



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.

Aptia 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:	Last 4 SSN or EEID:
Patient Name:	Relationship to Employee:
Diagnosis:	CPT Code:
Recommended Treatment:	
How will the treatment treat the condition?	
Duration of treatment required:	
Service Provider Name (print):	
Service Provider Signature:	
Service Provider License# and State:	
Service Provider address: City: State: Zip Code:	Service Provider Telephone Number:

In order for the expense referred to on this Letter of Medical Necessity to be considered for reimbursement, attach a copy of this signed Letter of Medical Necessity and the appropriate receipt or Explanation of Benefits from your Insurance Provider along with a signed, completed Claim Form. Mail or fax to Aptia at the number below.

CONTACT INFORMATION

Aptia
PO Box 5319
Fresno, CA 93755

Aptia Participant Services representatives are available Monday through Friday 8 am to 9 pm ET.
Phone: (866) 268-0142
Fax: (844) 791-8319
Web: www.yourflexbenefits.aptia365.com