Letter of Medical Necessity

Your medical care provider must provide a prescription or a Letter of Medical Necessity for a service or purchase that falls under the category of "ineligible expense" in IRC section 213 (d)(1) if your provider believes the service or purchase is medically necessary to treat, cure, or mitigate a disease or condition for you or your federal tax dependent(s). You may obtain a list of eligible expenses and eligible Rx at www.goigoe.com. Even if prescribed, products and services procured for general well being and/or cosmetic purposes are not eligible for tax advantaged treatment. Please be mindful of falsely advertised product and service eligibility.

INSTRUCTIONS: INCLUDE RECEIPTS AND DOCUMENTATION WITH THIS REQUEST FORM

1. **Complete** all applicable sections of this form.
2. **Ask your Provider** to complete sections B and C of this form.
3. **If you are unable to attach your form or document to an online or mobile app claim or alert**, you may use one of these secondary options to send your documentation to us. Please note, that Igoe cannot guarantee the security of any documentation provided to us via the below methods while in transit to our organization:
    - Email to flex@goigoe.com
    - Fax to 800-456-9083
    - OR Mail to Igoe Administrative Services, P.O. Box 501480, San Diego, CA 92150-1480
4. **Questions?** Please contact Member Advocacy at flex@goigoe.com, 1-800-633-8818, Opt# 1.

Section A: About You (All information is REQUIRED. Please print clearly)

Employer Name

Participant Name	Number of pages	Employee Number (If Applicable)
Home Address ☐ Please check if this is a change in address	City	State Zip Code
E-mail Address		Phone Number

Section B: About The Expense (All information is REQUIRED. Please print clearly)

Patient Name	Provider Name
Relationship to the Participant	Illness/Condition Being Treated
Recommended Product	

Section C: Provider Acknowledgement REQUIRED (PLEASE SIGN AND DATE)

I hereby acknowledge that the above listed services meet the requirements of IRC Section 213 (d)(1), that is that medical care was provided to diagnose, cure, mitigate, treat, or prevent a disease or for the purpose of affecting any structure or function of the body. I further acknowledge that the Patient Name, Provider Name, Relationship to the Participant, Illness/Condition Being Treated as listed above are correct.

Provider's Signature: _____ ***Date:*** _____

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