

Letter of Medical Necessity

Under Internal Revenue Service (IRS) regulations, some health care services and products are only eligible for reimbursement from your benefit account when your doctor or other licensed health care provider certifies that they are medically necessary. IRS Code Section 213 (d)(1) defines "medical care" to include amounts paid for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body. Your provider must indicate your (or your qualified tax dependent's) specific diagnosed medical condition, the specific treatment needed, the length of treatment, and how this treatment will alleviate the medical condition.

Please fill in the employee information below and have your licensed healthcare provider complete the lower section of this form. Your provider can also submit a statement on their letterhead satisfying all the required fields on this form. You must submit a new letter of medical necessity each year—services cannot be approved indefinitely. Submitting this document does not guarantee you will be reimbursed for claimed expenses.

To Be Completed by Employee		
Employer Name	Date	
Employee Name	Employee Last 4 SSN	
Patient Name	Relationship to Employee	

To Be Completed by Licensed Healthcare Provider		
Diagnosis		
Description of Medical Condition		
Description of recommended treatment. Must be specific.		
Duration of recommended treatment		

I certify that the service or product that I have recommended is medically necessary to treat the patient's specific medical condition described above and is not in any way for general health of the patient or for cosmetic purposes.

Date

Provider Signature

Printed Name of Licensed Provider

Marin Benefits Administrators

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