

## Flexible Spending Account Letter of Medical Necessity Form

As a result of the Patient Protected and Affordable Care Act of 2015 Internal Revenue Service (IRS) rules state that some health care services over the counter (OTC) products are only eligible for reimbursement from your Flexible Spending Account 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.

Streamline HR has created 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 submission for the specific service or product. Streamline HR will make a notation on your record of the allowable item(s)/service(s) and the date on the letter. **Note: This letter will be valid for expenses incurred for one year from the date on the letter. At the end of one year, a new letter will be required.**

Employer Name:	
Employee Name (First, Middle, Last):	Employee ID or last 4 digits of SSN:
Patient's Name:	

- **Describe the diagnosed medical condition being treated:**

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- **Describe the recommended treatment:**

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- **Indicate the duration of treatment:**

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**I certify that this treatment is medically necessary to treat the specific medical condition described above. This treatment is not in any way for general health and is not for cosmetic purposes to improve appearance.**

Signature of Attending Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name (please print): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Please return completed form by emailing, faxing or mailing to:**  
**Streamline HR - Attn: Spending Accounts - 5920 Hamilton Boulevard, Suite 201 - Allentown, PA 18106 –**  
**Phone: (877) 262-7291 - Fax: (877) 385-7926 - [spendingaccounts@mystreamlinehr.com](mailto:spendingaccounts@mystreamlinehr.com)**