

Letter of Medical Necessity (LMN)

FOR SFBF/VEBA OUT OF POCKET MEDICAL REIMBURSEMENT

Under Internal Revenue Service (IRS) rules, some health care services and products are only eligible for reimbursement 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, the length of treatment, and how this treatment will alleviate your medical condition.**

This letter was developed to assist you and your health care provider in providing the information we need 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.

By submitting this LMN you certify that the expenses you are claiming are a direct result of the medical condition described below, and you would not incur the expenses you are claiming if you were not treating this medical condition.

You only need to submit this form, or your provider's letter containing the same information, with the first claim you submit for the service or product. However, if the treatment extends beyond the time period listed, you must submit a form or physician letter covering the new time period. You must submit a new LMN each year – they cannot be approved indefinitely. Submitting this form does not guarantee that the expense will be reimbursed.

Note: All fields below are required.

Date:	Email Address <small>(OPTIONAL)</small> :
Member's Name:	Member's User ID/SSN:
Patient's Name:	
Diagnosis (medical condition):	
Recommended Treatment (frequency and dosage):	
How will the treatment alleviate the diagnosis?	
Begin Date of Treatment:	End Date of Treatment: <small>(not to exceed 12 months)</small>
Provider Signature:	
Provider Name:	
Provider Address:	
Provider License #:	Provider Telephone #:

NOTE: In order for the expense referred to on this Letter of Medical Necessity to be reimbursed, you must attach the detailed receipt or Explanation of Benefits from your Medical Insurance Provider and complete a Claim Form (certain expenses may require additional documentation). Documentation must include the date of service, the services rendered or product purchased, and the person for whom the services were rendered and the amount charged. These documents are required with each claim filed.