Clear Form

Letter of Medical Necessity

Under Internal Revenue Service (IRS) rules, some health care services and products are only eligible for reimbursement from a Medical Spending Account when your doctor or other licensed health care provider certifies that they are medically necessary. Your provider must indicate your (or your spouse's or dependent's) specific diagnosis, the specific treatment needed, and how this treatment will alleviate your medical condition.

ASIFlex 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 may also submit a statement on letterhead, as long as it includes all of the information on this form.

You only need to submit this completed form, or your provider's letter containing the same information, with the first claim you submit for the service or product. ASIFlex will make a note in your record of the allowable item(s), as well as the date on the letter. The letter will be valid for expenses incurred one year from the date in the letter. At the end of one year, a new letter will be required.

[Date]	
[Employee name]	[SSN/BIN]
[Patient name]	
[Diagnosis]	[CPT code]
Dear ASIFlex:	
Please describe what the recommended treatment is, how that treatment will alleviate the diagnosis or symptoms, and the duration of the treatment required.	
Sincerely, [Provider signature]	
[Provider name] [Provider license # and state] [Provider phone]	

If you have questions you may visit asiflex.com/SCMoneyPlus or contact ASIFlex Customer Service at 833.726.7587.

ASIFlex's role is to ensure that the proper documentation is submitted for reimbursement under the Medical Spending Account and not to determine whether the treatment prescribed by your health provider is medically necessary. ASIFlex will review this letter of medical necessity for completeness only.