

HEALTHY DOLLARS

LETTER OF MEDICAL NECESSITY

Once your licensed care provider believes the services or purchase is medically necessary for you or your eligible dependents, your licensed care provider must complete this form for any services or products that fall under the classification of "Possible Eligible Expense" or "Ineligible Expense."

Please use the following guidelines when submitting a letter of medical necessity.

- The diagnosis must be specific such as Asthma, Arthritis, Multiple Sclerosis etc.
- The recommended treatment must be named and described in detail by Licensed Practitioner. If this is for Vitamins and Supplements, each one must be listed by name with dosage and the diagnosis for each.
- Your provider must state a specific length of treatment. Lifetime or indefinite lengths of treatment will not be approved. The letter of medical necessity is only good for one year from the date written on this form.

TO BE FILLED OUT BY PARTICIPANT
Patient Name:
Participant Name:
Participant Employer:

TO BE FILLED OUT BY LICENSED CARE PROVIDER
Specific Medical Condition:
Describe Recommended Treatment with Frequency & Dosage:
Duration of Treatment:
I confirm that the above services or products is medically necessary to treat the specific medical condition listed above. This is not for general health or cosmetic purposes.
Print Name of Licensed Care Provider:
Signature of Licensed Care Provider:
Date:

Please send completed forms and documentation to:
Email : Service@healthydollarsinc.com, Fax: 877-687-6921
For Questions, please call 877-900-MYRX (6979).