Letter of Medical Necessity for FSA Reimbursement

For items or services requiring a letter of medical necessity, please request that your licensed practitioner complete the information below and include this letter with your claim documentation. Once approved, this letter of medical necessity will remain on file and be valid for one year from the date below unless a different treatment duration is specified below. The specific condition being treated as well as the units, frequency, etc. (when applicable) must be included.

Name of patient: _____

Recommended item or service: _____

Diagnosis or condition being treated: _____

Duration of treatment: _____

_____ _____

Licensed practitioner signature Date