

Letter of Medical Necessity

Rocky Mountain Reserve



Name: PO Box 631458 Littleton, CO 80163
Employer: P: (888) 722-1223 F: (866) 557-0109
..... claims@rmrbenefits.com
..... www.RockyMountainReserve.com
Email Address:
Address:
Phone Number: **SSN:** **DOB:**



What is a letter of medical necessity?

Eligible items that may be reimbursed through a health FSA must be for amounts for the diagnosis, cure, mitigation, treatment or prevention of disease or for the purpose of affecting any structure or function of the body. In some situations, items may be considered personal in nature or be dual purpose (can be both medical and personal in nature).

When an expense is not clearly only a medical expense additional information must be obtained. A letter of medical necessity shows that the service, procedure or item is being used to treat a specific medical condition and is not personal.

TO BE FILLED OUT BY A LICENSED PRACTITIONER

Medical Condition

Description of Recommended Treatment

.....
Printed Name of Licensed Practitioner



.....
Signature of Practitioner

.....
Date

NOTE: In order for the expense referred to on this letter of Medical Necessity to be reimbursed, you must attach a signed and completed claim form, a detailed receipt or explanation of benefits from your medical insurance provider. Documentation must include the date of service, amount, the services rendered or product purchased, and the person for whom the services are for.