



## Letter of Medical Necessity

There may be times that your doctor or licensed health care provider may prescribe specific items to you for a medical diagnosis (e.g. vitamins, health club fees, weight loss programs, massage table, hot tub, etc). Occasionally these items may qualify to be reimbursed through your Flexible Spending Account (FSA). To request reimbursement for these items a *Letter of Medical Necessity* from your doctor or licensed health care provider is required before we can even consider such an expense.

BASIC has developed this form to assist you and your health care provider in providing the necessary information that we need in order to consider your claim for reimbursement. 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 will need to submit this form, or your provider's letter containing the same information, **with each claim that you submit for the service or product requested**. If the treatment extends beyond the time period listed, you must submit an updated form or physician letter covering the new time period. The letter must be renewed each plan year.

<u>Diagnosis</u> <u>Date:</u>		<u>Employer</u> <u>Name:</u>			
<u>Employee</u> <u>Name:</u>		<u>Employee</u> <u>SSN:</u>			
<u>Patient Name:</u>		<u>CPT Code:</u>		<u>Email</u> <u>address:</u>	
<u>Diagnosis/description of medical condition:</u>					
<u>Please describe what the recommended treatment is, how the treatment will alleviate the diagnosis or symptoms:</u>					
<u>Length of</u> <u>treatment:</u>		<u>_____ times per</u> <input type="radio"/> <u>week</u> <input type="radio"/> <u>month</u> (please check one)			
<u>Provider name:</u>		<u>Provider phone</u> <u>number:</u>			
<u>Physician's</u> <u>signature:</u>		<u>Provider license</u> <u># and state:</u>			

If you have questions you may contact a customer service representative, toll-free at 1-800-372-3539 Monday through Friday, 9:00 am until 4:00 pm EST.