PROFICIENT™
BENEFIT SOLUTIONS

Letter of Medical Necessity Instructions

We *know* how confusing the world of Consumer Directed Healthcare can be, we care about your experience and want to ensure that you have all of the information you need to submit your Letter of Medical Necessity accurately. Remember: we're *here* to help you if you need any assistance!

Under IRS rules, some health care services and/or products are only eligible for reimbursement if a health care provider certifies that they are medically necessary by providing a Letter of Medical Necessity (LOMN).

Some examples of services needing a LOMN are:

- Air Purifier
- Companion Animals
- Dual-Purpose Dermatology
- Treatments Diabetic Socks
- Exercise Equipment/Programs
- Humidifier and Supplies
- Massage Therapy
- Multivitamins and Supplements Nutritionists
- Orthopedic Shoes
- Scooter/Electric Wheelchair
- Weight-loss (food not eligible)

The form on the next page is designed to assist you and your health care provider in providing the information necessary to process your claim or receipt. Your provider may also submit a statement on office letterhead, as long as the letter includes all of the information requested on the next page.

It's easy to manage your account and submit claims online using Proficient Connect Online* or the Proficient Connect App*! Simply submit your claim, upload your itemized receipt or Explanation of Benefits, attach the form on the next page, and submit, all from your favorite device! It's easy, convenient, and can be done on the go! To submit by mail or fax submit along with a claim form and itemized receipt or EOB to:

Proficient Benefit Solutions
PO Box 380768
San Antonio, TX 78268
FAX: (210) 659-8171

If you have any questions please contact us. Our team is here to serve you!
Contact us at 210-659-8100, option 1
Monday through Thursday, 8:00am to 5:00pm
Friday 8:00am to 3:30pm (CST)

*For Proficient Connect Online go to www.proficientbenefits.com and click on Participant login to access your account or register or download the form.

Download the Proficient Connect App from the App Store or Google Play.

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Letter of Medical Necessity Form

Section 1: Participant Information

Participant Name: _____ Employer:_____

Patient Name: _____ Participant Last 4 of SSN:_____

Section 2: To be completed by Health Care Provider

List diagnosed medical condition (along with ICD10 code) being treated: _____

_____

Describe recommended treatment (frequency & dosage): _____

_____

Indicate treatment dates (may not exceed 1 year): _____

I certify that this treatment is medically necessary to treat the specific medical condition described above and is not for cosmetic purposes or for treatment which is merely beneficial to the general health of the individual.

Provider Signature: _____ Date: _____

Provider Print Name: _____

Section 3: Participant Authorization (Please Sign and Date)

I hereby certify that:

- I understand that this Letter of Medical Necessity will stay in effect for the time period listed by your provider.
- I understand that if this form is incomplete or fails to include the required information that my claim can be denied.
- I understand that submission of this letter does not guarantee the expense will be reimbursed.
- I understand that Proficient Benefit Solutions will review this document for completeness and determine if treatment meets IRS guidelines.

Participant Signature: _____ Date: _____