Spending Account Service Center

FLEXIBLE SPENDING ACCOUNT LETTER OF MEDICAL NECESSITY

The Spending Account Service Center has developed this letter to assist you and your health care provider in submitting the information needed to process your claim. Your provider can also submit a letter on his or her letterhead as long as the letter includes all of the information as listed below. ***This letter will be valid for expenses incurred for one year from the date on the letter. At the end of the year, a new letter will be required.***

Please have medical provider complete below section. Be as specific as possible about the item and/or services being claimed for reimbursement under the Flexible Spending Account.

Employer:	Date:
Employee Name:	Employee SS# or ID#:
Patient Name:	
Diagnosis:	
Recommended Treatment:	
Length of Treatment Required:	
Provider Name and License #:	
Provider Address and Telephone #:	
Provider Signature:	

For questions regarding your Flexible Spending Accounts, please call us at 1-(800)-580-6854.

You can fax the FSA Letter of Medical Necessity to 1-(800)-595-4642 or mail it to:

Spending Account Service Center
Attn: Claims Processing
PO Box 350
Conshohocken PA 19428

Please visit https://trion.lh1ondemand.com to view your claim and check status. For access information, please refer to your benefit materials.