

# Letter of Medical Necessity Form

**Form Instructions:** Under Internal Revenue Service (IRS) rules, certain expenses are eligible for health care account reimbursement only when accompanied by a Letter of Medical Necessity. When required, submit this completed form with your claim submission as additional documentation. **Please keep a copy of all submitted documents for your records.**

Note: If a claim requires a Letter of Medical Necessity, the claim will not be paid until the Letter of Medical Necessity Form and any required supporting documentation is received. An updated Letter of Medical Necessity is required each year. This form is valid for one year from the date of signature. This form is subject to review and does not have guaranteed approval.

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**Account Holder Name**

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**Patient Name** (if different from Account Holder Name)

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**To be completed by physician**

Describe the diagnosed medical condition being treated: \_\_\_\_\_

Describe the required treatment: \_\_\_\_\_

**This treatment is medically necessary to treat the specific medical condition noted above. This treatment is not in any way for general health; and is not for cosmetic purposes to improve appearance.**

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Provider Signature

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Date

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Provider Name (Please Print)

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Provider License #

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Provider Telephone Number

**How to Submit:** Account holder should include this completed form with claim request, using your preferred claim submission method (online at [connectyourcare.com/etf](https://connectyourcare.com/etf), mobile app, or fax to 443-681-4602).

If you have any questions, please contact **Customer Service** at 833-881-8158.