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HealthSmart Benefit Solutions.

Letter of Medical Necessity

Some health care services and products are only eligible for reimbursement from your Group Health Plan when your doctor or other licensed health care provider certifies that they are medically necessary. Your provider must indicate your (or your covered dependent's) specific diagnosis, the specific treatment needed, and how this treatment will alleviate the medical condition.

This letter has been developed to assist you and your health care provider in providing the information we need in order to process your claim. **Your provider can also submit a statement on his or her letterhead, as long as the letter includes all of the information on this form.**

You only need to submit this submission form, or your provider's letter containing the same information, with the first claim you submit for the service or product. We will make a notation on your record of the allowable item(s) and the date on the letter. *The letter will be valid for expenses incurred for one year from the date on the letter. At the end of one year, a new letter will be required.*

Date	
Employer Name	
Policy ID	
Employee Name	Member ID
Patient Name	Patient Date of Birth
Diagnosis Code(s)/Description	

Please describe the recommended treatment, how that treatment will alleviate the diagnosis or symptoms, and the duration of the treatment required.

Provider Signature
Provider Name
Provider Address, City, State, Zip
Provider Tax ID#