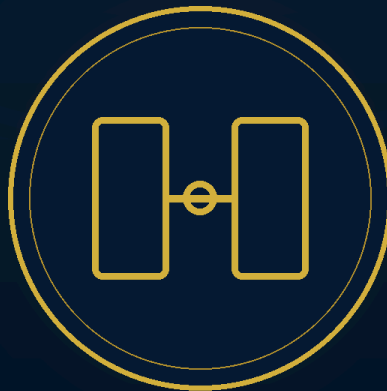


— FWD ASSIST HQ —

FIELD GUIDE

Requesting a Strong Nexus Letter

Request a strong, well-reasoned nexus letter for
your claim.



J. Erickson

A FWD Assist HQ Field Guide

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This guide is education, not representation. It explains how part of the VA system works so you can handle your own business with confidence. It is not legal or claims advice, and reading it does not create any representative relationship between you and the author. The author is not affiliated with the Department of Veterans Affairs, and nothing here is endorsed by the VA.

This guide prints no live VA dollar figures and no rating percentages on purpose, because they change. Before you make a decision based on any number, check the current figure at va.gov. No book can promise you a rating; the evidence in your file decides the result. Help from an accredited Veterans Service Officer is always free.

In crisis? Call the **Veterans Crisis Line**: dial **988**, then press **1**. You can also text **838255** or chat online at veteranscrisisline.net. It is free, confidential, and available 24/7.

Requesting a Strong Nexus Letter

Request a strong, well-reasoned nexus letter for your claim.

Companion to *Nexus Letters for VA Claims*.

This is general education, not legal or claims advice, and not guidance for your specific claim. It cannot promise you a rating or an outcome, and no one can. For help with your own claim, see a free accredited representative (see [the back of this guide](#)). Nothing here creates a representative relationship.

Current as of October 2026. Rules, forms, and figures change. Check current details at va.gov.

THE BEST WAY TO USE THIS GUIDE

The strongest position is to be your own informed advocate and to work with a free accredited representative. An accredited Veterans Service Organization, such as the DAV, VFW, American Legion, or a county or state veterans office, helps at no charge. Accredited claims agents and attorneys can help too. They can't charge for work done before VA issues its initial decision on your claim, and after that they may charge a fee within the limits of 38 CFR 14.636. This guide is here so you understand your own situation and can work with them as a full partner instead of handing it over blind. If you'd rather handle this yourself, and you're comfortable doing that, the guide walks you through every step. Either way, you stay in control.

The Outcome and What You Need Before You Start

The outcome: By the end of this guide you'll know how to choose the right provider, brief them on VA's standard, request a nexus letter, and check it for the six elements a rater looks for before you submit it.

This guide prepares you for the task. It doesn't and can't promise a rating, a percentage, or an outcome. The evidence in your file decides the result.

WHAT YOU NEED BEFORE YOU START

- ☐ Your service treatment records. VA holds them for many veterans (request with VA Form 20-10206); for others they're at the National Personnel Records Center (request with Standard Form 180).
- ☐ Documentation of your current diagnosis (VA or private treatment records, imaging, test results).
- ☐ A one-page timeline: the in-service event date and description, the first diagnosis date, and the condition you're claiming.
- ☐ The in-service event named by date, place, and what happened, and the record or statement that shows it.
- ☐ A one-page briefing sheet on the "at least as likely as not" standard and a printed six-element checklist to hand your provider.

When to start: Before you file if you can, or as soon as you see a negative VA opinion. If you haven't filed yet and need to protect your filing date while you gather evidence, file an Intent to File (VA Form 21-0966, online, by phone, or on paper). If VA gets your complete claim within one year of the intent to file, VA treats the claim as filed on the intent-to-file date.

Where this is written down: 38 CFR § 3.155(b).

Start Here: The Basics

A nexus letter is a written medical opinion that connects your current condition to your service. It answers the link question: did service cause or worsen this condition? A qualified provider reviews your records, gives an opinion in VA's wording ("at least as likely as not"), and explains the medical reasoning. You don't always need one. When VA needs a medical opinion to decide a claim, VA gets one itself through a C&P exam, and presumptive conditions don't need a link opinion at all. A private letter is optional. It helps most when the link is complicated, when no one has addressed it, or when a VA opinion came back negative.

Where this is written down: 38 CFR § 3.303(a); 38 CFR § 3.159(c)(4); 38 CFR § 3.102.

The Steps

STEP 1

Understand what a nexus letter is and when it helps.

Direct service connection takes three things: a current condition, an in-service event, injury, or illness, and a link between them. The link is often the hardest part to show. VA may order its own exam and opinion; a private letter adds an opinion from a provider you chose, with reasoning you've read before VA sees it.

