

Letter of Appeal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]

Department of Veterans Affairs

[Claims Processor Name]

[VA Office Address]

[City, State, Zip Code]

Dear [Claims Processor Name],

I am writing to formally appeal the decision regarding my claim for [Specify your claim, e.g., disability benefits, healthcare]. My claim was denied on [Insert denial date] based on [Insert reason for denial].

After reviewing the decision, I believe that my claim has merit due to the following reasons:

- [Reason 1]
- [Reason 2]
- [Reason 3]

I have attached additional documentation that supports my appeal, including [List documents, e.g., medical records, service records]. I respectfully request a reevaluation of my case based on this new information.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Veteran ID Number]