



Workable Solutions

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) or Health Reimbursement Arrangement (HRA) 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.

Workable Solutions 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 this submission 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 form or physician letter covering the new time period.

[Date]	
[Employee Email Address]	
[Employee Name]	[SSN/UserID]
[Patient Name]	
[Diagnosis]	[CPT Code]
Dear Workable solutions:	
Please describe what the recommended treatment is, how that treatment will alleviate the diagnosis or symptoms, and the duration of the treatment required.	
Sincerely, Provider Signature	
[Provider Name]	
[Provider License # and State]	
[Provider Telephone #]	

If you have questions you may visit our Web site at www.workablesolutions.com or contact a Workable Solutions Benefits Counselor, toll-free, at 1-866-587-3539 Monday through Friday, 8:00 A.M. until 5:00 P.M., Eastern Time. Please fax form to 1-866-865-3539 or scan and email to claims@workablesolutions.com

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