

LETTER OF MEDICAL NECESSITY

Under Internal Revenue Service (IRS) rules, some health care services and products are only eligible for reimbursement from your Healthcare Flexible Spending Account (FSA) or Medical Healthcare Reimbursement Arrangement (HRA) when a licensed healthcare provider certifies that they are medically necessary. A doctor's prescription will be acceptable for reimbursement or you can have your doctor fill out this form for you, your spouse' or dependents specific diagnosis, the specific treatment prescribed, and the length of treatment.

By submitting this Letter of Medical Necessity, you certify that the expenses you are claiming are a direct result of the medical condition described below, and you would not incur the expenses you are claiming if you were not treating this medical condition.

You only need to submit this form or your provider's prescription, with the first claim you submit for the service or product. However, if the treatment extends beyond the time period listed, you must submit a form or physician prescription for the new time period. If this is for a one time use the date the provider signed the form will act as the eligible date going back 60 days and is good for 12-months.

If this is for a condition that will be lifelong, please have your provider indicate the Start date of the required treatment.

Employee Name:	Employer:
Phone:	Email Address:
Patient/Recipient:	Date of issue:
Diagnosis:	
Prescribed Treatment:	
Length of Treatment	<input type="checkbox"/> One-time use <input type="checkbox"/> Extended Treatment: Start Date: _____ End Date: _____ <input type="checkbox"/> Lifelong Condition: Start Date: _____
Provider Name:	
Provider Address:	
Provider Telephone:	
Provider Signature: _____ Date: _____	
<p>Please be sure this form is completed in its entirety to ensure accurate processing.</p>	