



Letter of Medical Necessity

Dear Member,

Under Internal Revenue Service (IRS) rules, some health care services and products are only eligible for reimbursement from your plan 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, the length of treatment, and how this treatment will alleviate your medical condition.

This letter is 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.

By submitting this form you certify that the expenses you are claiming are a direct result of the medical condition described below, and you would not incur the expenses you are claiming if you were not treating this medical condition.

If you have any questions please contact one of our Member Services Representatives directly at 1-888-278-2555, option 2.

Sincerely,
Choice Strategies

[Date]	[Email Address]
[Employee Name]	[SSN/UserID]
[Employer Name]	
[Patient Name]	
[Diagnosis]	
[Recommended Treatment]	
[How Will The Treatment Alleviate The Diagnosis?]	
[Length of Treatment Required]	
Provider Signature	
[Provider Name]	
[Provider Address]	[Provider Telephone #]