



##7T00015#####



Letter of Medical Necessity

HealthSmart, Inc. is providing this information to assist you in complying with the Internal Revenue Rules regarding health care services or products that require a letter of medical necessity from your doctor or other licensed health care provider. If you have been asked to provide this information to process your flexible spending claim, please have your provider complete all the required information below. HealthSmart's role is to ensure that the proper documentation is submitted to maintain the integrity of the Plan. It is not our role to determine whether the treatment prescribed by your doctor or other licensed health care provider is medically necessary.

You will need to submit this information only once, unless your treatment extends beyond the timeframe stated within the original submission from your provider. In lieu of completing the form below, if your doctor or licensed health care provider would like to submit a statement on their letterhead, please have them include all the following information. We will review their letter for completeness.

Date	Employer Microchip Technology
Employee Name	Member ID - 998 0 + Badge #
Patient Name	Relationship to Employee
CPT Code	Diagnosis (ICD-9)
Recommended treatment plan:	
How treatment alleviates symptoms or diagnosis:	
Duration of Treatment Required:	

Provider Signature	Provider Name
Provider License # and State	Provider Telephone Number

Flexible Spending Department - HealthSmart Benefit Solutions
P.O. Box 16647, Lubbock, Texas 79490-6647
844-516-3658 (Customer Service) 304-932-4460 (Fax)