

Letter of Medical Necessity

Your medical care provider must complete a Letter of Medical Necessity for any service or product that falls under the category of "Maybe Expense" or "Ineligible Expense" per IRCwebsite at www.wageworks.com

TO BE FILLED OUT BY PARTICIPANT Patient Name Participant Name Participant Employer Last 4 digits of participant ID or SSN

TO BE FILLED OUT BY LICENSED PRACTITIONER

Medical Condition

Describe recommended treatment (frequency and dosage)

Duration of th to (8) 5 (10) 9

NOTE: In order for the expense referred to on this