

Additional Information for Disability Claim

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

To Whom It May Concern,

I am writing to provide additional information regarding my disability claim, reference number [Insert Claim Number]. I appreciate your attention to my case and would like to offer further details that may assist in the review process.

Medical History

1. [Briefly describe your medical condition, including diagnosis and date of diagnosis.]
2. [List treatments received, including dates and outcomes.]

Impact on Daily Life

Due to my condition, I experience [describe limitations and how they affect daily activities, work, or social interactions].

Supporting Documentation

I have included the following documents to support my claim:

- [Document 1]
- [Document 2]
- [Document 3]

Please do not hesitate to contact me at [Your Phone Number] or [Your Email Address] if further information is required.

Thank you for your consideration.

Sincerely,

[Your Name]