



Letter of Medical Necessity

An expense that has both a medical and a non-medical purpose may be reimbursed from a health care flexible spending account plan (FSA) only if your doctor or other licensed health care provider certifies that the expense is medically necessary. BAS is providing this form as a courtesy to you to assist you and your doctor in providing the information needed to process your claim.

Instead of completing this form, your doctor may write a letter on his or her letterhead, so long as all of the required information is provided. Your provider must indicate your specific diagnosis, the date, the specific treatment/service/supply needed, the duration of treatment, and state that the treatment/service/supply is medically necessary. If you use this form, please have your doctor complete all of the requested information.

A letter of medical necessity will expire upon the *earliest* of (a) 12 months from the date of the letter; (b) 12 months from the date of the first service associated with the letter; or (c) the end of the duration of treatment. A new letter will be required to document claims incurred after the expiration of the letter.

TO BE COMPLETED BY EMPLOYEE

Patient Name

Employee Name

Employee Address

TO BE COMPLETED BY LICENSED PRACTITIONER

Medical Diagnosis (include CPT Code)

Describe recommended treatment (frequency and dosage)

Duration of treatment

I certify that this service or product is medically necessary to treat the specific medical condition described above and is not in any way for general health or for cosmetic purposes.

Print Name of Licensed Practitioner

Signature of Licensed Practitioner

License Number and State

Telephone Number and Address

Date

In order for the expense referred to on this Letter of Medical Necessity to be reimbursed, you must complete a Claim Form and submit the required receipt/documentation. Documentation must include the date of service, the services rendered or product purchased, the person for whom the services were rendered, and the amount charged.

If you have questions about completing this Letter of Medical Necessity or about submitting a claim for reimbursement, please email info@BASusa.com, or call the Benefit Allocation Systems client services department at 1-800-945-5513, Monday through Friday, 8:30am to 5:00pm Eastern Time.

Note: BAS determines, on behalf of your FSA, if proper documentation is submitted for reimbursement. BAS does not determine if the treatment prescribed by your health provider is medically necessary. BAS will review this Letter of Medical Necessity for completeness, only.