



Letter of Medical Necessity

First Financial Administrators, Inc.

Your licensee's medical care provider must complete a Letter of Medical Necessity for any services or product that falls under the category Eligible with Prescription or Eligible with Letter of Medical Necessity per IRC Sec. 213 (d)(1) if your provider believes the service or purchase is medically necessary for you or your eligible dependents (s). A Letter of Medical Necessity is required for many services not covered by insurance. You may obtain a list of eligible and ineligible expenses, as well as a claim form online at www.ffga.com. You must submit a Letter of Medical Necessity each plan year.

TO BE FILLED OUT BY PARTICIPANTS	
PARTICIPANT NAME:	
PARTICIPANT EMPLOYER:	
EMPLOYER NAME:	
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:	
TO BE FILLED OUT BY MEDICAL PRACTITIONER	
MEDICAL CONDITION:	
DESCRIBE RECOMMENDED TREATMENT (FREQUENCY AND DOSAGE):	
DURATION OF TREATMENT:	

I certify that this service is medically necessary to treat the specific medical condition described above and is not in any way for general health or for cosmetic purposes.

Print Name of Licensed Practitioner:	
Signature of Licensed Practitioner:	Date:

NOTE: In order for the expense referred to on this Letter of Medical Necessity to be eligible, you must attach the detailed receipt of Explanation of Benefits from your Medical Insurance Provider and complete a claim form for those expenses you are requesting reimbursement for (certain expenses may require additional documentation). Documentation must include the date of service, the services rendered, or product purchased, and the person for whom the services were rendered and the amount charged. These documents are required with each claim filed.

CONTACT US TODAY:

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 Fax number: 800-298-7785 | Tech Support: techsupport@ffga.com
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