

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) or Limited Expense Health Care Flexible Spending Account (LEX HCFSA) 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, and how this treatment will alleviate your medical condition.

BenefitHelp Solutions has developed this letter 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.

**You only need to submit this submission 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, you must submit a form or physician letter covering the new time period.**

Date	
Employee Name	SSN/Member ID
Patient Name	
Diagnosis	CPT Code
Please describe what the recommended treatment is, how that treatment will alleviate the diagnosis or symptoms, and the duration of the treatment required.	
Sincerely,	
Provider Signature	
Provider Name	
Provider License # and State	
Provider Telephone #	

If you have questions you may visit the BenefitHelp Solutions web site at [www.benefithelpsolutions.com](http://www.benefithelpsolutions.com) or contact us at 503-219-3679 or toll-free 1-888-398-8057, Monday through Friday, 7:30 A.M. until 5:30 P.M., Pacific Time. **You may fax this claim form to 1-877-277-7279 (toll-free) or 1-503-765-3554.**

*Note: BenefitHelp Solutions' role is to ensure that the proper documentation is submitted for reimbursement under the Plan, and not to determine whether the treatment prescribed by your doctor or other licensed health care provider is medically necessary. BenefitHelp Solutions will review this letter of medical necessity only for completeness.*