

HR Concepts, LLC

"Your Third Party Administrator of Choice"

Letter of Medical Necessity

Under Internal Revenue Service (IRS) rules, some health care services and products are only eligible for reimbursement from your Healthcare Flexible Spending Account (HFSA), Medical Healthcare Reimbursement Arrangement (HRA), or Health Savings Account (HSA) when your doctor or other licensed healthcare provider certifies that they are medically necessary. A doctor's prescription will be acceptable for reimbursement or you can have your doctor fill out this form for your (or your spouse's or dependent's) specific diagnosis, the specific treatment needed, and the length of treatment. By submitting this Letter of Medical Necessity you 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 form or physician letter covering the new time period.

Date	Email Address
Name	SSN/UserID
Patient Name	Signature
Diagnosis	CPT Code
Recommended Treatment	
Length of Treatment Required	
Provider Signature	
Provider Name	
Provider Address	
Provider License #	Provider Telephone #



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Phone: 603-647-1147 • Fax: 603-647-2329 • email: info@hrconcepts.biz
www.HRConcepts.biz • 111 Charles Street • Manchester, NH 03101