



VETERAN BENEFITS AXXESSMED.COM

You fought for our country.

Let us fight for you!

VBS at Axxess Medical Solutions aims to help our veterans through our independent Veteran Benefit Services by giving veterans control over their disability claims.

Documents you will need:

1. **DD214** A document of the United States Department of Defense, issued upon a military service member's retirement, separation, or discharge from active duty in the armed forces of the U.S. Equipment Group; U.S. Air Force; U.S. Army; U.S. Coast Guard; U.S. Marine Corps, or U.S. Navy.
2. **A COPY OF YOUR DRIVER'S LICENSE OR PICTURE ID**
3. **COPIES OF YOUR MOST CURRENT DECISION LETTERS**
4. **SEPARATION EXAM** A medical evaluation used by the Department of Defense (DOD) and Department of Veterans Affairs (DVA) in the DOD, also referred to as a "Disability Exam".
5. **MILITARY SERVICE TREATMENT RECORDS** A service provided medical and dental documentation, to include civilian provided medical and dental documentation, armed forces health longitudinal technological application (AHLTA) web print (AWP) information, and the service treatment record (STR) letter DD...
6. **VETERAN HEALTH ADMINISTRATION RECORDS** Document collection of your treatment records for doctors or any health care provider, once your active duty is completed, if they have ever been treated at any veteran's facility anywhere.

7. CIVILIAN RECORDS Any and all private medical records from medical visits, procedures, and surgeries completed outside of the VA system. Focus should be on all and any records pertaining to service connected ailments.

The **Engagement Packet** must be completed and returned to Axxess Medical Solutions, with copies of your DD214, decision letter(s), and your state ID or valid driver's license prior to *your* scheduled initial consultation appointment.

IMPORTANT DATES YOU WILL NEED TO PROVIDE:

- Dates of service
- Dates of insults/incidents
- Dates of medical visits or procedures
- All other dates pertaining to your DBQ's

A LIST OF ALL CURRENT MEDICATIONS

- Name of medicine
- Dosage
- Frequency

IMPORTANT DETAILS OF INSULTS OR INJURIES

- Dates of insult/injury
- Details of onset
- Summary of how insult/injury happened
- Course of onset
- Details of medical actions taken at time of insult/injury
- Current symptoms
- Any and all discharge summaries
- Current treatment and frequency

FOUR TIPS TO HELP YOUR CASE:

1. Call the VA Hotline for your state and ask to open an Intent to File and know what date it was open.

2. Go to VA.Gov and create an ID.Me account. Please remember your log in.

3. Read through your military, VA and private medical records.

4. Review CFR, Title 38, Part 4, Schedule for Rating Disabilities.

5. Explain how your disabilities are limiting your work, quality of daily life, and social functioning.

6. Know your true story cold as well as any in-service stressor events.

CONTACT US TODAY

AXXESS MEDICAL SOLUTIONS
151 Southpark Rd., Ste 101
Lafayette LA 70508

vbs@axxessmed.com
337-484-1178

Axxess Medical Solutions
151 South Park Rd, Suite 101
Lafayette, LA 70508
337-484-1178

Dear Veteran:

We are pleased that you have entrusted Axxess Medical Solutions to help you with maximizing your veteran disability benefits. This letter is intended to describe the terms, conditions, and scope of services Axxess Medical will be retained to provide during this engagement.

1. Veteran Benefits Services

Our goal is to provide you with medical services of the highest quality and efficiency; to provide the medical assessments required to establish a fully developed claim. The scope of work will include medical evaluations, research, medical reporting and procedural support to ensure contentions are optimized.

Veteran Benefits Services will include any combination of the following, based on the individual need of the veteran. The service required could include all or some of the following, based on whether the claim is new or a rejected claim that needs to be amended and submitted:

- A. Initial Consultation (screening questionnaire)
- B. Completion of the required DBQ's
- C. Research required to support the medical conclusions in the Nexus Letter
- D. Technical writing of the Nexus Letter, including medical opinion and rationale.

2. Program Economics

Initial Screening Consultation	\$500
Completion of DBQ's	\$1,000
Complete Packet, including Nexus, medical opinion and rationale letter	\$1,500

3. Veteran Expectations

The VBS @ Axxess Medical Solutions disability claim process has been developed and refined over the past 5 years. It will provide the veteran with a fully developed claim (FDC) including all supporting medical diagnosis and service connections to substantiate the claim. However, approval and ratings for the veteran's claim is at the sole discretion of the VBA. Axxess Medical is not providing any guarantees or warranties inferred or otherwise for the completed disability claim.

