

MEBS Letter of Medical Necessity Form

Under Internal Revenue Service (IRS) rules, some healthcare services and products are only eligible for reimbursement from your Healthcare Flexible Spending Account or Healthcare Reimbursement Arrangement when your doctor or other licensed healthcare 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, the length of treatment, and how this treatment will alleviate your medical condition.

MEBS has developed this letter to assist you and your healthcare provider in providing the information we need 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 of the information on this form. By submitting this letter you certify that the expenses you are claiming are a direct result of the medical condition described below, and you would not incur the expenses you are claiming if you were not treating this medical condition. If you are claiming membership to a health club, you certify that you were not already a member of a health club.

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. However, if the treatment extends beyond the time period listed, you must submit a form or physician letter covering the new time period. You must submit a new letter each year - they cannot be approved indefinitely. Submitting this form does not guarantee that the expense will be reimbursed.

Member Name _____ Social Security/Contract Number _____

Member's Email Address _____

Patient Name _____ Diagnosis _____

CPT Code _____ Recommended Treatment _____

How will the treatment alleviate the diagnosis? _____

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

Date _____

Provider Phone _____ Provider License Number _____

Provider Address _____

Provider Name (print) _____ Provider Signature _____

If you have questions please contact MEBS Flex/HRA Department at (800) 968-6327. You may fax the completed form to MEBS attention: Flex/HRA Department at (616) 458-3495.

Please Note: MEBS role is to make sure that the proper documentation is submitted for reimbursement under the Plan. MEBS will review this letter of medical necessity for completeness and to ensure that the treatment meets with IRS guidelines for eligibility.

Office Use Only: _____
Signature of Authorized MEBS Officer _____ Date _____