

## Letter of Medical Necessity

Some health care products are eligible for reimbursement through a Health Saving Account (HSA), Health Flexible Spending Arrangement (FSA), or Health Reimbursement Arrangement (HRA) only if it can be shown that the products are medically necessary.

Under IRS guidelines, a product should qualify for reimbursement through an FSA/HRA and for tax-preferred treatment for an HSA if a dentist has diagnosed a medical condition and recommended Proclaim™ to treat or mitigate the medical condition.

Dentists: If your patient participates in an FSA, HRA or HSA program, and they purchase Proclaim™ following your recommendation to treat or mitigate a medical condition you have diagnosed, your patient should be eligible for reimbursement or tax-preferred treatment under that FSA, HRA or HSA (subject to any additional limitations or conditions of the plan).

### **To be completed by patient:**

I certify that the expenses I am claiming are a direct result of the medical condition described below, and that I would not incur this expense if I were not treating or mitigating this medical condition.

Patient name: \_\_\_\_\_

Participant name: \_\_\_\_\_

Participant's employer: \_\_\_\_\_

Member number: \_\_\_\_\_

**Diagnosis:** Gingivitis

**Treatment:** Proclaim used once daily for at least 30 days. This treatment is medically necessary to treat, alleviate, or prevent the condition listed above. This treatment is not for general health or cosmetic purposes.

Signature of attending dentist: \_\_\_\_\_ Date: \_\_\_\_\_

Dentist's printed name (first and last): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_