



Erisa Administrative Services, Inc.

Erisa Administrative Services, Inc.
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Letter of Medical Necessity

Under Internal Revenue Service (IRS) guidelines, some health care services and products are only eligible for reimbursement from your Health FSA when your doctor or other licensed health care provider certifies that they are medically necessary.

Your provider must specify the person treatment is being recommended for, whether it be you, your spouse, or another dependent, as well as provide a specific diagnosis, specific treatment needed, the length of treatment, and how this treatment will alleviate the medical condition. Your provider may also submit a statement on their own letterhead, so long as the letter includes all of the information on this form.

By submitting this Letter of Medical Necessity, you certify that the expenses you are claiming are a direct result of the medical condition described below, and that you would not incur the expenses you are claiming if you were not treating this medical condition. If you are claiming membership to a health club, you must also certify that you were not already a member of a health club.

You only need to submit this form, or your provider's letter containing the same information, with the first claim you submit for the service or product. However, if the treatment extends beyond the time period listed, you must submit a new letter covering the new time period. You must submit a new Letter of Medical Necessity each year; they cannot be approved indefinitely.

Submitting this form does not guarantee that the expense will be reimbursed.

Account Holder's Name		Account Holder's ID/SSN	Date
Patient's Name		Email Address	
Diagnosis		CPT Code(s)	
Recommended Treatment			
How will the treatment alleviate the diagnosis?			
Start Date of Treatment	End Date of Treatment (no more than 12 mos.)	Provider Name	
Provider Signature			Date
Provider Address			
Provider License #		Provider Telephone #	

If you have any questions, visit the Erisa Administrative Services, Inc. website at www.mybenefitsnm.com/FSA.htm or call toll-free at 1 (855) 618-1800.