Veteran First and Last Name	_
☐ Veteran C File #: C	
☐ Claimant Zip Code:	
☐ Fax Date: <u>04/04/2016</u>	_
# of Pages to include Coversheet: 7	_
☐ Forms Included:	

DOUBLE CHECK: Check Confirmation sheet and ensure fax is to

in failed submission to VA. Due to similarities in numbers, multiple parties have submitted to the wrong VA department. AVP Metro Petroleum is destroying any faxed Veterans records.

VA Directive 6609, NOVEMBER 9, 2007: NOTICE! Access to Veterans records is limited to Authorized Personnel Only. Information may not be disclosed unless permitted pursuant to 38 CFR 1.500-1.599. The Privacy Act contains provisions for criminal penalties for knowingly and willingly disclosing information from the file unless properly authorized to do so.

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OMB Approved No. 2900-0791 Respondent Burden: 30 minutes Expiration Date: 09/30/2018

Department of Veterans Affairs NOTICE OF DISAGREEMENT					
A CLAIMANT OR HIS OR HER DULY APPOINTED REPRESENTATIVE MAY FILE NOTICE EXPRESSING THEIR DISSATISFACTION OR DISAGREEMENT WITH AN ADJUDICATIVE DETERMINATION BY THE VA REGIONAL OFFICE. A DESIRE TO CONTEST THE RESULT WILL CONSTITUTE A NOTICE OF DISAGREEMENT (NOD.) WHILE SPECIAL WORDING IS NOT REQUIRED, THE NOD MUST BE IN TERMS WHICH CAN BE REASONABLY CONSTRUED AS DISAGREEMENT WITH THAT DETERMINATION AND A DESIRE FOR APPELLATE REVIEW. (AUTHORITY: 38 U.S.C. 7105)	(DO NOT WRITE IN THIS SPACE) (VA DATE STAMP)				
TO FILE A VALID NOD, THERE IS A TIME LIMIT OF ONE YEAR FROM THE DATE VA MAILED THE NOTIFICATION OF THE DECISION TO THE CLAIMANT. FOR CONTESTED CLAIMS INCLUDING CLAIMS OF APPORTIONMENT, THIS TIME LIMIT IS 60 DAYS FROM THE DATE VA MAILED THE NOTIFICATION OF THE DECISION TO THE CLAIMANT.					
NOTE: You can <i>either</i> complete the form online or by hand. Please print information using blue or black ink, neatly, and legibly to help process the form. PART I - PERSONAL INFORMATION					
1. VETERAN'S NAME (First, middle initial, last)					
2. VETERAN'S SOCIAL SECURITY NUMBER	3. VA FILE NUMBER				
CLAIMANT'S PERSONAL INFORMATION					
4. CLAIMANT'S NAME (First, middle initial, last)					
5. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)					
6. PREFERRED TELEPHONE NUMBER (Include Area Code)	7. PREFERRED E-MAIL ADDRESS				
PART II - TELEPHONE CONTACT					
8. WOULD YOU LIKE TO RECEIVE A TELEPHONE CALL OR E-MAIL FROM A REPRESENTATIVE AT YOUR LOCAL REGIONAL OFFICE REGARDING YOUR NOD?					
X YES NO					
(If you answered "Yes," VA will make up to two attempts to call you between 8:00 a.m. and 4:30 p.m. local time at the telephone number and					
time period you select below. Please select up to two time periods you are available to receive a phone call.) [8:00 a.m 10:00 a.m.					
Phone number I can be reached at the above checked time					
PART III - APPEAL PROCESS ELECTION					
9. SELECT ONE OF ■HE APPEALS PROCESSING METHODS BELOW (See Specific Instructions, Page 2, Part III for additional information)					
■ Decision Review Officer (DRO) Review Process					
Traditional Appellate Review Process					

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VETERAN'S SSN

PART IV - SPE	CIFIC ISSUES OF DISAGREEME	NT		
10. NOTIFICATION/DECISION LETTER DATE				
03/03/2016				
11. PLEASE LIST EACH SPECIFIC ISSUE OF DISAGREEMENT AND NOTE THE AREA OF DISAGREEMENT. IF YOU DISAGREE ON THE EVALUATION OF A DISABILITY, SPECIFY PERCENTAGE EVALUATION SOUGHT, IF KNOWN. PLEASE LIST ONLY ONE DISABILITY IN EACH BOX. YOU MAY ATTACH ADDITIONAL SHEETS IF NECESSARY.				
A. Specific Issue of Disagreement	B. Area of Disagreement	C. Percentage (%) Evaluation Sought (If known)		
Depression	Service Connection Effective Date of Award Evaluation of Disability Other (Please specify below)			
LT& RT knee condition	Service Connection Effective Date of Award Evaluation of Disability Other (Please specify below)			
Lower back condition	Service Connection Effective Date of Award Evaluation of Disability Other (Please specify below)			
Anxiety	Service Connection Effective Date of Award Evaluation of Disability Other (Please specify below)			
Esophagitis	Service Connection Effective Date of Award Evaluation of Disability Other (Please specify below)			
12A. IN THE SPACE BELOW, OR ON A SEPARATE PAGE, PAND LIST ANY DISAGREEMENT(S) NOT COVERED AB Please reference attached 21-4138		INCORRECTLY DECIDED YOUR CLAIM,		
12B. DID YOU ATTACH ADDITIONAL PAGES TO THIS NOD?				
YES NO (If so, how many?) 2				
PART V - CERTIFICATION AND SIGNATURE				
LOFRTIEV THAT THE STATEMENTS ON THIS FORM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.				
PENALIT: THE LAVY PROVIDES SEVERE PENALITIES YVIN	TEDIAL FACT KNOWING IT TO BE	I, OR BUTH, FOR THE WILLFUL		

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