



Letter of Medical Necessity (LMN)

Under Internal Revenue Services (IRS) rules, some health care services and products are only eligible for reimbursement from your 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.

Preferred Administrators has developed this letter to assist you and your health care provider in providing the information we need in order to process claim. Your provider can also submit a statement on his or her letterhead, as long as the letter includes all the information on this form.

By submitting this LMN 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.

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.

| | |
|---|---------------------|
| Date: | |
| Employee Name: | |
| Patient Name: | |
| DOB: | SSN: |
| 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. | |
| | |
| Sincerely, | |
| Provider Signature | Print Name: |
| Provider License# and State: | Provider Telephone: |

If you have any questions, please contact us at (915) 298-7198 ext. 1027 or ext. 1073 from 8:00 a.m. until 5:00 p.m. You may fax this claim form to (915) 225-1174.