



## 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 (HCFSA) or Limited Expense Health Care Flexible Spending Account (LEX HCFSA) 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.

HealthSCOPE Benefits has developed this letter to 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. 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: |
| Employee Name:  | SSN/UserID:    |
| Patient Name:   |                |
| Diagnosis:  | CPT Code:      |
| Please describe what the recommended treatment is, how that treatment will alleviate the diagnosis or symptoms, and the duration of the treatment required. |                |
| Dear HealthSCOPE Benefits:  |                |
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|   |                |
|   |                |
|   |                |
| Sincerely,<br>Provider Signature  |                |
| Provider Name   |                |
| Provider License# and State   |                |
| Provider Telephone#   |                |

If you have questions, you may visit our website at [www.healthscopebenefits.com](http://www.healthscopebenefits.com) or contact Customer Services at 877-385-8775. You may fax this claim form to 877-240-0135.

Note: HSB's role is to make sure that the proper documentation is submitted for reimbursement under the Plan. HSB will review this letter of medical necessity for completeness and to ensure that the treatment meets IRS guidelines and HSB's eligibility standards.