If your condition is on a presumptive list, **then** you may not need a link opinion; ask your accredited representative. **If** VA already gave a negative opinion, **then** a well-reasoned private opinion gives the rater competing evidence to weigh.

Where this is written down: 38 CFR § 3.303(a); 38 CFR § 3.159(c)(4); 38 CFR § 3.102.

Done when you can state, in one sentence, the diagnosis, the in-service event, and whether you want a private opinion linking the two.

STEP 2

Learn the difference between a clinical letter and a nexus letter.

A clinical letter summarizes your history, treatment, and diagnosis. A nexus letter answers one question: is your current condition at least as likely as not caused or worsened by your in-service event, and why? A thorough clinical letter that never answers that question isn't a nexus letter.

Do not submit a clinical summary thinking it's a nexus opinion. It gives the rater no answer on the link.

Done when you can look at any letter and tell whether it gives a link opinion or only describes your condition.

STEP 3

Gather and organize your records into one package.

Put the in-service event records first (sick call notes, line of duty findings, injury reports), then your current diagnosis, then your treatment history in date order. Add the one-page timeline on top. A provider won't dig through a hundred loose pages.

Done when you have a single organized packet with the in-service event flagged and a one-page timeline on top.

STEP 4

Map your provider options across the five categories.

The five categories: a VA treating provider in the right specialty, a private treating specialist, a general private physician, an independent medical examiner, and a network nexus letter service. They differ in cost, credentials, and how well they know VA's standard.

If a VA or private treating specialist already knows your condition and will write to VA's standard, **then** start there. **If** no treating provider fits, **then** consider an independent examiner or a network service, and ask the price up front.

Do not pay any service whose fee is tied to your back pay or rating, that promises a favorable opinion, whose doctor never sees your records, or that offers to prepare or file your claim. Help preparing or filing the claim itself should come from an accredited representative, and no one can charge for it before VA issues its initial decision.

Where this is written down: 38 U.S.C. § 5901; 38 U.S.C. § 5904(c)(1); 38 CFR § 14.636.

Done when you have a short list of realistic provider options.

STEP 5

Choose a provider whose specialty matches your condition.

Credibility matters more than convenience. Match the specialty to the diagnosis: a psychiatrist or orthopedic specialist for joints and spine, a psychiatrist or psychologist for mental health, a pulmonologist or occupational medicine specialist for breathing conditions, an environmental medicine specialist for exposure conditions.

Do not use a provider whose specialty doesn't fit the condition. The rater weighs your provider's qualifications and reasoning against the C&P examiner's, and a mismatched opinion can carry less weight.

Done when your top choice's specialty clearly fits the condition and how it started.

STEP 6

Interview the provider against five criteria before you commit.

Ask about specialty match, credentials, whether they know VA's opinion standard or will let you brief them, whether they'll review your full records packet, and whether they'll consider a revision request. For a network service, also ask how many VA opinions the doctor has written, what conditions they cover, whether the doctor is board-certified, and what it costs.

If the provider answers all five clearly, **then** go ahead. **If** they won't review your records, can't show credentials, or won't look at revisions, **then** keep looking.

Done when a provider has met all five criteria and agreed to proceed.

STEP 7

Build the briefing packet and give it to the provider.

Include your organized records, a one-page sheet on the "at least as likely as not" standard and the benefit-of-the-doubt rule it comes from, the six-element checklist, and a one- to two-page statement of your claim. Send it ahead of time so the provider can prepare.

Where this is written down: 38 U.S.C. § 5107(b); 38 CFR § 3.102.

Done when the provider has the full packet and knows exactly what question you're asking.

STEP 8

Make the request using the right wording.

Don't say "I need a letter for the VA." Say: "I need a medical opinion for a VA disability claim, using VA's 'at least as likely as not' wording, with your reasoning." Explain that the phrase means an even chance or better, not certainty, because VA resolves a close balance of evidence in the veteran's favor. Other wording that clears the bar includes "more likely than not" and "at least as probable as not." "Possible" or "can't be ruled out" doesn't.

Do not ask the provider to reach a conclusion they don't hold. If their honest view falls short, that's their answer; take it to your accredited representative.

Done when the provider understands the question and the wording, and has agreed to give their honest opinion with reasons.

STEP 9

Walk the provider through the records and the six elements.

Show them the in-service event, its date, place, and what happened, and where it appears in the records. Show them the current diagnosis. The six elements a rater looks for: (1) credentials, including license number and board certification; (2) the records reviewed, by facility and date; (3) the current diagnosis; (4) the in-service event by date, place, and what happened; (5) the opinion in VA's probability wording; and (6) the medical reasoning that connects the evidence to the opinion. No law sets a format, but the reasoning carries the most weight.

Where this is written down: *Nieves-Rodriguez v. Peake*, 22 Vet. App. 295 (2008); *Stefl v. Nicholson*, 21 Vet. App. 120 (2007).

