



Letter of Medical Necessity

55 West 14th Street, Suite 101 ▲ Helena, Montana 59601
Tel: 406-442-3539 ▲ Fax: 406-495-3669

Under Internal Revenue Service (IRS) rules, some health care services and products are only eligible for reimbursement from your Health Care Flexible Spending Account or Limited Expense Health Care Flexible Spending Account when your doctor or other licensed health care 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, and how this treatment will alleviate your medical condition.

FlexConnect 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.

By submitting this letter of medical necessity 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 physician'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.

[Date]	[Email Address]
[Employee Name]	[SSN]
[Patient Name]	
[Diagnosis]	[CPT Code]
Please describe what the recommended treatment is, how that treatment will alleviate the diagnosis or symptoms, and the duration of the treatment required.	
Provider (Physician) Signature	
[Provider Name]	
[Provider License # and State]	[Provider Telephone #]

If you have questions, please visit our website: www.insurancecoordinators.com or email flex@icmont.com or contact a FlexConnect Processing Specialist, toll-free, at 1-866-640-FLEX(3539). **You may fax this claim form to 1-406-495-3669.**

Note: FlexConnect's role is to make sure that the proper documentation is submitted for reimbursement under the Plan. FlexConnect will review this letter of medical necessity for completeness and to ensure that the treatment meets IRS guidelines and FlexConnect eligibility standards. Your submission of this letter to FlexConnect does not guarantee payment of your claim.