Letter of Medical Necessity

PacificSource ADMINISTRATORS

Attending healthcare provider must complete "Patient Information" section to confirm treatment is necessary for a specific medical condition.

Employee Information

Employer _____ PSA Member ID _____

Employee last name _____ Employee first name _____ MI _____

Patient Information (provider to complete)

Patient name _____ Diagnosis code _____

Recommended treatment (procedure code, service, or product) _____

Treatment time period (not to exceed 12 months): Start date _____ End date _____

Provider name (please print) _____

This treatment is medically necessary to treat the specific medical condition described above. This treatment is not in any way for general health and is not for cosmetic purposes to improve appearance.

Notes (optional) _____

_____

Provider signature _____ Date _____

Patient Information

The Internal Revenue Service (IRS) requires healthcare services and/or products to be medically necessary to be eligible for reimbursement from a flexible spending account (FSA), or health reimbursement arrangement (HRA). These requirements are designed to ensure that the plan(s) operate like traditional accident or health plans and pays only legitimate health claims.

If a service or product is not covered by insurance, the expense might still qualify for reimbursement under your FSA or HRA account if the expense is certified as medically necessary by your doctor or other licensed health care provider. This form has been created to assist you and your provider in providing the required information needed to process your claim. A written letter from your provider can also be accepted if the letter includes all required information on this form. Your provider must indicate the patient's name, the specific diagnosed medical condition, the specific treatment needed, and the length of treatment.

To receive reimbursement, you will need to submit a copy of this form or letter and a Request for Reimbursement Form, along with the appropriate verifying documentation showing when the service was performed and/or the product purchased. Documentation could be your provider's bill, an itemized statement, or your insurer's explanation of benefits (EOB). Credit card receipts are not acceptable documentation.

A new letter of medical necessity must be provided each year as services and/or products cannot be approved indefinitely. Please note, submitting this form does not guarantee you will be reimbursed for the expense.

PacificSource Administrators, Inc.

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