

Western States Carpenters

Health Reimbursement Arrangement - Letter of Medical Necessity



Under Internal Revenue Service (IRS) rules, some health care services and products are only eligible for reimbursement from your Health Reimbursement Arrangement when your doctor or other licensed health care provider certifies that they are medically necessary. Your provider must indicate your (or your spouse's/dependent's) specific diagnosis, the specific treatment needed, and how this treatment will alleviate your medical condition.

The Harrison Group has developed this form to assist you and your health care provider in providing the information we need to process your claim. Your provider can also submit a statement on his or her letterhead, if the letter includes all the information on this form.

****The 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.****

Step 1: Member Information

*=Required Fields

*Member Name

*Diagnosis or CPT Code

*Patient Name

 - -

*Member Social Security Number

Step 2: Treatment Recommendation

Please describe what the recommended treatment is, how that treatment will alleviate the diagnosis or symptoms, and the duration of the treatment required.

Step 3: Provider Information

*Provider Name

*Provider Signature

*License # and State

 - -

*Provider Phone Number

Step 4: Authorization

By submitting this Letter of Medical Necessity I certify that the expenses that I am claiming are a direct result of the medical condition described above and that I would not incur the expenses if I was not treating a medical condition. Submission of this Letter of Medical Necessity does not guarantee that my claim will be reimbursed.

Furthermore, I understand that this Letter of Medical Necessity is valid for one year, and should my provider recommend my treatment extend beyond twelve months, I understand that I will need to submit a new Letter of Medical Necessity.

SIGNATURE OF MEMBER _____ DATE _____

Please email this completed form to The Harrison Group at wschra@theharrisingrouponline.com