



LETTER OF MEDICAL NECESSITY

Use this form to be reimbursed for healthcare products and services that require authorization from a Medical Practitioner to be considered eligible for reimbursement from a Flexible Spending Account (FSA).

INSTRUCTIONS

- Complete the form on the following page.
 1. Complete Section I (including your signature and the date) **prior to** visiting your Medical Practitioner.
 2. Bring this form with you to your next medical appointment and request that the attending Medical Practitioner complete Section II. Instruct them to follow the specific pharmacy / prescription laws in their respective state when completing Section II.
- You must submit a copy of this completed form to TASC with each request for reimbursement (if submitting online, include a copy with your receipts). Any *Letter of Medical Necessity* received without a request for reimbursement will not be processed.
- The *Letter of Medical Necessity* will be considered effective for 12 months from the date signed by the Medical Practitioner, or until the end of the benefit plan year in which it was submitted. A new form must be submitted each plan year in which you request reimbursement, or any time the treatment plan changes.
- **Both sections of the form must be completed in full.** Incomplete forms may result in delay in processing or denial of your request for reimbursement.

DEFINITIONS (for the purposes of this form)

- “Letter of Medical Necessity” refers to any order for healthcare products or services signed by a licensed Medical Practitioner granted prescriptive authority by the laws of the state. It contains the name and quantity of the medicine/product/service prescribed, directions for use, and treatment duration.
- “Medical Practitioner” generally includes the following licensed health professionals: physician (MD/DO), physician assistant, nurse practitioner, dentist, optometrist, and podiatrist.

Products and services that require a Letter of Medical Necessity or other Medical Practitioner authorization to show the expense is to treat a medical condition include* the following:

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| • Air purifier | • Massage therapy | • Vitamins and supplements |
| • Automobile modifications | • Nutritionist’s professional fees | • Waterpik™ |
| • Ear plugs | • Orthopedic shoes (excess cost only) | • Whirlpool® or spa |
| • Exercise equipment | • Support hose (below 30 mmHg) | • Wigs |
| • Gym or health club memberships | • Varicose vein treatment | |

* Not a complete list.

