



Department of Veterans Affairs

**NOTICE OF DISAGREEMENT**

A CLAIMANT OR HIS OR HER DULY APPOINTED REPRESENTATIVE MAY FILE NOTICE EXPRESSING THEIR DISSATISFACTION OR DISAGREEMENT WITH AN ADJUDICATIVE DETERMINATION BY THE AGENCY OF ORIGINAL JURISDICTION. A DESIRE TO CONTEST THE RESULT WILL CONSTITUTE A NOTICE OF DISAGREEMENT (NOD.) WHILE SPECIAL WORDING IS NOT REQUIRED, THE NOD MUST BE IN TERMS WHICH CAN BE REASONABLY CONSTRUED AS DISAGREEMENT WITH THAT DETERMINATION AND A DESIRE FOR APPELLATE REVIEW. (AUTHORITY: 38 U.S.C. 7105)

TO FILE A VALID NOD, THERE IS A TIME LIMIT OF ONE YEAR FROM THE DATE VA MAILED THE NOTIFICATION OF THE DECISION TO THE CLAIMANT. FOR CONTESTED CLAIMS INCLUDING CLAIMS OF APPORTIONMENT, THIS TIME LIMIT IS 60 DAYS FROM THE DATE VA MAILED THE NOTIFICATION OF THE DECISION TO THE CLAIMANT.

**(DO NOT WRITE IN THIS SPACE)  
(VA DATE STAMP)**

**PART I - PERSONAL INFORMATION**

1A. VETERAN'S FIRST NAME Gulf	1B. MIDDLE NAME War	1C. LAST NAME Veteran
2. VA FILE NUMBER C/CSS -		3. VETERAN'S SOCIAL SECURITY NUMBER

**CLAIMANT'S PERSONAL INFORMATION**

4A. CLAIMANT'S FIRST NAME	4B. MIDDLE NAME	4C. LAST NAME
5. STREET ADDRESS	6. APT. NO.	7. CITY
10. DAYTIME TELEPHONE NUMBER	11. EVENING TELEPHONE NUMBER	12. EMAIL ADDRESS

**PART II - TELEPHONE CONTACT**

13. WOULD YOU LIKE TO RECEIVE A TELEPHONE CALL OR EMAIL FROM A REPRESENTATIVE AT YOUR LOCAL REGIONAL OFFICE REGARDING YOUR NOD?

YES  NO *(If you answered "Yes," VA will make up to two attempts to call you between 8:00 a.m. and 4:30 p.m. local time at the telephone number and time period you select below. Please select up to two time periods you are available to receive a phone call.)*

8:00 a.m. - 10:00 a.m.     10:00 a.m. - 12:30 p.m.     12:30 p.m. - 2:00 p.m.     2:00 p.m. - 4:30 p.m.

Phone number I can be reached at the above checked time: (866) 531-7183

**PART III - SPECIFIC ISSUES OF DISAGREEMENT**

14. NOTIFICATION/DECISION LETTER DATE 06/20/2012

15. PLEASE LIST EACH SPECIFIC ISSUE OF DISAGREEMENT AND NOTE THE AREA OF DISAGREEMENT. IF YOU DISAGREE ON THE EVALUATION OF A DISABILITY, SPECIFY PERCENTAGE EVALUATION SOUGHT, IF KNOWN. PLEASE LIST ONLY ONE DISABILITY IN EACH BOX. YOU MAY ATTACH ADDITIONAL SHEETS IF NECESSARY.

A. Specific Issue of Disagreement	B. Area of Disagreement	C. Percentage (%) Evaluation Sought <i>(If known)</i>
	<input type="checkbox"/> Service Connection <input type="checkbox"/> Effective Date of Award <input type="checkbox"/> Evaluation of Disability <input type="checkbox"/> Other <i>(Please specify)</i>	
IBS	<input checked="" type="checkbox"/> Service Connection <input type="checkbox"/> Effective Date of Award <input type="checkbox"/> Evaluation of Disability <input type="checkbox"/> Other <i>(Please specify)</i>	30
Migraine Secondary to Fibromyalgia	<input type="checkbox"/> Service Connection <input type="checkbox"/> Effective Date of Award <input type="checkbox"/> Evaluation of Disability <input checked="" type="checkbox"/> Other <i>(Please specify)</i>	Secondary to Fibromyalgia

**PART III - SPECIFIC ISSUES OF DISAGREEMENT (Continued)**

A. Specific Issue of Disagreement	B. Area of Disagreement	C. Percentage (%) Evaluation Sought (If known)
	<input type="checkbox"/> Service Connection <input type="checkbox"/> Effective Date of Award <input type="checkbox"/> Evaluation of Disability <input type="checkbox"/> Other (Please specify)	
	<input type="checkbox"/> Service Connection <input type="checkbox"/> Effective Date of Award <input type="checkbox"/> Evaluation of Disability <input type="checkbox"/> Other (Please specify)	

**16A. IN THE SPACE BELOW, OR ON A SEPARATE PAGE, PLEASE EXPLAIN WHY YOU FEEL WE INCORRECTLY DECIDED YOUR CLAIM, AND LIST ANY DISAGREEMENT(S) NOT COVERED ABOVE:**

This denial is in error, as it did not take into account the fact that IBS is a presumptive illness under U.S.C title 38 Section 1117 as pasted by congress in 2001. My IBS is a part of the Functional gastrointestinal disorders as in CFR 38 section 3.317 (a)(2)(B)(3) Functional gastrointestinal disorders, is a presumptive illness, with an end date of showing set at December 31, 2016.

**SAMPLE OF VETERAN WRITING:**

I was diagnosed by my GI doctor using all of the test to exclude any known causes two years before the VA ave me a C&P exam.

The C&P examination is inadequate as the examiner stated I should have lost a lot of weight with my illness. This is not true. those with IBS do not lose weight and this statement show that the examiner does not understand anything about IBS.

It show that the C&P Examiner did not even read the VA's 'Exam Guidelines 8.19' on IBS.

These guidelines clearly states "Usually there is a well-nourished appearance despite a history of frequent loose stools daily. Physical examination is often completely normal."

My records as a whole does support a granting of my claim for IBS as per the regulation, and the VA is to use the records as a whole and not only a C&P exam.

I am asking for a 2nd opinion by a GI doctor trained in IBS if you do not give me the benefit of the doubt and grant me my claim at 30%.

The examiner and RO failed to use my privet doctors opinions how is trained in diagnosing Fibromyalgia that states my headaches are more than likely caused by my fibro. The paperwork on fibro also showed that it cause both tension and migraine headache. The VARO failed to apply the benefit of the doubt rule to my claim.

**16B. DID YOU ATTACH ADDITIONAL PAGES TO THIS NOD?**

YES  NO (If so, how many?)

**PART IV - CERTIFICATION AND SIGNATURE**

**I CERTIFY THAT THE STATEMENTS ON THIS FORM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

**17A. SIGNATURE**

**17B. DATE SIGNED**

**PENALTY: THE LAW PROVIDES SEVERE PENALTIES WHICH INCLUDE A FINE, IMPRISONMENT, OR BOTH, FOR THE WILLFUL SUBMISSION OF ANY STATEMENT OR EVIDENCE OF A MATERIAL FACT, KNOWING IT TO BE FALSE.**