



## 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 (HFSA), Medical Healthcare Reimbursement Arrangement (HRA), or Health Savings Account (HSA) when your doctor or other 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 your (or your spouse's / dependent's) specific diagnosis, the specific treatment needed, 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 submission form, or your provider's letter containing the same information, 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 letter covering the new time period.**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Date	Email Address
<input type="text"/>	<input type="text"/>	
Patient Name	Signature	
<input type="text"/>	<input type="text"/>	
Diagnosis	CPT Code	

Prescribed Treatment	<input type="text"/>
<input type="text"/>	<input type="text"/>
Length of Treatment Required	Provider Signature
<input type="text"/>	<input type="text"/>
Provider Name	Provider Address
<input type="text"/>	<input type="text"/>
Provider License #	Provider Telephone #
<input type="text"/>	<input type="text"/>