

Letter of Medical Necessity

Under Internal Revenue Service (IRS) rules, some health care services and products are only eligible for reimbursement from your health care FSA, limited purpose FSA, and HRA when your doctor or other licensed health care provider certifies that they are medically necessary. Your provider must indicate your (or your qualified dependent's) specific diagnosed medical condition, the specific treatment needed, the length of treatment.

FlexFacts has created this letter to assist you and your health care provider in providing the information needed in order to process your claim. Your provider can also submit a statement on his or her letterhead, as long as the letter includes all the required information on this form.

You only need to submit this 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. You must submit a new letter of medical necessity each year; services cannot be approved indefinitely. Submitting this form does not guarantee that you will be reimbursed for the expense.

This form should be completed by the attending physician to confirm treatment is necessary for a specific medical condition.

For Employee to Fill Out:

Employee Name:	Employee Email:	Employee Phone Number:	Employer's Name
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For Provider to Fill Out:

Patient Name	Last four digits of the SSN	Diagnosis/Treatment (please print)
Describe the recommended treatment (Must be specific) _____		
Treatment time period (not to exceed 12 months): Start date / / to End date / / This treatment is medically necessary to treat the specific medical condition described above. This treatment is not in any way for general health and is not for cosmetic purposes to improve appearance.		
Physician name (please print)		Signature of physician
Provider license number	Date	Provider phone number
Provider address		

For any assistance, please feel free to contact FlexFacts member services at 877.943.2287.