Letter of Medical Necessity

Under the Tribal Assistance Plan, some healthcare products are eligible for reimbursement if it can be shown that the products are medically necessary. If a Physician has diagnosed a medical condition and recommended a treatment or mitigation for the medical condition, under the Assistance Plan guidelines it can potentially qualify for reimbursement.

Patient:
Mail/Email/Fax this form (and a copy of your receipt) to the Plan Administrator

Completed by Patient:
I certify that the expenses I am claiming are a direct result of the medical condition described below, and that I would not incur this expense if I were not treating or mitigating this medical condition.

Patient Name: _____

Participant Name: _____

Diagnosis: _____

Treatment: _____

_____

_____

Signature of Attending Physician: _____ Date: _____

Printed Name (First & Last): _____

Address: _____

Telephone Number: (____) ____-_____

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