

# Letter of Medical Necessity

## Flex Spending Accounts (FSA)/Health Reimbursement Arrangement (HRA)

Under IRS Regulations, some healthcare products are eligible for reimbursement through an FSA/HRA plan if it can be shown that the products are medically necessary. If a medical professional has diagnosed a medical condition and recommended a treatment or mitigation for the medical condition, under IRS guidelines it should qualify for reimbursement through an FSA/HRA plan. Some plans may restrict reimbursement beyond the IRS requirements.

**Patient:**

Mail or fax this form (and a copy of your receipt) to your FSA/HRA Administrator

**Completed by Patient:**

I certify that the expenses I am claiming are a direct result of the medical condition described below, and that I would not incur this expense if I were not treating or mitigating this medical condition.

Patient Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Participant's Employer: \_\_\_\_\_

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**Diagnosis:** \_\_\_\_\_

**Treatment:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Attending Medical Professional: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name (First & Last): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_



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