

FWD ASSIST HQ / CLAIM TOOLKIT / NO. 16

The Reason Underneath

You do not have to prove it. You have to get it to even. And a conclusion with no reason underneath it weighs nothing, no matter how confidently it is written.

People go looking for a doctor who will write the magic sentence, as though the sentence is the thing. Then the letter comes back saying the condition may be related to service, and it does almost nothing, and nobody can explain why.

Two things are going on. The standard is lower than most people think, and the part that carries the weight is not the conclusion at all.

WHAT IS IN HERE

1. Why even is enough
2. What actually makes an opinion weigh something
3. A page to hand your doctor
4. A check before you submit

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Even is enough

This is the most misunderstood rule in the whole system.

The regulation says that when, after careful consideration of all procurable and assembled data, a reasonable doubt arises regarding service origin, the degree of disability, or any other point, that doubt will be resolved in favor of the claimant.

And it defines the term. Reasonable doubt exists because of an approximate balance of positive and negative evidence which does not satisfactorily prove or disprove the claim. It is a substantial doubt, within the range of probability, as distinguished from pure speculation or remote possibility.

THE ONE LINE TO REMEMBER

A tie goes to you.

You are not being asked to prove it more likely than not. You are being asked to get the evidence to an approximate balance. That is why the phrase people reach for is at least as likely as not, and not something stronger.

AND WHY "MAY BE RELATED" DOES SO LITTLE

Note what the doctrine is not. The regulation says reasonable doubt is substantial and within the range of probability, as distinguished from pure speculation or remote possibility. It also says it is not a means of reconciling actual conflict or contradiction in the evidence.

An opinion phrased as may be related, could be, or cannot be ruled out does not put probability on the scale, so it generally carries little weight in practice. That treatment comes from how courts and adjudicators have applied the standard, not from a sentence in the regulation. A kind doctor writes one of those thinking they have helped.

What makes an opinion weigh something

Not the credentials, and not the confidence. The reasoning.

THE HONESTY LINE, AND IT IS NOT NEGOTIABLE

None of this means telling a doctor what to conclude. If it is not their opinion, it is worthless and worse. What you are doing is making sure they know what question is being asked, because most physicians have never been told that the standard is a balance rather than certainty, and they understate accordingly. Asking somebody to write a conclusion they do not hold damages every true thing in your file.

A letter that does little	A letter that does work
An opinion phrased as a possibility. May be related. Could be. Cannot be ruled out.	An opinion phrased in terms of likelihood, in the clinician's own words, followed by the reasoning.
A basis that is only what the patient reported.	A stated list of what was actually reviewed: records, imaging, history, with dates.
A general statement about the category of condition.	Reasoning about this patient: why the clinical picture fits, in the clinician's own terms.
Signed, with no explanation of the basis.	A stated basis: what was reviewed, what the reasoning is, and why the competing explanation is less persuasive.

Length is not the difference. Reasoning is. An opinion whose basis is stated can be weighed. An opinion with no stated basis is a signature, and a signature does not move a balance.

DO THIS BEFORE YOU START GATHERING

Gathering all of this takes time, and the date VA receives your claim is what your back pay is measured from. So do not spend weeks waiting on a doctor and then file. There is a way to hold the date first.

It is called an intent to file. VA Form 21-0966, Intent to File a Claim for Compensation and/or Pension, or Survivors Pension and/or DIC (May 2026 version). The regulation says that if VA receives your complete claim within one year of the intent to file, the claim is treated as filed on the day the intent to file came in. That protection goes to the first complete claim VA receives after the intent to file, so put every condition you mean to claim in that one filing. An intent to file does not apply to a supplemental claim.

Starting a disability compensation claim online at va.gov can establish this on its own, once you start and save the application. Do not assume it did. Look for VA's confirmation, or send the form separately so there is a dated record you can point to. For a pension claim, va.gov says to submit the intent to file even when you apply online.

The page for it is va.gov/find-forms/about-form-21-0966. It costs nothing, takes minutes, and an accredited representative will do it with you at no charge. Then take your year and gather properly.

For my doctor

Print this and hand it over. They do not need the rest of this document.

PATIENT

COMPLETED BY

DATE

Your patient is filing a claim with the Department of Veterans Affairs. If you are willing to offer an opinion, here is the standard that applies, because it is not the one most clinical writing assumes.

THE STANDARD

The question is not whether the connection is certain, or even whether it is more likely than not. Where the positive and negative evidence are in approximate balance, the regulation directs that the doubt be resolved in the claimant's favor. In practice adjudicators have long described that balance as at least as likely as not, roughly a fifty percent or greater probability. That phrase is convention rather than regulatory text.

Language such as may be related, could be, or cannot be ruled out is generally read as speculation and carries little weight, even when meant supportively. That is how adjudicators and courts apply the standard, not a rule in the regulation itself.

