HSA/FSA Letter of Medical Necessity

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 FSA, limited purpose FSA, and HSA when your doctor or other licensed health care provider certifies that they are medically necessary. Your provider must indicate your (or your qualified dependent's) specific diagnosed medical condition, the specific treatment needed, the length of treatment, and how this treatment will alleviate your particular medical condition.

KC Product Development has developed this letter to assist you and your health care provider in providing the information needed in order to process your claim. Your provider can also submit a statement on his or her letterhead, as long as the letter includes **all** the required information on this form.

You only need to submit this form or your provider's letter containing the same information with the first claim you submit for the service or product. Submitting this form does not guarantee that you will be reimbursed for the expense. Please contact your HSA/FSA administrator with any questions or concerns.

Account holder information

Company name	Last 4 of SSN or Account Number for HAS/FSA		
Last name	First name		M.I.
Street address	City	State	ZIP
Email address (required)	Daytime phone ( )	Work phone ( )	

Patient information

This form should be completed by the attending physician to confirm treatment is necessary for a specific medical condition.

Patient name	Diagnosis/Treatment (please print)

Describe the diagnosed medical condition being treated:

_____

_____

Describe the recommended treatment (Must be specific. If recommending medical or exercise equipment, list specific name(s) and itemize).

_____

_____

How will the treatment alleviate the diagnosed condition?_____

Treatment time period (not to exceed 12 months): Start date_____/_____/_____to End date_____/_____/_____

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.

Physician name (please print)		Signature of physician
Provider license number	Date	Provider phone number
Provider address		