



Your medical care provider must complete a Letter of Medical Necessity for any service or product that falls under the category of “Maybe Expense” or “Ineligible Expense” per IRC sec 213 (d) (1) if your provider believes the service or purchase is medically necessary for you or your eligible dependent(s). You may obtain a list of eligible and ineligible expenses, as well as a Claim Form, on the Flex Made Easy website at [www.FlexMadeEasy.com](http://www.FlexMadeEasy.com).

To Be Completed by Participant	
Patient Name	
Participant Name (if different)	
Participant Employer	
Social Security Number or Employee Identification Number	

To be filled out by Licensed Practitioner	
Medical Condition	
Describe recommended treatment, and please include the frequency and dosage	
Duration of Treatment	

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

\_\_\_\_\_  
Printed Name of Medical Provider

\_\_\_\_\_  
Signature of Medical Provider

\_\_\_\_\_  
Date

**NOTE:** In order for the expense referred to on this Letter of Medical Necessity to be reimbursed, you must attach the detailed receipt or Explanation of Benefits from your Medical Insurance Provider and complete a Flex Made Easy Claim Form (certain expenses may require additional documentation). Documentation must include the date of service, the services rendered or product purchased and the person for whom the services were rendered and the amount charged. These documents are required with each claim filed.