

*Use this sample letter for expenses requiring a Physicians approval - keep with your tax records.*

## **Letter of Medical Necessity**

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Under Internal Revenue Service (IRS) rules, some health care services and products are only considered an eligible expense, for tax-advantaged account purposes, 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.

Please use this letter to assist you and your health care provider in providing the required information. Your provider may also provide a statement on his or her letterhead, as long as the letter includes all of the information on this form.

### **Participant Information:**

Patient Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

### **Description of Treatment or Diagnosis (should be completed by attending physician):**

Describe the diagnosed condition being treated: \_\_\_\_\_

\_\_\_\_\_

Describe the recommended treatment: \_\_\_\_\_

\_\_\_\_\_

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

### **Provider Information:**

Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_

Provider License #: \_\_\_\_\_ Provider Phone #: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

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*HSA participants should keep this completed form with their personal tax records. TAG does not determine whether the treatment prescribed by your health provider is medically necessary. For assistance, please visit [www.enrollwithtag.com](http://www.enrollwithtag.com) or contact TAG participant support at (877) 506-1660 or [support@enrollwithtag.com](mailto:support@enrollwithtag.com)*