

# Letter of Medical Necessity

Under IRS Regulations, some healthcare products are eligible for reimbursement if it can be shown that the products are medically necessary. If a Physician has diagnosed a medical condition and recommended a treatment or mitigation for the medical condition, under IRS guidelines it can qualify for reimbursement dependent on the plan you are enrolled in. Some plans may restrict reimbursement beyond the IRS requirements.

**Patient:**

Mail/Email/Fax this form (and a copy of your receipt) to the Plan Administrator

**Completed by Patient:**

I certify that the expenses I am claiming are a direct result of the medical condition described below, and that I would not incur this expense if I were not treating or mitigating this medical condition.

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

Participant Name: \_\_\_\_\_

Participant's Employer: \_\_\_\_\_

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**Diagnosis:** \_\_\_\_\_

**Treatment:** \_\_\_\_\_

Signature of Attending Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name (First & Last): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_



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