Avera Health Plans

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Sioux Falls, SD 57105
605-322-4545
Toll-Free: 1-888-322-2115
AveraHealthPlans.com

Letter of Medical Necessity for Flexible Spending Account (FSA)

*This is to use Flex/HSA dollars for a medical expense not normally considered an eligible expense (ex: weight loss programs, massage therapy, or over the counter medications). These expenses can be considered eligible with this form or a prescription.

Patient Name: _____

Employee Name: _____

Last four numbers of SSN: _____

Employer Name: _____

1. Describe diagnosed medical condition (include diagnosis code):

_____

_____

_____

_____

2. List recommended service/equipment for condition:

_____

_____

_____

_____

3. Duration of time service/equipment for condition is needed (maximum of one year):

_____

_____

_____

_____ _____

Signature of Attending Physician | Date

_____ _____

Print Physician Name | Print Facility Name

If you have any questions, please call our Service Center at 605-322-4545 or toll-free at 1-888-322-2115, 8 am to 5 pm CST, Monday through Friday