Done when the provider understands the question and the six elements, and you have a date for the draft.

STEP 10

Read the draft against the six-element checklist.

Check each element: credentials (name, degree, state, license number, board certification); records reviewed (facilities, types, and date ranges); current diagnosis (the medical name, source, and dates); in-service event (date, place, what happened, and the record that shows it); the opinion in clear probability wording; and the reasoning (how the event can lead to this condition, the timeline, and other possible causes the provider weighed). Also make sure nothing later in the letter undercuts the opinion.

If all six are present, specific, and consistent, **then** move to submit. **If** a fact or the reasoning is missing or vague, **then** ask for a revision.

Done when you've checked every one of the six elements against the letter.

STEP 11

Ask for a targeted revision if a fact or the reasoning is missing.

Revisions are normal. Be specific: name the paragraph and the fix, for example "In the opening, please add your state license number and board certification" or "Please list the facility and date range for each record you reviewed." If the opinion reads "it is possible that" or "it may be related to," ask whether that reflects the provider's real view.

Do not submit a draft you know is missing facts or reasoning. A gap you could have fixed in a day gives the rater a reason to give the letter less weight.

Done when the revised letter passes the full checklist, or the provider has told you their final opinion.

STEP 12

Submit the letter with your claim and confirm it landed in your file.

Submit it with your claim on VA.gov, upload it later through the claim status tool, or give it to your accredited representative to submit. Keep a copy of the final letter and the date you sent it. Check that it shows up in your claim's documents on VA.gov, or ask for a copy of your claims file with VA Form 20-10206. If it's missing, send it again with proof of the first submission.

If your situation branches beyond this guide, **then** take it to a free accredited representative instead of guessing your next move.

Done when the letter is submitted, documented, and confirmed in your claims file.

Recap Checklist

- ☐ I understand what a nexus letter does and when a private one helps.
- ☐ I can tell a nexus opinion apart from a clinical summary.
- ☐ I gathered and organized my records with a one-page timeline on top.
- ☐ I mapped my provider options and ruled out any service with claim-shark red flags.
- ☐ I chose a provider whose specialty matches my condition.
- ☐ I interviewed the provider against the five criteria.
- ☐ I built the briefing packet and gave it to the provider.
- ☐ I made the request using VA's "at least as likely as not" wording.
- ☐ I walked the provider through the records and the six elements.
- ☐ I read the draft against the six-element checklist.
- ☐ I asked for a targeted revision for any missing fact or reasoning.
- ☐ I submitted the letter and confirmed it's in my claims file.

Reminder: rules and rates change. Check any current figure at [va.gov](https://www.va.gov). Help from an accredited Veterans Service Organization is free. Accredited claims agents and attorneys can't charge for work done before VA issues its initial decision on your claim. After that, they may charge a fee within the limits of 38 CFR 14.636. This guide prepared you for the task. The evidence in your file decides the result.

Get Free, Accredited Help

For anything about your own claim, talk to an accredited representative. Help from an accredited Veterans Service Organization is free. Accredited claims agents and attorneys can't charge for work done before VA issues its initial decision on your claim. After that, they may charge a fee within the limits of 38 CFR 14.636. Free help is available through Veterans Service Organizations such as the DAV, VFW, and American Legion, and through county and state veterans offices.

To find one near you, visit va.gov/get-help-from-accredited-representative. Representation begins only when you sign VA Form 21-22 (for a Veterans Service Organization) or 21-22a (for an individual agent or attorney). With one rare exception for a single unpaid case, only accredited people can represent you before the VA, and only an accredited agent or attorney can charge you a fee. Nothing in this guide creates that relationship.

A warning about claim sharks. Anyone who offers to file your initial claim for a fee, or who guarantees you a rating or a percentage, is selling something you shouldn't buy. Accredited Veterans Service Organizations help at no charge, and accredited claims agents and attorneys may charge only after VA issues its initial decision, within the limits of 38 CFR 14.636. Report predatory companies to the VA Office of Inspector General at 1-800-488-8244.

Keep Going: The Full Guide

This field guide is the short, do-this-now companion to the book *Nexus Letters for VA Claims*. See every FWD Assist HQ title that is out now at fwdassisthq.com/books.

Current as of October 2026. Rules, forms, and figures change. Check current details at va.gov.

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J. Erickson is a service-disabled Air Force veteran. He served as a military firefighter and as a veteran service officer, where he spent years walking veterans through the same claims process he writes about now. He holds an MBA and writes plain-language guides for veterans who want to understand the system without a translator.

He writes the For the Rest of Us series at fwdassisthq.com. This guide is published by FWD Assist HQ as a veteran education resource. It is not affiliated with or endorsed by the Department of Veterans Affairs.