

# Letter of Medical Necessity



## Contact Us:

HealthAccounts@Consumerhealthsolutions.com

Leave a Voicemail: 877-230-8650 x101

Fax: 978-451-0981

PO Box 218, North Reading, MA 01864

Per IRC Sec 213 (d) (1), some services or products are only FSA eligible with a letter of medical necessity from your healthcare provider. A letter of medical necessity (LMN) must indicate your (or your qualified dependent's) specific diagnosed medical condition, the specific treatment needed, the length of treatment, and how this treatment will alleviate your medical condition. If your treatment time frame extends past your FSA plan year dates, you will need to provide an updated letter for the new year.

Please attach this form to your claim on the Consumer Health Solutions Portal online (<https://ConsumerHealthPortal.com>) or on the Mobile App "Consumer Health Mobile".

Please complete the form in its entirety. Failure to do so will result in a request for more information or claim denial.



*Mobile App Icon*

## Account Holder Information:

**First Name:**

**Last Name:**

**Employer:**

**Email Address:**

**Last 4 digits of SSN:**

## Expenses Incurred:

**Medical Condition:**

**Treatment (specific service/items needed):**

**Duration of Treatment:**

## Provider Affidavit:

**Licensed Practitioner Signature**

**Licensed Practitioner Name (Print)**

**Date**

## Authorization:

I certify that this service or product is medically necessary to treat the specific medical condition described above and is not in any way for general health or for cosmetic purposes.

**Employee Signature**

**Employee Name (Print)**

**Date**

*Retain any original receipts or a copy of the claim and receipts for your personal records.*