

LETTER OF MEDICAL NECESSITY

It is hereby acknowledged by _____ (the "Attending Provider") that the following expense/service _____ (list expense/service) requested for reimbursement meets the requirements of IRC sec. 213 (d) (1):

Medical care means amounts paid for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body.

List diagnosis, cure, mitigation, treatment, or prevention of disease, etc here:

Print Name of Attending Provider

Signature of Attending Provider

Date of Signature

Your medical care provider must complete a Letter of Medical Necessity for a service or purchase that falls under the category of "Ineligible Expense" per IRC sec 213 (d) (1) if your provider believes the service or purchase is medically necessary for you or your tax dependent (s). You may obtain a list of eligible and ineligible expenses, as well as a Request for Reimbursement, on the Igoe Administrative Service's website at www.goigoe.com.

In order for the expense referred to on this Letter of Medical Necessity to be reimbursed, attach it and the appropriate receipt or Explanation of Benefits from your Medical Insurance Provider to a completed Reimbursement Request Form. You may submit this documentation to Igoe Administrative Services via:

Email: flex@goigoe.com
Fax: 858-777-5424
Mail: Igoe Administrative Services
P. O. Box 501480
San Diego, CA 92150-1480

Igoe Administrative Services requires three (3) business days after the date of receipt of your request for reimbursement in order to enter your information into our system. Please check your company's processing schedule to obtain the date of processing for your request.