

Letter of Medical Necessity Form

Instructions for filling out this form:

This form is to be used when submitting requests for expenses considered to be dual-purpose.

Examples of these expenses:

- Massage therapy
- Gym memberships
- Vitamins or supplements
- Nutritionist
- Weight loss programs
- Cosmetic procedures
- Over the counter medications: allergy, cold & flu, pain relievers, etc.

The form will be kept on file, not to exceed one year. A new letter will be required if treatment is to be continued.

How do I submit this form?

Online: The fastest way to receive reimbursement for your completed claim is through the web or MyChoice® Mobile App. Reimbursement for completed claims submitted via web or mobile app is processed within 2 – 3 business days.

Via email, mail or fax: Fill out your form electronically and submit via email, mail or fax. Completed claims submitted via email, mail or fax may take up to 7 – 10 business days to process.

- **Email:** claims@mychoiceaccounts.com
- **Mail:** MyChoice Accounts, MSC 345475, PO Box 105168, Atlanta, GA 30348-5168
- **Fax:** 855-883-8542

