FLEXIBLE SPENDING ACCOUNT
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 Flexible Spending Account (HCFSA) when your doctor or other licensed health care provider certifies that they are medically necessary. Your provider must indicate your (or your spouse's or dependent's) specific diagnosis, the specific treatment needed, the length of treatment, and how this treatment will alleviate your medical condition.

We have developed this letter to assist you and your health care provider in providing the information we need 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 information on this form.

By submitting this LMN you can certify that the expenses you are claiming are a direct result of the medical condition described below, and you would not incur the expenses you are claiming if you were not treating this medical condition.

You only need to submit this submission 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 new LMN each year- they cannot be approved indefinitely. Submitting this form does not guarantee that the expense will be reimbursed.

Date: ______________________ **Email Address:** ______________________

Name: ______________________ **SSN:** ______________________

Patient Name: ______________________

Diagnosis: ______________________

Recommended Treatment:

____

____

____

____

How will treatment alleviate the diagnosis:

____

____

____

____

Length of treatment provided: ______________________

Provider Name: ______________________

Provider Address: ______________________

Provider License #: ______________________ **Provider Telephone #:** ______________________

Provider Signature: ______________________

Employee Benefit Systems ▪ 214 North Main Street ▪ PO Box 1053▪ Burlington, IA 52601
Phone: 800-373-1327 ▪ Fax: 888-511-3743 ▪ flex@ebs-tpa.com

EBS