

Appeal for Veteran Health Care Services

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Department/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally appeal the decision regarding my eligibility for veteran health care services. As a [veteran's rank] who served in [branch of military] from [start date] to [end date], I believe I am entitled to receive the necessary health care services as outlined by [specific regulation or guideline].

On [date of initial decision], I received a notification denying my application for health care services. The reason provided was [briefly explain reason]. However, I would like to present the following information for your reconsideration:

- [Reason 1]
- [Reason 2]
- [Supporting documents or evidence]

Given my service and the impact it has had on my health, I respectfully request a thorough review of my case. I believe that my circumstances warrant eligibility for the services I am seeking and would greatly appreciate your help in obtaining the care I need.

Thank you for your time and consideration. I look forward to your prompt response regarding my appeal.

Sincerely,

[Your Name]

[Your Veteran Identification Number]