



"The Professional Approach to Insurance"

# Letter of Medical Necessity

This document has been developed to assist you and your licensed health care provider in providing all of the required information necessary to process your Request for Reimbursement. Your provider can also submit a statement on his/her letterhead, as long as the letter includes all of the information on this form.

## Section 1: Employee to Complete

Employer Name \_\_\_\_\_

Employee Name \_\_\_\_\_ Last 4 of Employee SS # XXX-XX-\_\_\_\_\_

## Section 2: Licensed Medical Provider to Complete

Patient Name \_\_\_\_\_

Diagnosis \_\_\_\_\_

Diagnosis Date / Treatment Start Date \_\_\_\_\_

Please describe the recommended treatment, including dosages, and how that treatment will alleviate the above diagnosis and/or symptoms. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please specify the duration of recommended treatment. If no duration is specified, then a new form will need to be completed for each new purchase or service and provided with the Employee's Request for Reimbursement.

\_\_\_\_\_  
\_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Telephone #: \_\_\_\_\_

## Section 3: Information About This Form

Under IRS rules, some health care services and products are not allowed expenses unless your physician or other licensed health care provider certifies that they are medically necessary. Your provider must indicate you or your eligible tax dependent's specific diagnosis, the specific treatment needed, and how this treatment will alleviate your medical condition.

The prescribed treatment and/or purchase of the Over-the-Counter medicine must incur after the date in which the treating physician has completed this form. If the expense is incurred prior to the completion of this form or

beyond the time period listed, then the expense is not eligible for reimbursement though your FSA/HRA plan.

To receive a reimbursement, you will need to submit a copy of this letter, or your provider's letter containing the same information, and a Request for Reimbursement Form, along with the appropriate supporting documentation.

If you have questions, you may contact us at (541) 779-5881 or toll-free 1-888-866-9493, Monday through Friday 9:00 a.m. until 5:00 p.m. PST.