



County of Ventura, Human Resources/Benefits
Health Care Flexible Spending Account
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) when your doctor or other licensed health care provider certifies that the service or product is medically necessary. Your health care provider must indicate the specific diagnosis, the specific treatment needed, and how this treatment will alleviate the medical condition.

We have developed this form 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 own letterhead, as long as the letter includes **all** of the information on this form.

By submitting this Letter of Medical Necessity, you certify that the expenses you are claiming are a direct result of the medical condition described below, and you would not have incurred the expenses you are claiming if you were not treating this medical condition.

You only need to submit this 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 or the current benefit plan year, you must submit a new form or physician letter covering the new time period.

TO BE COMPLETED BY EMPLOYEE	
Employee Name:	Employee ID Number:
Date:	Email Address:
TO BE COMPLETED BY MEDICAL PROVIDER	
Patient Name:	
Diagnosis:	
Please describe what the recommended treatment is, how that treatment will alleviate the diagnosis or symptoms, and the duration of the treatment required:	
Provider Signature:	
Provider Name:	
Provider License #:	Provider Telephone Number: