



## LETTER OF MEDICAL NECESSITY

Questionable items that are used for general good health or cosmetic items will require a note of medical necessity from a licensed practitioner. This letter should identify the **medical condition being treated, prescribed treatment, and duration of treatment.**

**Name of patient:** \_\_\_\_\_  
First Last

**Medical condition:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Prescribed treatment:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Duration of treatment:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
*Health Care Provider*

Date: \_\_\_\_\_

**NOTE:** Please include this completed form along with your signed and dated FSA Claim Form.