Should the VBA deny a claim, Axxess Medical Solutions can and will assist the veteran with the appeals process. Each claim is independent and specific to the veteran; therefore, the appeals process is also unique to the veteran. The appeals process could involve any of the following steps: review of decision letter, additional research, revision of existing claim, formal request for a Higher Level Review (HLR), and/or Supplemental Claim. Should the appeals process prove to be overly extensive, it may be subject to be billed on a time and material basis; based on the hourly rates of the personnel utilized to complete the appeal. See the hourly rates below.

4. Payment Terms

Axxess Medical Solutions provides medical services that are not typically covered by conventional medical insurance. Therefore, payment for services is due at the time of service. Your fully prepared packet will be available for you to submit when payment is completed.

A cancellation courtesy call must be made to 337-484-1178 within 24 hours of scheduled appointment, or a minimum no-show fee of \$75 will be charged.

5. Disclaimer

Axxess Medical Solutions is not accredited or associated with the DVA or VA in any way. We do not claim to be attorneys or give any legal advice. We do not claim to be VSO's or VSA's. Axxess Medical Solutions only provides medical diagnosis and independent medical opinions. Axxess Medical Solutions is a for profit organization. As such, Axxess Medical Solutions does not in any way guarantee or promise a client will receive any remuneration of disability benefits.

Approval of Engagement:

_____ Signature _____ Date

_____ Printed Name

General Medical Examination (Including Burn Pits) Disability Benefits Questionnaire

Your patient is applying to the U. S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim.

Note: The General Medical Questionnaire is a screening examination for all body systems and is not meant to elicit the detailed information about specific conditions that is necessary for rating purposes.

Therefore, all claimed conditions, and any found or suspected conditions that were not claimed, should be addressed by referring to and following all appropriate questionnaires to assure that the examination for each condition provides information adequate for rating purposes.

This exam is to ensure that any conditions that might not be specifically addressed on the original exam request are identified for possible entitlement to benefits.

DEFINITIONS: VA statutes and regulations provide for service connecting certain chronic disability patterns based on exposure to environmental hazards experienced during military service. The environmental hazards may have included:

- exposure to smoke particles from oil well fires
- exposure to pesticides and insecticides
- exposure to indigenous infectious diseases
- exposure to solvent and fuel fumes
- ingestion of pyridostigmine bromide tablets, as a nerve gas antidote
- the combined effect of multiple vaccines administered upon
- inhalation of ultra fine-grain sand particles
- exposure to smoke and particles from military installation "burn pit" fires

_____ Print name

The chronic disability patterns associated with these environmental hazards have two distinct outcomes. One is referred to as "undiagnosed illnesses" and the other as "diagnosed medically unexplained chronic multisymptom illnesses". An undiagnosed illness is established when findings are present that cannot be attributed to a known, clearly defined diagnosis, after all likely diagnostic possibilities for such abnormalities have been ruled out. Examples of medically unexplained chronic multisymptom illnesses include, but are not limited to:

- chronic fatigue syndrome
- fibromyalgia
- irritable bowel syndrome

The following list of signs and symptoms may represent an "undiagnosed illness" or "diagnosed medically unexplained chronic multisymptom illness" for which a Gulf War Veteran may be presumptively service connected:

Please check off any and all symptoms experienced below:

- Ringing, buzzing, chirping and humming in the ears (tinnitus)
- Headaches (tension; cluster; migraines)
- Upper respiratory symptoms (Sinusitis/Rhinitis)
- Sleep Apnea (requiring a CPAP)
- Fatigue lasting greater than 6 months; (CFS)
- Generalized body aches and pain; (Fibro)
- Gastrointestinal symptoms; (IBS)

CREDIT CARD AUTHORIZATION FORM

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until canceled.

CREDIT CARD INFORMATION:

CARD TYPE: MASTERCARD VISA DISCOVER AMEX OTHER

CARDHOLDER NAME: _____

CARD NUMBER: _____

EXPIRATION DATE (mm/yy): _____ CODE: _____

CARDHOLDER ZIP CODE (from card billing address): _____,

I, _____ authorize AXXESS MEDICAL SOLUTIONS to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

_____ Customer Signature

_____ Date

PERSONAL INFORMATION

Please type or write legibly

NAME _____

MAILING ADDRESS _____

PHYSICAL ADDRESS : _____

(if different from mailing address)

EMAIL _____

PHONE NUMBER **(with area code)** _____

Please include a copy of your state ID or driver's license.