

Health Care Flexible Spending Account Letter of Medical Necessity

Under Internal Revenue Service (IRS) rules, some health care services and products are only eligible for reimbursement from your Health Care Flexible Spending Account when your doctor or other licensed health care provider certifies that they are medically necessary and meet the requirements of IRC sec. 213 (d)(1). Your provider must indicate your (or your qualified tax dependent's) specific diagnosis, the specific treatment needed, and how this treatment will alleviate the medical condition. You may obtain a list of eligible and ineligible expenses through your FSA Login at www.tri-ad.com/fsa and click the link titled FSA Eligible List of Expenses.

TRI-AD has developed this letter to assist you and your health care provider in providing the information needed 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.

Note: If the treatment extends beyond the time period listed, you must submit a Letter of Medical Necessity or physician letter covering the new time period. A new Letter of Medical Necessity must be submitted each new plan year. Submitting this letter does not guarantee that the expense will be reimbursed.

Date:	Employer Name:
Employee Name:	SSN/FSA ID:
Patient Name:	Relationship to Employee:
Diagnosis:	CPT Code:
Recommended Treatment:	
How will the treatment alleviate the diagnosis?	
Duration of treatment required:	
Service Provider Name (print):	
Service Provider Signature:	
Service Provider License# and State:	
Service Provider address:	Service Provider Telephone Number:
City:	
State:	Zip Code:

In order for the expense referred to on this Letter of Medical Necessity to be reimbursed, attach the signed letter and the appropriate receipt or Explanation of Benefits from your Medical Insurance Provider along with a signed, completed Claim Form.

Fax or mail to:

TRI-AD
221 West Crest Street, Suite 300
Escondido, CA 92025

Fax: 760-233-4741
Toll-Free Fax: 866-233-4741
Phone: 888-844-1372

Customer Service Hours: (M-F, 5:00AM to 5:30PM PST)

