

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]
[Disability Claims Department]
[Insurance Company Name]
[Address]
[City, State, ZIP Code]

Subject: Disability Claim for PTSD

Dear [Claims Examiner's Name or "To Whom It May Concern"],

I am writing to formally request a review of my disability claim due to my diagnosis of Post-Traumatic Stress Disorder (PTSD). My claim number is [Your Claim Number].

I have been experiencing debilitating symptoms related to my PTSD, which have substantially impaired my daily functioning and ability to work. My symptoms include but are not limited to:

- Persistent re-experiencing of the traumatic event(s)
- Severe anxiety and panic attacks
- Difficulty concentrating and completing tasks
- Social withdrawal and isolation
- Sleep disturbances, including insomnia and nightmares

These symptoms have been confirmed by my psychologist, [Psychologist's Name], who has been treating me since [Date]. Enclosed with this letter are relevant medical records, including my diagnosis, treatment history, and a letter from my psychologist detailing the impact of my condition on my daily life and work capacity.

As a result of my PTSD, I am unable to maintain consistent employment and my quality of life has significantly decreased. I am seeking [specific percentage or amount, if applicable] compensation to assist with managing my condition and medical expenses.

Thank you for considering my claim. I appreciate your attention to this matter and look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature, if sending a hard copy]

[Enclosures: Medical Records, Letter from Psychologist]