

Letter of Medical Need

PLEASE PRINT ALL REQUESTED INFORMATION, EXCEPT SIGNATURES, TO ENSURE PROPER HANDLING.
SEE REVERSE FOR ADDITIONAL INSTRUCTIONS.

Participant Name: _____

Participant's Social Security Number: _____

Participant's Employer: _____

Patient Name: _____ Relationship to Participant: _____

THIS SECTION MUST BE COMPLETED BY THE PATIENT'S HEALTH CARE PROVIDER RESPONSIBLE FOR THE DIAGNOSIS AND TREATMENT OF THE CONDITION SPECIFIED BELOW.

I am currently treating _____
Patient's Name

for _____
Medical Condition

I certify that the prescribed treatment, service, procedure, equipment, supply and/or capital expenditure, listed below, is medically necessary to treat the specified medical condition (diagnosis), and is not intended to merely preserve or promote my patient's general health or well-being, satisfy nutritional needs nor primarily serve a cosmetic, personal, living and/or family purpose.

Medical treatment, service, procedure, equipment, supply and/or capital expenditure:

Treating Health Care Provider Signature: _____

Date Signed: _____

Printed Health Care Provider Name: _____

Health Care Provider Address: _____

Health Care Provider Phone Number: _____

Health Care Provider Fax Number: _____

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Why would I need to submit a Letter of Medical Need?

When you enrolled in your Employer's Medical Expense Flexible Spending Account (FSA) plan, you agreed to the following:

- To only use FSA dollars to pay for IRS-qualified expenses, permitted under your Employer's plan, incurred by you, your spouse and your IRS-eligible dependents
- That you would exhaust all other sources of reimbursement, including those provided under your employer's plan(s),
- That you would not seek reimbursement through any additional source and
- That you would collect and maintain sufficient documentation to validate your expenses.

Therefore, The Fresh Air Club has developed these instructions to help assist you in complying with your Employer's Benefits Program by explaining how and when to use a Letter of Medical Need for reimbursement of your air filter subscription plan.

What expenses are FSA eligible?

Air filtration inside the home is recognized by doctors as an important part of preventative healthcare and treatment for a diverse set of symptoms and ailments. Eligible expenses, as defined by the IRS, include amounts for the diagnosis, cure, mitigation, treatment or prevention of disease or for the purpose of affecting any structure or function of the body, and are confined strictly to those incurred primarily for the prevention or alleviation of a physical or mental defect or illness. Your air filter subscription plan (specifically the air filters) should be covered by your plan. you can refer to your Employer's current plan year Flexible Benefits Plan Reference Guide for additional information on expenses eligible through your Employer's plan.

How do I seek reimbursement?

In order for incurred expenses to be reimbursed from your Medical Expense FSA, you must follow these instructions. Only the cost of medical care and services permitted under both IRS Code § 213 and your Employer's Medical Expense FSA plan are reimbursable. Depending on your healthcare provider and benefits plan, you may be required to submit additional information using a letter called the " Letter of Medical Need" when the expense is for both a medical purpose and a personal, living and/or family purpose. We have put together sample form based on Member feedback. For recurring expenses such as your annual subscription plan, you must submit a new Letter of Medical Need at the start of each plan year you intend to request reimbursement for the expenses.

Letter of Medical Need Instructions:

Please print all information requested on the reverse of these instructions, except signatures, to ensure proper handling. At the top of the Letter of Medical Need, you must include:

- the FSA participant's name
- the FSA participant's Social Security number
- the name of the FSA participant's employer
- the patient's name and
- the patient's relationship to the Medical Expense FSA participant.

Your doctor or health care provider who is responsible for the diagnosis and treatment of the condition specified must complete a part of your Letter of Medical Need before you submit it with your FSA Reimbursement Request. NOTE: This health care professional (i.e. doctor, dentist, allergist, chiropractor, or acupuncturist) must be sufficiently qualified to diagnose and treat the condition for which the reimbursement is being requested.