



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) 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 good for one year.

*Required Fields

<input type="text"/>	<input type="text"/>	<input type="text"/>
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*First Name

*Last Name

*Employer

*Email Address

*Patient Name

*Diagnosis

*Prescribed Treatment

*Treatment Length

Provider Name

*Provider Signature

*Date

One time use

Extended Treatment

Start Date

End Date

Provider Address and Telephone #