

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient Name]
[Position/Title]
[Organization/Agency Name]
[Address]
[City, State, Zip Code]

Subject: Appeal for PTSD Claim Denial

Dear [Recipient Name],

I am writing to formally appeal the denial of my claim for Post-Traumatic Stress Disorder (PTSD), reference number [claim number].

I respectfully request a re-evaluation of my case based on the following points:

1. ****Detailed Description of PTSD Diagnosis**:**

- State your diagnosis and provide a summary of the events leading to your condition.

2. ****Supporting Medical Evidence**:**

- Include any medical records, treatment history, and professional evaluations that substantiate your diagnosis.

3. ****Impact on Daily Life**:**

- Describe how PTSD has affected your day-to-day activities and overall quality of life.

4. ****Additional Supporting Documents**:**

- List any additional evidence included with your appeal, such as witness statements or relevant documentation.

In light of the information provided, I believe that a thorough review will demonstrate my eligibility for benefits due to my service-connected PTSD.

Thank you for your attention to this matter. I look forward to your prompt response and am happy to provide any further information necessary to support my appeal.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]