



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.

FlexSave has developed this letter to assist you and your health care provider in providing the information we need in order to process your claim.

By submitting this LMN you certify that the expenses you are claiming are a direct result of the medical condition(s) 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 submission 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.**

Recommended Treatment/Medication	Specific Medical Condition it’s treating or diagnosis code	Effective Date of Treatment	End Date of Treatment

Patients Name: \_\_\_\_\_

Physicians Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

*By signing this document, you are testifying that the recommended treatment is medically necessary and is not intended to treat the patients general well-being or health*

Name of Practice: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

# EXAMPLE WORKSHEET



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Recommended Treatment/Medication	Specific Medical Condition it's treating or diagnosis code	Effective Date of Treatment	End Date of Treatment
ACCEPTABLE Massage Therapy	Treatment for a Neck Injury	1/1/2013	12/31/2013
ACCEPTABLE Fish Oil Supplement	Treatment for High Cholesterol	1/1/2013	12/31/2013
NOT ACCEPTABLE Daily Multi-Vitamin	To Promote General Well-Being	1/1/2013	12/31/2013
NOT ACCEPTABLE Weight Watchers	Patient Needs to Lose 15 lbs.	1/1/2013	12/31/2013
ACCEPTABLE Weight Watchers	Obesity is Causing High Blood Pressure	1/1/2013	12/31/2013

Patients Name: John Smith

Physicians Name (please print): Dr. Mark Smith

Signature: \_\_\_\_\_

*By signing this document, you are testifying that the recommended treatment is medically necessary and is not intended to treat the patients general well-being or health*

Name of Practice: Smith Medical Practice

Address: 1234 Street, Detroit MI 48235

Phone: (313) 555-5555