



Employee Benefits Corporation

Letter of Medical Necessity

Phone support: **800 346 2126** | 608 831 8445
E-mail: **participantservices@ebcflex.com**

Account Holder Information

Last 4 Digits of Social Security or Identification Number
(Required)

Last Name First Name

E-mail Address (we do not share your e-mail address) Employer

Patient Information

Patient Name Relationship to Account Holder (self, spouse, son, daughter)

Physician/Service Provider Information

This section must be completed by the patient's physician or other health care provider responsible for the diagnosis and treatment plan.

(Please print clearly)

Health Care Provider Name

Health Care Provider Phone (000-000-0000) Health Care Provider Fax (000-000-0000)

Medical Diagnosis or Condition:

Requested Service, Product, Procedure, Equipment, Supplement/Vitamin, or Other Treatment:

Please be as specific as possible.

Recommended Duration of Treatment:

Treatment Start (mm-dd-yyyy) Treatment End (mm-dd-yyyy)

Treatment start and end dates are required. The end date cannot be more than 5 years from the date the letter is signed. A new letter is required after 5 years if a longer period is listed. If no end date is indicated, this letter will expire one year from the date of signing.

I certify that I am qualified to diagnose and treat the patient, and that the prescribed treatment as detailed above is recommended using my professional judgment to treat the specific diagnosis (medical condition) described above. I further certify that the treatment is not intended to promote the patient's general health or well being, and is not for cosmetic, personal, living, or family purposes. I am not aware that the patient has used this service or purchased this product previously for any reason other than for its therapeutic value in treating their medical condition.

Health Care Provider's Signature

Date (mm-dd-yyyy)

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Frequently Asked Questions

What is a letter of medical necessity?

A letter of medical necessity provides a way for a health care provider to certify that an item that would otherwise be an ineligible expense is recommended to treat a specific medical condition, and therefore is eligible for reimbursement through a Health Care FSA.

When do I need a letter of medical necessity?

A letter of medical necessity is required for reimbursement if you, your spouse or your dependent are seeking treatment, services, or a specific item that would typically be considered personal in nature.

What items require a letter of medical necessity?

Any time a person seeks reimbursement from their FSA for expenses associated with a personal care item or service, a letter of medical necessity is required. Some common personal items that may be reimbursed with a letter of medical necessity include massage therapy, humidifiers, supplements, and weight loss programs.

How do I get reimbursed for my expense?

Simply submit the completed letter of medical necessity with your claim and the invoice or receipt for the item or service. You can easily do this online by logging into your ebcflex.com account or through our mobile app for Apple or Android.

How often do I need to submit a letter of medical necessity?

We use the treatment dates listed in your letter of medical necessity to determine how long the letter is valid, so it's important that start and end dates are included. You need to submit a new letter on the end date listed.

- If no end date is provided, you need to submit a new letter one year after the original letter's signature date.
- If your end date is more than five years in the future, you need to submit a new letter five years from the date of the signature.

If your treatment plan is extended beyond the dates listed in your original letter, make sure you get an updated letter from your health care provider and resubmit it to us so there is no delay in your reimbursements.