



Under IRS rules, some health care services and products are only eligible for reimbursement from your medical reimbursement account when your doctor or other health professional certifies that they are medically necessary.

### LETTER OF MEDICAL NECESSITY

#### EMPLOYEE INFORMATION

Effective Date		FROM:	
TO:		LAST 4 DIGITS OF	
Account Holders		SSN:	
Name:			

Patients Name: \_\_\_\_\_

#### RECOMMENDATION DETAILS (COMPLETED BY THE PROVIDER)

Medication(s), drug(s) or services recommended: (Please list supplements/vitamins individually)

\_\_\_\_\_

Physical or mental ailment this is attempting to diagnose, prevent, treat or cure:

\_\_\_\_\_

You are recommending something that normally is not eligible for reimbursement from a Section 125 Flexible Spending Account. Please explain why this item/service is medically necessary:

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

#### HEALTH PROFESSIONAL INFORMATION

Certification: This treatment is medically necessary to treat the specific medical condition as described above. This treatment is not for general health or cosmetic purposes.

Name of Health professional \_\_\_\_\_

Signature of Health Professional \_\_\_\_\_ Date \_\_\_\_\_

#### Instructions to Flexible Spending Account (FSA) Plan Participant:

Upload this completed document with your 24HourFlex online claim, your claim denial or RMI. This image is confidential and will be used only for the purpose of processing claims. You must have this form completed and submitted each plan year.