



Letter of Medical Necessity

Under Internal Revenue Service (IRS) rules, some health care services and products are only eligible for reimbursement from your Health Care Flexible Spending Account (HCFSA) 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, and how this treatment will alleviate your medical condition.**

LD&B Benefits Administrators has developed this letter 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.

You only need to submit a Letter of Medical Necessity with the first claim you submit for the service or product during the current plan year. However, if the treatment extends beyond the current plan year, you must submit a new form or physician letter at the beginning of each plan year in which you continue to require the treatment.

[Date]	[Email Address]
[Employee Name]	[SSN/UserID]
[Patient Name]	
[Diagnosis]	[CPT Code]
Dear LD&B Benefits Administrators:	
Please describe what the prescribed treatment is, the duration of the treatment required, and certify its medical necessity.	
Sincerely, Provider Signature	
[Provider Name]	
[Provider License # and State]	
[Provider Telephone #]	

Mail to: **LD&B Benefits Administrators**
205-C South Liberty Street
Harrisonburg, VA 22801

Fax to: **(866) 292-8331**
Phone support: **(540) 437-1425, (877) 532-5478** M – F 8:00 – 5:00 EST
Secure upload at: **www.LDBbenefitsadmin.com**