



HEALTH CARE 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 Spending Account (HCSA) 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, and how this treatment will alleviate your medical condition.

This form will 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** of the information on this form.

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. This letter will remain on file for 12 months from the date of the document. If treatment extends beyond this time period, you must submit a new letter.

Date:	Email Address:
Employee Name:	SSN/Employee ID/University ID:
Patient Name:	
Diagnosis:	
Please describe what the recommended treatment is, how that treatment will alleviate the diagnosis or symptoms, and the duration of the treatment required.	
Provider Signature:	
Provider Name:	
Provider License # and State:	
Provider Telephone #:	