

[Date]

Social Security Administration
[Local Office Address]
[City, State, Zip Code]

RE: Expedited Request for Social Security Disability Benefits (Compassionate Allowance)
Applicant Name: [Applicant Full Name]
Social Security Number: [XXX-XX-XXXX]

To Whom It May Concern,

I am writing this letter to formally support the Social Security Disability Insurance (SSDI) application for [Applicant Name] and to request that this claim be expedited under the **Compassionate Allowance (CAL)** initiative.

I am a [Your Professional Title/Relationship to Applicant, e.g., Oncologist, Neurologist, Treating Physician] at [Clinic/Hospital Name]. I have been treating [Applicant Name] since [Date] for the following diagnosis:

Diagnosis: [Exact Name of Medical Condition]

CAL Condition Category: [Specify the specific condition as listed on the SSA Compassionate Allowance List]

The patient's condition meets the clinical criteria for a Compassionate Allowance for the following reasons:

- **Clinical Evidence:** [Briefly mention specific biopsy results, imaging, or laboratory findings].
- **Severity:** [Describe how the condition prevents any form of gainful employment].
- **Prognosis:** [Briefly state the expected duration or severity of the condition].

Enclosed/Attached are the medical records, including [List specific reports, e.g., pathology reports, MRI results], which confirm that the patient's diagnosis matches the SSA's requirements for expedited processing.

Given the nature of this terminal/severely debilitating illness, I respectfully request that this application be flagged for immediate processing under the Compassionate Allowance program to ensure the applicant receives necessary support without delay.

Please contact my office at [Phone Number] if you require any further documentation or clarification.

Sincerely,

[Signature]

[Printed Name]

[Title/Medical License Number]

[Organization Name]