



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 (FSA) if your provider believes the service or purchase is medically necessary for you or your eligible dependent(s). You may obtain a list of eligible and ineligible expenses, as well as a Reimbursement Form, online at www.flexadministrators.com. Please complete the below form in full.

TO BE FILLED OUT BY PARTICIPANT
Patient Name :
Participant Name :
Participant Employer :
Last 4 digits of Participant SSN :

TO BE FILLED OUT BY LICENSED PRACTITIONER
Medical Condition:
Describe recommended treatment (frequency and dosage):
Duration of the treatment:
I certify that this service or product is medically necessary to treat the specific medical condition described above and is not in any way for general health or for cosmetic purposes.
Print Name of Licensed Practitioner:
Signature of Licensed Practitioner:
Date:

NOTE: In order for the expense referred to on this Letter of Medical Necessity to be reimbursed, you must attach the detailed statement or Explanation of Benefits from your Medical Insurance Provider and complete a Reimbursement Form (certain expenses may require additional documentation). Documentation must include the date of service, the services rendered or product purchased, and the person for whom the services were rendered and the amount charged. These documents are required with each claim filed.

Please submit claims including documentation and forms to:

Flex Administrators, Inc.
 3980 Chicago Drive, Suite 230
 Grandville, MI 49418
 Fax: 616.454.6090
claims@flexadministrators.com