

Section 125 Cafeteria Plans FSA Letter of Medical Necessity

Date: _____
Fax- # of Pages: _____

Under Internal Revenue Service (IRS) rules, some health care services and products are only eligible for reimbursement from your Flexible Spending Account (FSA) or limited-purpose FSA when your doctor or other licensed health care provider certifies 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.

eBenefits Administrators, Inc. has developed this letter to assist you and your health care 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.

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.

Personal Information

Employee Name: _____ SSN: _____ Email: _____
Employer Name: _____ Date: _____

Letter from Provider

Patient Name: _____ SSN: _____
Diagnosis: _____ Treatment Length: _____

Dear eBenefits Administrators, Inc:

[In the space below, please describe what the recommended treatment is and how that treatment will alleviate the diagnosis or symptoms.]

Sincerely,

Provider Signature: _____

Provider Name: _____

Provider License # and State: _____

Provider Telephone #: _____

Note: eBenefits Administrators Inc.'s role is to make sure that the proper documentation is submitted for reimbursement under the Plan. We will review this letter of medical necessity for completeness and to ensure the treatment meets IRS guidelines for expense eligibility.