

LETTER OF MEDICAL NECESSITY (LOMN)

Under Internal Revenue Service (IRS) rules, some health care services and products are only eligible for reimbursement from your Spending Account when your health care professional certifies that they are medically necessary. Please use this letter to assist you and your health care provider in providing the information needed to process your claim. **Your provider must indicate the patient's specific diagnosis along with the specific recommended treatment needed, and how this treatment will alleviate the medical condition.** Be sure to send this LOMN with your completed medical reimbursement claim form.

To ensure fast and accurate processing of your reimbursement request, you only need to submit a letter containing the same information with the first claim you submit for the service or product. If the treatment extends beyond the time period listed, you must submit a new form or physician letter covering the new time period. If a time period is not stated, the letter of medical necessity will be valid for one year. **Please note, treatments that are considered to be solely for general well being, or are personal care items, are not reimbursable under Code 213(d).** For a more complete list, visit our website at www.selectaccount.com.

Section A – Account Holder Information – (PLEASE PRINT)	
Account Holder's Name:	
SelectAccount ID/Social Security No.:	
Address:	
Daytime Phone Number:	
Section B – Diagnosis/Treatment – (PLEASE PRINT)	
Patient's Name:	
Diagnosis/Medical Condition - MUST BE SPECIFIC: <ul style="list-style-type: none"> • Specific diagnosis/medical condition. • Diagnosis codes (i.e. ICD-9 Code) 	
Recommended Treatment - MUST BE SPECIFIC: <ul style="list-style-type: none"> • Specific names of the supplements and herbs need to be itemized. • Specific exercise equipment (i.e. treadmill, bike, join a health club). • We reimburse according to the listed items only. 	
Treatment time period - MUST BE SPECIFIC: This LOMN is only valid for the length of time indicated by the provider.	
Section C – Provider Information – (PLEASE PRINT)	
Provider Name: Any health care professionals (except massage therapists), can complete the LOMN.	
License # and State:	
Provider Address:	
Provider Phone Number:	
Provider Signature: <i>I certify that this treatment is medically necessary.</i>	
Date:	

RETURN FORM TO:

SelectAccount
 P.O. Box 64193
 St. Paul, MN 55164-0193
 Fax (651) 662-7247 / (866) 231-0214
 F9090R02 (6/08)

FORMS AVAILABLE:
www.selectaccount.com
 or by calling
 SelectAccount Customer Service

CUSTOMER SERVICE:
 (651) 662-5065
 1-800- 859-2144
 7 am – 7 pm, M-F

HOW TO COMPLETE A LETTER OF MEDICAL NECESSITY (LOMN) FORM

The following is required on the LOMN:

- SPECIFIC Medical Condition/Diagnosis. If providing, diagnosis codes must be specific.
- SPECIFIC Treatment Plan – specific names of the supplements and herbs need to be itemized on the LOMN. Exercise equipment also needs to be specific (i.e. treadmill, bike, join a health club).
- Length of time for treatment – this LOMN is valid only for the length of time indicated by the provider. Will expire at the end of treatment time and a new LOMN will need to be submitted.
- Provider signature and date.

DON'T FORGET:

- Any health care professionals (except massage therapists), can complete the LOMN.
- Be sure to complete all fields.
- Make sure it's signed and dated.
- Reimbursement is **only** for items listed on this LOMN.
- Cost comparisons:
 - A cost comparison is required for reimbursement if submitting a claim for orthopedic shoes, cervical neck pillows and other miscellaneous items.
 - When a cost comparison is required, SelectAccount pays the difference between the item submitted for the cost comparison and the actual item purchased.
 - Please check the SelectAccount website at www.selectaccount.com for other items that may need additional documents.