

10 Mistakes To AVOID In Your Social Security Disability Claim

- 1. DON'T WAIT TOO LONG AFTER YOU STOP WORKING TO APPLY!** – If you wait longer than 12 months to apply for Social Security Disability benefits after you are forced to stop working, you will likely lose benefits you would otherwise be entitled to with a successful claim. Moreover, if you fail to work and pay taxes for several years on end, you will eventually become uninsured and potentially ineligible for SSD benefits.
- 2. DON'T STOP GOING TO THE DOCTOR!** You need to go to the doctor regularly to develop an ongoing medical history. We know it is tough to continue to see the doctor after you stop working due to possible lack of resources and/or insurance, but you must find a way to continue getting treatment. If you lose health insurance, make every effort to get on Medicaid and insist on a Medicaid Hearing with a Medicaid Hearing Officer. Staying with the same medical professionals throughout the claim is also helpful.
- 3. DON'T LEAVE YOUR DOCTOR IN THE DARK ABOUT THE DEFINITION OF “DISABILITY”!** You need the help of your treating physicians because the SSA has plenty of doctors that seem to say folks are not disabled. When you discuss your claim with your doctor, make sure they know the definition of “disability” being used by the Social Security Administration. Generally, Social Security wants to know if you can sustain work 8 hours per day, five days per week in any competitive employment. This means that if you are only able to work part-time, or must have frequent, unscheduled breaks or cannot maintain regular attendance, you are likely disabled under their rules.
- 4. DON'T LEAVE PAPERWORK FOR THE DOCTOR TO COMPLETE!** When you ask your doctor to complete a document about your functional limitations, make sure you can be there with them when the document is addressed so you can respond to any questions they may have about your functional limitations.
- 5. DON'T IGNORE THE LANGUAGE BEING USED IN YOUR MEDICAL RECORDS BY YOUR DOCTOR!** – Periodically make sure the clinic note discussions you are having with your doctor are being accurately recorded in the doctor's clinic notes. It is also important that the doctor's notes do not lead the reader to the wrong impression of your true functional limitations. For example, if a patient is “stable” and “doing well”, it does not necessarily mean they can work on a regular and continuing basis.
- 6. DON'T FORGET TO MENTION ALL PHYSICAL/MENTAL CONDITIONS THAT AFFECT YOUR ABILITY TO WORK!** In your application materials, make sure you list all physical/mental conditions that have a functional limitation on your ability to work. Individual problems may not be disabling alone, but considered together with other limitations, they may well be. Also give the SSA the specific name and location of all your providers so they can obtain all your records.
- 7. DON'T OVERSTATE OR UNDERSTATE THE SEVERITY OF YOUR CONDITIONS OR LIMITATIONS!** Social Security is looking hard to see if your statements are consistent with your doctor notes, test results and other evidence of record (like the Third Party Function Form they send to the person you name on your paperwork that is supposed to be familiar with your limitations and conditions) .

8. **DON'T UNDERESTIMATE THE LENGTH OF TIME IT TAKES TO GET TO A HEARING!** The best chance to win your case in most claims is at the Administrative Law Judge hearing level, but it may take years to get to a hearing from your initial application date. You will need to be able to survive, appeal all denials, and go to the doctor while you wait for a hearing. You are not alone. Most claims are denied at initial and reconsideration levels of review.
9. **DON'T LET ALCOHOL AND DRUG ABUSE RUIN YOUR CLAIM!** Generally speaking, if drug and/or alcohol abuse is a material factor in your disability, you may have a hard time winning your case. While it is not always impossible to win, why make it harder than it needs to be to get the benefits you need.
10. **DON'T WAIT TOO LATE TO HIRE A REPRESENTATIVE!** If you decide you need a representative involved in your claim, do not wait until the last minute to get them involved. Representatives are paid 25% of back due benefits, so it costs no more to hire a lawyer as your representative.