



Please send this form to:
1200 River Avenue, Suite 10E, Lakewood, NJ 08701
Email: claims@flexfacts.com

Letter of Medical Necessity (LMN)

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

Employee Information

Employee Name: _____ Employer Name: _____
Employee Email Address: _____ Last 4 digits of SSN: _____

Patient Information [Provider to complete]

Patient Name: _____ Diagnosis Code: _____
Recommended Treatment (Procedure Code/ Service/ Product): _____
Treatment time period (not to exceed 12 months): Start Date _____ to End Date _____
Physician Name (please print): _____
Provider License Number: _____ Provider Phone Number: _____

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.

Notes (optional): _____

Signature of Physician: x _____ Date: _____

What is a 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 and the length of treatment. Flex Facts 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.