

# Letter of Medical Necessity

Your medical care provider must complete a Letter of Medical Necessity for the service or product that falls under the category of "Ineligible Expense" per IRC sec 213 (d) (1) if your provider believes the service or purchase is medically necessary for you or your tax dependent(s). You may obtain a list of eligible and ineligible expenses, as well as a Claim Form, on our website at [www.creativebenefits.com](http://www.creativebenefits.com).

Patient Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Participant Employer: \_\_\_\_\_

Participant PID or SSN#: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

Describe recommended treatment (frequency and dosage): \_\_\_\_\_

Indicate the duration of the treatment: \_\_\_\_\_

I certify that this service or product is medically necessary to treat the specific medical condition described above and is not in any way for general health or for cosmetic purposes.

\_\_\_\_\_  
Print Name of Licensed Practitioner

\_\_\_\_\_  
Signature of Licensed Practitioner

\_\_\_\_\_  
Date

In order for the expense referred to on this Letter of Medical Necessity to be reimbursed, you must attach the detailed receipt or Explanation of Benefits from your Medical Insurance Provider and a completed WageWorks, formerly Creative Benefits Claim Form. Documentation must include the date of service, the services rendered or the product purchased, the person for whom services were rendered and the amount charged. You may submit this documentation to WageWorks, formerly Creative Benefits via:

Email:                   claims.vista@wageworks.com  
Fax:                       888-295-5757  
U.S.P.S. Mail:         P.O. Box 1928, Vista, CA 92085-1928