

Letter of Medical Necessity Instructions

1. **Complete all company and participant information** on the front page (please print/type). NOTE: Please include your e-mail address to receive an automatic e-mail notification whenever a claim is entered into our system and when a reimbursement is approved for you to receive payment
2. **Ask your medical provider to complete the section titled “Medical Necessity”** or submit a statement on his or her letterhead providing the information below:
 - The patient’s name
 - The specific diagnosis
 - The specific treatment needed
 - The length of treatment
 - How this treatment will alleviate the medical condition
3. **Your provider MUST** sign and date the form or statement provided
4. **You MUST sign and date the** “Participant Certification” section on the front of this page
5. **Fax or Mail** this form with your claim directly to Chard Snyder:
 - Fax:** Local 513.459.9947 / Toll-Free 888.245.8452 (*Please DO NOT include a Fax Cover Page*)
 - Mail:** PO Box 2924, Fargo, ND 58108-2924
6. **If you have questions** please contact us:
 - Call Customer Service:** 513.459.9997 | 800.982.7715
 - Visit our Website:** www.chard-snyder.com
7. **Important Reminders:**

To ensure your claim is processed as soon as possible, and avoid delays:

 - Include this letter of medical necessity form or your provider’s letter and itemized receipts with your original claim
 - Only health club memberships obtained after your healthcare provider’s recommendation are eligible for reimbursement.
 - Do NOT use a fax cover page when faxing
 - Do NOT highlight any part of your receipts, bills, etc.
 - Only mail copies of receipts, bills, etc. (Keep your originals)
 - Multiple receipts should be totaled on one claim form
 - Over-the-Counter medications require a doctor’s prescription
 - Claims may not be paid across accounts (healthcare from dependent daycare and vice versa)
 - Any items for which you are reimbursed cannot be claimed again as deductions or credits on your individual tax return at the end of the tax year
 - You may only be reimbursed for eligible expenses from the current plan year
 - Payment will be made directly to you. Payments cannot be made to a provider or another person
 - Cancelled checks are NOT acceptable as proof of payment
 - Limited healthcare Flexible Spending Accounts may only reimburse claims for dental and/or vision expenses

Please note: *If your treatment extends beyond the time period listed by the provider, you will need to submit a new doctor’s statement. The maximum time period cannot exceed one year from the date of the doctor’s signature. A new form will be required at the end of each one-year period of treatment.*

Submission of this form is not a guarantee that the expense will be reimbursed.

Sign up for Direct Deposit on your online account or on the mobile app for quicker reimbursement than receiving a check.