

What to do if your loved one's claim is denied.

IMMEDIATE ACTIONS AFTER A DENIAL

1. Read the Decision Letter Thoroughly

This letter outlines exactly why the claim was denied. Some reasons include: insufficient medical evidence, lack of service connection, or missing a required VA Compensation and Pension (C&P) exam (a medical evaluation that is often the deciding factor in approving or denying disability benefits, used to determine if a condition is service-connected and its severity).

2. Contact the Caregiver Support Line

If the denial concerns the [Program of Comprehensive Assistance for Family Caregivers \(PCAFC\)](#), call 1-855-260-3274 for guidance.

3. Identify an Accredited Representative

Work with a Veterans Service Organization (VSO), attorney, or claims agent to navigate the appeals process.

HOW TO RESPOND WITHOUT GIVING UP (APPEALS PROCESS)

You have three main options to appeal, typically with a one-year deadline from the date of the decision letter:

- **Supplemental Claim (Best for new evidence):** If the denial was due to a lack of evidence (e.g., medical records proving bladder cancer is related to Agent Orange exposure/PACT Act), submit new and relevant evidence using VA Form 20-0995.
- **Higher-Level Review (Best for errors):** If you believe the evidence was already there but misunderstood, request a review by a senior reviewer using VA Form 20-0996. No new evidence is allowed, but you can highlight errors.
- **Board Appeal (Best for complex cases):** Request a review by a Veterans Law Judge (VA Form 10182) if you want a hearing or if lower-level appeals have failed.
- **Submit "Lay Evidence":** Caregivers should submit a "statement of support" (lay evidence) explaining how the veteran's daily life is affected, as this often fills gaps that medical records miss.

REFRAMING DENIAL AS PART OF THE PROCESS

Denial is a "Roadmap"

It points out exactly what the VA needs to see to approve the claim. The denial letter acts as a guide to building a stronger case.

It's Not Personal

VA claims are heavily evidence-based; a denial often means the "technical" requirements were not met, not that the condition is not real or deserving.

It's a Standard Step

Many, if not most, complex VA claims require at least one appeal before approval.

SPECIFIC TIPS FOR BLADDER CANCER CAREGIVERS

- **Leverage PACT Act Presumptions**

Bladder cancer is a presumptive condition under the PACT Act. If the denial didn't account for this, a supplemental claim with evidence of service in relevant locations (e.g., Vietnam, Thailand, or post-9/11 in Iraq/Afghanistan) is critical.

- **Document Daily Care (ADLs)**

If applying for the Caregiver Program (PCAFC), focus on the need for assistance with Activities of Daily Living (ADLs) such as hygiene, feeding, or mobility due to cancer treatments or complications.

- **Request a Clinical Appeal**

For medical treatment issues, you can ask for a review by the VA health care facility's chief of staff.