



LETTER OF MEDICAL NECESSITY

Your medical provider must complete this form for any service or product that falls under the category of “Dual Purpose” or “Ineligible Expense” per IRS Sec 213(d) when your provider believes the service or product is medically necessary for you or your eligible dependent(s).

Log into your Lively account at livelyme.com to submit a claim or find a list of eligible and ineligible items.

To Be Filled Out By Participant

PATIENT NAME

EMPLOYEE NAME

To Be Filled Out By Licensed Practitioner

MEDICAL CONDITION

DESCRIBE RECOMMENDED TREATMENT
frequency & dosage

DURATION OF TREATMENT

If a chronic condition, such as multiple sclerosis, please indicate “lifetime” as the duration of treatment

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

DATE

PRINTED NAME OF LICENSED PRACTITIONER

SIGNATURE OF LICENSED PRACTITIONER

