

# Letter of Medical Necessity

## How to File

Form can be submitted by (1) e-mail, (2) fax or (3) mail.

To submit by e-mail, Print Form. E-mail form along with documentation to flexdivision@flex-admin.com

To submit by fax, Print Form and fax to: 757-431-1155

To submit by mail, print form and mail to: Flexible Benefit Administrators, Inc.  
P.O.Box. 8188, Virginia Beach, VA 23450

## To Be Filled Out By Participant

Your medical care provider must complete a Letter of Medical Necessity for any service or product that falls under the category of "Dual Purpose" or "Ineligible Expense" per IRC sec 213 (d) (1) if your provider believes the service or purchase is medically necessary for you or your eligible dependent(s).

Patients	<input type="text"/>	Participants	<input type="text"/>
	Name		Social Security Number or Employee ID #
Participants	<input type="text"/>	Participants	<input type="text"/>
	Name		Employer

## To Be Filled Out By Licensed Practitioner

Specific Medical Condition:

Treatment that is considered medically necessary to treat, prevent or alleviate that specified medical condition:

Length of time for necessary 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.

Licensed Practitioner	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name (Print)	Signature	Date

NOTE: In order for the expense referred to on this Letter of Medical Necessity to be reimbursed, you must attach the detailed receipt or Explanation of Benefits from your Medical Insurance Provider and complete a Flexible Benefit Administrators Claim Form (**certain expenses may require additional documentation**). Claim Forms may be obtained from the FBA Inc. website at www.flex-admin.com. Documentation must include the date of service, the services rendered or product purchased and the person for whom the services were rendered and the amount charged. These documents are required with each claim filed.