



Letter of Medical Necessity

First Financial Administrators, Inc.

Your licensed medical care provider must complete a Letter of Medical Necessity for any service or product that falls under the category Eligible with Prescription or Eligible with Letter of Medical Necessity per IRC Sec 213 (d) (1) if your provider believes the service or purchase is medically necessary for you or your eligible dependent(s). A Letter of Medical Necessity is required for many over-the-counter drugs and services not covered by insurance. You may obtain a list of eligible and ineligible expenses, as well as a claim form online at www.ffga.com. You must submit a Letter of Medical Necessity each plan year.

TO BE FILLED OUT BY PARTICIPANT
PATIENT NAME:
PARTICIPANT NAME:
PARTICIPANT EMPLOYER:
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:

TO BE FILLED OUT BY LICENSED PRACTITIONER
MEDICAL CONDITION:
DESCRIBE RECOMMENDED TREATMENT (FREQUENCY AND DOSAGE):
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

PRINT NAME OF LICENSED PRACTITIONER
SIGNATURE OF LICENSED PRACTITIONER
DATE

NOTE: In order for the expense referred to on this Letter of Medical Necessity to be eligible, you must attach the detailed receipt or Explanation of Benefits from your Medical Insurance Provider and complete a claim form for those expenses you are requesting reimbursement for (certain expenses may require additional documentation). Documentation must include the date of service, the services rendered or product purchased, and the person for whom the services were rendered and the amount charged. These documents are required with each claim filed.

CONTACT US TODAY:

Online: www.ffga.com | Email: flex@ffga.com | Phone: 866-853-FLEX | Fax: 800-298-7785

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