

Letter of Medical Necessity Form

Form Instructions: Under Internal Revenue Service (IRS) rules, certain expenses are eligible for health care account reimbursement only when accompanied by a Letter of Medical Necessity. When required, submit this completed form with your claim submission as additional documentation. *Please keep a copy of all submitted documents for your records.*

Note: If a claim requires a Letter of Medical Necessity, the claim will not be paid until the Letter of Medical Necessity Form and any required supporting documentation is received. An updated Letter of Medical Necessity is required each year. This form is valid for one year from the date of signature. This form is subject to review and does not have guaranteed approval.

Account Holder Name	Patient Name (if different from A	Patient Name (if different from Account Holder Name)	
To be completed by physician:			
Describe the diagnosed medical condition	being treated:		
Describe the required treatment:			
	to treat the specific medical condition no for cosmetic purposes to improve appear		
Provider Signature	Date	Date	
Provider Name (Please Print)	Provider License #	Provider Telephone Number	

How to Submit: Account holder should include this completed form with claim request, using your preferred claim submission

method (online, mobile, or fax).