



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) 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. 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.

FSA Administrator: _____

Date _____

Employee Name _____ Alternate ID # _____

Patient Name _____

Diagnosis _____ ICD-9 Code _____

Recommended Treatment: _____

How will the treatment alleviate the diagnosis? _____

Length of Treatment Required (not to exceed 12 months): _____

Provider Signature _____

Provider Name _____

Provider License # and State _____

Provider Telephone # _____

Please submit the Letter of Medical Necessity along with your FSA Claim to:

Mountain States Administrative Services
FSA Department
7202 E. Rosewood, Suite 200
Tucson, AZ 85710

or Fax Number: (520) 722-7127
or Email Address: fsa@mymsas.com

This submission form or your provider's letter containing the same information needs to be with the first claim submitted for the service or product.

This form must be updated yearly.