Lively

LETTER OF MEDICAL NECESSITY (FSA)

Your medical provider must complete this form for any service or product that falls under the category of "Dual Purpose" or "Ineligible Expense" per IRS Sec 213(d) when your provider believes the service or product is medically necessary for you or your eligible dependent(s).

Log into your Lively FSA at livelyme.com to submit a claim or find a list of eligible and ineligible items.

To Be Filled Out By Participant

PATIENT NAME

EMPLOYEE NAME

LAST 4 DIGITS OF PATIENT'S SOCIAL SECURITY NUMBER

EMPLOYER NAME

IMPORTANT: In order to be reimbursed for the expense noted on this form, be sure to attach this completed form and a detailed receipt or Explanation of Benefits (EOB) document to your FSA claim. The receipt or EOB must include 1) the name of the provider, 2) the date of the service, 3) the services rendered or product purchased, 4) the person for whom the services were rendered, and 5) the amount charged. Certain expenses may require additional supporting documentation; visit livelyme.com/whats-eligible for a comprehensive list.

To Be Filled Out By Licensed Practitioner

MEDICAL CONDITION

DESCRIBE RECOMMENDED TREATMENT
frequency & dosage

DURATION OF TREATMENT
If a chronic condition, such as multiple sclerosis, please indicate "lifetime" as the duration of 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.**

DATE

PRINTED NAME OF LICENSED PRACTITIONER

SIGNATURE OF LICENSED PRACTITIONER