Please state your view in whatever terms accurately reflect your clinical judgment, including a view that you cannot support a connection. An opinion shaped to fit a phrase is worth nothing to this patient.

If you are able to offer an opinion, these are the parts that make it usable

- ☐ What you reviewed. Records, imaging, the history you took, dates where you have them.
- ☐ Your opinion, stated in terms of likelihood rather than possibility.
- ☐ The reasoning. Why you reach it, in your own clinical terms.
- ☐ The alternatives you considered and why they fit less well.
- ☐ Your credentials and your relationship to the patient.

What one looks like

A SHORT EXAMPLE OF THE SHAPE

This is a shape, not a script. Every square bracket is the clinician's own judgment and none of it can come from the patient or from us.

"I have treated [patient] since [year] for [condition]. I reviewed [records, imaging, history, with dates]. In my opinion [condition] is [the clinician's own likelihood term] related to [event]. My reasoning is [the clinical basis]. I considered [alternative explanation] and find it [more or less] persuasive because [reason]."

Four moves: what was reviewed, the opinion in terms of likelihood, the reasoning, and the alternative addressed. Nobody but the clinician fills those brackets.

FOR YOU, NOT THE DOCTOR: GETTING THE RECORDS TO HAND OVER

What was reviewed is the load-bearing part, so the doctor needs something to review. Your service treatment records and your VA claims file can be requested with VA Form 20-10206 (August 2023 version) through the records request tool at va.gov. Older service records can come through SF-180 and the National Archives. Both take time, so start before you book the appointment, not after. Form numbers change, so check at va.gov.

Please do not write anything you do not believe. An opinion you do not hold does not help this patient and it will not survive scrutiny. If you cannot support a connection, saying so plainly is more useful than a hedge.

Before you submit

- ☐ The letter states what the writer reviewed.
- ☐ It gives an opinion in terms of likelihood, not possibility.
- ☐ It explains the reasoning, not only the conclusion.
- ☐ It addresses the obvious alternative explanation.
- ☐ It is signed, dated, and identifies the writer's qualifications.
- ☐ I did not ask anybody to write something they do not believe.
- ☐ I gave the doctor the records rather than only my account.
- ☐ I asked an accredited representative to read it before it went in.

IF YOUR DOCTOR SAYS NO

Some will. Do not assume a VA clinician cannot, and ask rather than deciding in advance that the answer is no. Many clinicians are cautious about causation opinions specifically, and a private employer may have its own rule. Either way, a no is not a verdict on your claim. The opinion can come from any qualified provider. It does not have to be the doctor who treats you, though a treating relationship is a strength because they have watched it over time. Who to ask next is a question for an accredited representative, who can also tell you whether anything being sold to you is worth paying for.

Whatever you get, it is evidence only once you submit it. Assume it has to be in before the decision. A few narrow rules let later evidence count back, but do not plan around them.

NOBODY SHOULD CHARGE YOU TO FILE

Help from an accredited Veterans Service Officer is free. Always. Disabled American Veterans, the Veterans of Foreign Wars, the American Legion and your state or county veterans service office all have accredited representatives and none of them charges you. The search is at va.gov/get-help-from-accredited-representative/find-rep.

Nobody may charge you a fee for helping with your claim before VA issues its first decision on it. That rule is 38 USC 5904(c)(1). After the first decision an accredited agent or attorney may charge, and 38 CFR 14.636 sets the limits, measured against past-due benefits, which means the back pay owed for the stretch before the decision: a fee not over 20 percent of that is presumed reasonable if that person represented you through the date of the decision, and a fee over one third is presumed unreasonable. Only an accredited agent or attorney may charge you anything.

So if somebody who is not accredited offers to file for you, wants money up front, or wants a cut, walk away and report them to the VA Office of Inspector General at 1-800-488-8244.

Where this is written down

The reasonable doubt doctrine, including the approximate balance of positive and negative evidence, the direction that doubt be resolved in favor of the claimant, the distinction from pure speculation or remote possibility, and the statement that the doctrine is not a means of reconciling actual conflict in the evidence, are in 38 CFR 3.102. The underlying statutory benefit of the doubt provision is 38 USC 5107(b). Neither text contains the phrase at least as likely as not, or any percentage. That wording comes from VA practice. How speculative opinions get weighed comes from case law, not from either provision.

Regulation text: ecfr.gov, Title 38, Part 3, section 3.102. Statute: uscode.house.gov, Title 38, section 5107. There is no regulation that defines the format of a nexus letter. What is written down is the standard the opinion is measured against.

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Current as of October 2026. Regulations change. Check for a newer version before you rely on this.

If working on this is bringing things up, the Veterans Crisis Line is 988 then press 1, or text 838255. Family members can call it too.