

**HRPro**

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Letter of Medical Necessity

HRPro has developed this form to assist you and your health care provider in providing the necessary information that we need in order to process your claim for medical expenses not traditionally covered under your flex plan (i.e. vitamins, weight-loss programs). Your provider can also submit a statement on his or her letterhead as long as the letter includes all of the information listed on this form.

You will need to submit this form, or your provider's letter containing the same information, **once per plan year** for the service or product requested. When filling out a claim form or submitting the claim online, please be sure to note that you have a Letter of Medical Necessity on file with us. If the treatment extends beyond the time period listed, you must submit an updated form or physician letter covering the new time period.

Employer:		Date:	
Employee Name:		Last 4 digits of SSN:	
Patient Name:		Email:	
Diagnosis/description of medical condition (CPT code – if applicable)			
Please describe what the recommended treatment is, how the treatment will alleviate the diagnosis or symptoms:			
Length of treatment:		times per <input type="checkbox"/> Week <input type="checkbox"/> Month (Please check one)	
Provider Name:		Provider Phone Number:	
Physician's Signature			
Provider license # and State:			

If you have questions you may contact a HRPro FSA representative, toll-free at 1-800-989-8776 or by email at support@hrpro.com